

**PRE-AUTHORIZATION FORM
FOR PROMETHEUS® Thiopurine Metabolites**

This form is provided for your convenience; however, your patient's health care plan may require their own form.

ATTN: Pre-Authorization Department

DATE: _____

Insurance Company: _____ **Fax:** _____

PLEASE PRINT CLEARLY

PHYSICIAN INFORMATION

Account Name: _____

Physician Name: _____ UPIN/License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Group: _____ Group/Provider #: _____

Phone #: _____ Extension: _____ Best time to Call: _____

Contact: _____ Fax#: _____ Email: _____

This fax is to respectfully request an authorization for laboratory services at Prometheus Laboratories Inc.

in San Diego, CA for my patient: _____ DOB: _____ / _____ / _____.

I consider this test a medically necessary step in the diagnosis and treatment of my patient. Please approve full coverage for my patient. I look forward to receiving your response within two business days. Please contact my office with additional questions.

Sincerely,

X _____

ATTACHMENTS

() **Page 2, Test and Patient Information**

() **Letter of Medical Necessity**

() **Chart Notes**

() **Other:** _____

**PRE-AUTHORIZATION FORM
FOR PROMETHEUS® Thiopurine Metabolites**

CPT CODES as applied by Prometheus*	PROMETHEUS® Thiopurine Metabolites (thiopurine metabolite level monitoring)
82542	Quantitative HPLC (High Pressure Liquid Chromatography) for 6-thioguanine (6-TGN) in peripheral RBC, separate stationary and mobile phase
	Quantitative HPLC (High Pressure Liquid Chromatography) for 6-methyl-mercaptopurine (6-MMPN) in peripheral RBC, separate stationary and mobile phase

LABORATORY DESCRIPTION

Prometheus Laboratories Inc. (**Tax ID# 33-0685754 NPI# 1073642641**) is located in San Diego, CA and is licensed in several states including New York and California. This test was developed and its performance characteristics determined by Prometheus Laboratories Inc. It has not been cleared or approved by the U.S. Food and Drug Administration. Prometheus Laboratories Inc. is a CAP-accredited CLIA laboratory.

TEST DESCRIPTION

PROMETHEUS® Thiopurine Metabolites testing assists physicians in optimizing ongoing dosing of thiopurine immunosuppressant therapy to reach and maintain therapeutic goal. Thiopurine metabolite testing also helps to identify drug metabolite levels that may lead to toxicity and some of the reasons for treatment failure.

It is recommended that you provide all specific, applicable diagnostic codes. Specific diagnostic codes assist the payer in coverage determination.

PLEASE PRINT CLEARLY

PATIENT INFORMATION

Patient Name: _____ Patient DOB: ____/____/____ Sex: () M () F
 Social Security #: _____ Medical Record #: _____ Daytime Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Care Physician: _____ Phone #: _____
 Patient History:

 Diagnosis Code(s): _____ Description: _____

INSURANCE INFORMATION

Insurance Carrier: _____ Medical Group: _____
 Policy holder: _____ DOB: ____/____/____ Relationship to insured: _____
 Insurance ID: _____ Group #: _____ Group / Employer Name: _____
 Additional Information: _____