

**SAMPLE LETTER OF MEDICAL NECESSITY  
FOR PROMETHEUS® Celiac Serology**

*(Please edit appropriately based on your patient's medical history and treatment experience.)*

<DATE>

John Smith, Medical Director  
Red Cross Red Shield  
P.O. Box 12345  
Los Angeles, CA 90060

Dear Dr. Smith:

I am writing to request full coverage or at least in-network benefit coverage for the diagnostic test PROMETHEUS® Celiac Serology for my patient, Jane Doe. I am Ms. Doe's gastroenterologist practicing at Sunnyvale Community Hospital in San Diego, CA. I consider this test a medically necessary step in the diagnosis and treatment of my patient.

**PATIENT INFORMATION**

Patient : Jane Doe  
ID : XXX123456789  
Provider: Ulysses Grant, MD  
Date of service: July 4, 2005

My patient has a history of diarrhea, GI bleeding, and bloating.

***(List information relevant to the patient's symptoms, treatment and test results if applicable)***

**TEST DESCRIPTION**

PROMETHEUS Celiac Serology is a comprehensive serum antibody panel. If testing detects positive Anti-gliadin IgA, Anti-Endomysial IgA, and/or Anti-Tissue Transglutaminase IgA markers, celiac disease is likely. If the Anti-gliadin IgG markers are detected and the patient has a Total Serum IgA deficiency, celiac disease is also suspect.

PROMETHEUS Celiac Serology is offered at Prometheus Laboratories Inc., a clinical reference laboratory in San Diego, California. Prometheus is CLIA certified and CAP accredited. All laboratory tests have been validated in accordance with the guidelines established by these and other applicable agencies. Extensive studies have been performed. Currently, Food and Drug Administration (FDA) approval is not required for testing performed by Prometheus.

**NETWORK PROVIDER SERVICES**

I chose Prometheus to perform PROMETHEUS Celiac Serology instead of alternative in-network laboratory testing because Prometheus offers both sensitivity and specificity that can help exclude or confirm celiac disease in potential celiac patients.

**>AND/OR<**

There is no in-network laboratory in my area willing to refer the test or able to provide comparable testing.

## LABORATORY AND PHYSICIAN INFORMATION

For additional information about PROMETHEUS Celiac Serology contact Prometheus Laboratories Inc. at 1-888-423-5227. If you require additional medical information, please feel free to contact me at XXX-XXX-XXXX.

## REFERENCE MATERIALS

- Fasano A. et al.: Prevalence of celiac disease in at-risk and not-at-risk groups in the United States. *Archives of Internal Medicine*. Feb. 9, 2003;163:286-292
- Kaukinen A, et al.: HLA-DQ typing in the diagnosis of celiac disease. *The American Journal of Gastroenterology*. 2002;97(3):695-699
- Green PHR, Jabri B: Coeliac disease. *The Lancet*. 2003;362(9381): 383-391

Please approve full coverage for PROMETHEUS Celiac Serology or at least apply in-network benefit coverage for this test.

Thank you for your prompt attention. I look forward to receiving a written response from you within two weeks.

Sincerely,

Ulysses Grant, MD  
Sunnyvale Community Hospital  
12345 Sunnyvale Road  
San Diego, CA 92121  
XXX-XXX-XXXX