



We're so *swell* - you don't have to be
Compression *wear* it counts.

Specialists in Venous & Lymphatic Insufficiencies

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DO YOU KNOW WHERE TO REFER YOUR LYMPHEDEMA PATIENTS FOR COMPLETE "IN-NETWORK" COVERAGE WITH INSURANCE COMPANIES IN 2015?

Don't let your patients suffer from NO coverage with providers that are NOT CONTRACTED with their insurance! They should be using their insurance cards instead of their credit cards!

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Under this Act, insurance companies must provide coverage for breast cancer survivors that include physical complications such as lymphedema.

<http://www.dol.gov/ebsa/publications/whcra.html>

Luna Medical, Inc. is a durable medical equipment company and authorized provider of lymphedema medical products nationwide, established in 1996 to meet the needs of patients suffering from chronic, extremity circulation disorders. We are solely dedicated to providing compression therapy products.

We have national contracts with the following insurance companies:

• **Cigna Healthcare • Humana • Tricare • United Healthcare • BlueCross BlueShield Federal**

We also have contracts or able to bill the following insurance companies:

• **Medical Mutual • HealthChoice • Homelink • MVP • UMR • NALC**

We can obtain in-network coverage for:

• **AETNA (FLORIDA ONLY)** and plans that access the **MULTIPLAN NETWORK**

Luna Medical, Inc. is also contracted with **Blue Cross Blue Shield of Illinois** and has been able to provide in-network in various other states of BCBS due to an in-network deficiency because there are no providers for custom compression garments in that state.

Patients and therapists have stressed many concerns including: lymphedema products that do not fit properly, misinformed about insurance, provider is "out-of-network" with the insurance, charged up front for products when they have insurance coverage, provided standard size products when custom-made products are necessary and returns/alterations are not being handled in a fashionable manner. **The bottom line here is: Lymphedema therapists need to refer patients to contracted providers for their product needs!**

Our services:

• **Verification of Benefits • Insurance Authorizations • Prepare & Obtain Prescriptions from Referring Physicians • Order Medical Products • Handle all Returns, Alterations, & Replacements • File Claims to the Insurance • File Appeals on Behalf of the Patient • Consultation with Certified Fitters**

Luna Medical, Inc. will verify each patient's insurance coverage before any products are considered for home management of lymphedema. We will need a signed NPP: "NOTICE OF PRIVACY PRACTICES (HIPAA) form and any financial obligations will be clearly explained to the patient prior to ordering. We will also obtain any authorizations that are needed prior to ordering. Depending on the insurance plan (no authorization needed), doctor, signed NPP, patient's consent and attached measurements or sizes—**orders can be placed within 24 hours of initial request!!**

In order for lymphedema patients to obtain the coverage they're entitled to for their medical products, they must utilize an "**in-network**" provider. This means the dealer is **contracted** with the insurance company for reimbursement at a negotiated rate and has to accept the insurance company's allowed amount for the product.

If a dealer is not contracted with the insurance company, the dealer can balance bill the patient the difference between what they bill the insurance and what the allowed amount is by the insurance company. In other words, the discount taken by the insurance can be balance billed to the patient.

IF A PROVIDER STATES THEY CAN "COMPLIMENTARY BILL" AND THEY ARE NOT CONTRACTED WITH THE INSURANCE COMPANY, THE CLAIM WILL BE PAID "OUT OF NETWORK" AND THE COST GOES TO THE PATIENT!

ALSO, IF A PROVIDER IS BILLING PATIENTS OUT OF POCKET AND TELLING THEM TO SUBMIT THE BILL TO THEIR INSURANCE FOR REIMBURSEMENT--THIS DOES NOT MEAN IT IS COVERED BY INSURANCE!

Unfortunately, Medicare is still not paying for lymphedema products, even upper extremity patients with lymphedema secondary to breast cancer. If a patient has a secondary insurance plan, these patients may have coverage for lymphedema products (we will always check this prior to ordering).

THERE SHOULD BE NO HIDDEN SECRETS REGARDING WHAT INSURANCE CONTRACTS A DEALER HAS—AND BE AWARE THAT ANY PROVIDER CAN BILL INSURANCE—IT'S IF THEY ARE CONTRACTED AND PASS THAT COST TO THE PATIENT.

Lymphedema Therapists should have a clear understanding of where to refer their patients for insurance coverage. It's not just about a provider filling an order as a one-time deal. It's about the long term product needs for a chronic condition. It really is not fair if a patient has insurance benefits and they are directed to an "out-of-network" provider costing the patient thousands of dollars when there's a provider like Luna Medical, Inc.

Patients are entitled to daytime, elastic support every 4-6 months (one set for wash and one set for wear); custom or non-custom. Patients are entitled to one nighttime garment per year. However, there are plans that allow more.

If we at Luna Medical can be of any assistance, please call toll free at **1-800-380-4339**. You can also visit our website at www.lunamedical.com to access our referral form packet and manufacturers' measuring forms for new patients.

Kindest Regards,

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HOW DO I REFER A NEW PATIENT TO LUNA MEDICAL, INC.?

To verify benefits, please fax the following documents:

- **Fax Cover Sheet** – “New Patient Referral/Request for Insurance Benefits”—premade for you—all you have to do is put your name/clinic name in the blank. Your own fax cover is also fine.
- **Patient Face Sheet/Data from your clinic**—If this can’t be sent over due to printing policies in your facility then all we need is the following information to check benefits/insurance claims:
 - **Patient Name**
 - **Patient Date of Birth**
 - **Patient Address (must be physical address—no P.O. BOX)**
 - **Patient Phone #**
 - **Referring Physician Name/Number**
 - **Diagnosis (lymphedema or venous insufficiency)**
 - **Insurance Information (Insurance/Member ID#/Group #)**
- **Patient Clinical History Form**—If this can’t be sent over due to printing policies in your facility then all we need is the following information to have referring physician sign a Certificate of Medical Necessity, that we will need to bill insurance (due to our contracts):
 - **Diagnosis (lymphedema or venous insufficiency)**
 - **Extremity Affected (Upper/Lower & Left/Right/Trunk/Face)**
 - **Primary or Secondary Lymphedema—If Primary please list type of lymphedema—If Secondary please list the cause (cancer—then type of cancer & surgery info; trauma; disease; conditions; etc.)**
 - ***We can always call the patient ourselves to obtain more details (i.e. cancer surgery date; type of surgery; radiation; etc.)**
- **Notice of Privacy Practices (HIPPA) form signed by the patient**—we can always send a copy to the patient via email or mail if you cannot obtain a signature.
- **Insurance Card(s)** – front and back, if available (mandatory if BCBS Federal)

To initiate a formal referral, please fax the additional documents:

- **Measurement Form(s) (Custom) or Written Sizes/Product Codes (Off the Shelf) for Product(s) Ordered** –please use the measurement forms on our website. They are continually updated by the manufacturers.

We appreciate your referrals and look forward to working with you!

