

Market Access Customer Assessment Tool

This tool is intended for customers who practice in the following Places of Service:

Outpatient | Physician Office | Urgent Care

- Identify and Initiate early communication** with your revenue cycle, billers, or managed care team to ensure coverage.
 - Review Network and Regulatory restrictions, for example:
 - Network restrictions (i.e., HMO) most often found in provider manual or contract
 - Regulatory restrictions (Medicaid participation requirements or Medicare requirements)

- Review relevant product Health Program and Information Guides (HPIGs)** provided by bioMérieux.
 - These documents contain information to help you understand the panel(s) and CPT coding that may be used for the panel(s). Located via <https://www.biofire dx.com/support/coding-information-resources>
 - Provide the documents to the relevant individuals at the organization (*e.g., coders, billers, revenue cycle, etc.*)

- Assess your payor mix** to evaluate the proportion of your patients covered by Medicare, Medicaid, commercial payors, etc.
 - It will guide you on where to gather information needed to assess coverage for the panel(s) you are adopting and what you might get paid for the service based on your contracts with each payor. (*e.g., 5% Medicare, 15% Medicaid, 50% private commercial, 30% self-pay/other*)
 - Understanding the contractual allowable reimbursement rate for services provided is crucial. This information will help you determine what you might get paid. **Note: You may be paid differently for different lines of business (e.g., independent labs, hospitals, physician offices, etc.) by a single payor.**

- Review the medical coverage policies of the primary payors** within your payor mix and your participating provider contracts. This information can generally be found in the provider section of the payor's website. Important information in these policies includes:
 - Coverage criteria (i.e., patient criteria, ICD-10s, Place of Service restrictions)

Supporting information

For information specific to each of the panels offered by bioMérieux, including descriptions of the panel, CPT code(s) that may describe the test and other information, please visit <https://www.biofire dx.com/support/coding-information-resources>



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CodeMap® is a third-party vendor that provides inclusive coding and reimbursement information for providers specific to government healthcare programs, including Medicare and State Medicaid plans. This information is provided for educational purposes. To visit the CodeMap® website and find additional information for our panels, please visit <https://www.codemap.com/biofiredx/>. You can also contact biofiredx@codemap.com for email support. If you have any questions regarding the process, reach out to reimbursement@biomerieux.com.

Disclaimer:

This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Note that payers who follow NCCI guidance may recommend using alternate code(s). The provider is always responsible for determining and submitting appropriate service codes consistent with applicable payer guidance. bioMerieux recommends that you consult with your payer, reimbursement specialist, and/or legal counsel regarding coding, coverage, and reimbursement matters. Payer coding, coverage, and reimbursement policies may vary and should be verified before claim submission.