

PHELIX Provider Medicare Documentation Form

Traditional Medicare - Novitas | Phase 1 | v1.5 | Novitas Fixed Standard

Patient	DOB	Sex	Provider	Specimen	Diagnosis
CARDIO DEMO1	07/01/1966	Male	Sam Smith, MD	CARDIO12341	I50.9 - Heart failure, unspecified

Novitas Crosswalk Status

Relationship	Status	Provider action
Meloxicam-CYP2C9	Drug-gene PASS; I50.9 diagnosis FAIL	Document only a clinically accurate Group 5 diagnosis if actually present; otherwise do not bill as qualified.
Simvastatin-SLCO1B1	Drug-gene PASS; I50.9 diagnosis FAIL	Document only a clinically accurate Group 11 diagnosis if actually present; otherwise do not bill as qualified.
Metoprolol-CYP2D6	Drug FAIL under current A58801	Do not use as Novitas qualifying drug relationship.
Propafenone-CYP2D6	Potential PASS if actually considered; I50.9 is Group 4	Provider must confirm propafenone is genuinely being considered.

Drug-Specific Medical Necessity

Meloxicam 5 mg / CYP2C9

Reason / documentation	Provider response
☐ Suspected drug-related symptoms/non-therapeutic response	
☐ Dosage modification	
☐ Replacement/new drug consideration	
Actual clinical indication / diagnosis	
How PGx result will alter management	

Simvastatin 40 mg / SLCO1B1

Reason / documentation	Provider response
☐ Suspected drug-related symptoms/non-therapeutic response	
☐ Dosage modification	
☐ Replacement/new drug consideration	
Actual clinical indication / diagnosis	
How PGx result will alter management	

Medical Necessity Trigger Logic

Current medication	Provider question	Response
Amiodarone 150 mg	Are you actually considering propafenone?	☐ No ☐ Yes - Propafenone
Fluoxetine 100 mg	Are you actually considering a Novitas-listed PGx-supported SSRi?	☐ No ☐ Yes - drug: _____

Additional Accurate Diagnoses

Do not add diagnoses solely for coverage. Enter only diagnoses supported by the medical record:

Novitas Release Gate

Gate	Status
Drug(s) actually current/considered documented	☐ Complete
Matching Novitas drug-gene relationship	☐ Complete
Matching Novitas ICD-10 group	☐ Complete
Clinical indication / management change documented	☐ Complete
CPT strategy verified	☐ Complete
Lab Medicare billing eligibility verified	☐ Complete
Claim release	☐ Authorized only when all required gates pass

Provider Attestation

I attest that any medication marked CONSIDERED is genuinely under consideration, diagnoses entered are clinically accurate and supported in the record, and PGx testing is intended to materially inform medication management.

Provider: Sam Smith, MD NPI: _____ Signature: _____ Date: _____