



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

Specialists in Venous & Lymphatic Insufficiencies

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ACCREDITED BY THE JOINT COMMISSION · OFFICIAL LANA SPONSOR

NEW PATIENT REFERRAL/REQUEST FOR INSURANCE BENEFITS

Date: \_\_\_\_\_ Number of pages: \_\_\_\_\_ (including cover sheet) Patient Name: \_\_\_\_\_

Table with 4 rows and 2 columns: To, Attn, Phone#, Fax# and From, Clinic, Phone#, Fax#

For COMMERCIAL INSURANCE REFERRALS, we will provide an initial, courtesy insurance verification of benefits.

For MEDICARE PART B REFERRALS, we are required to have measurements before we can provide a verification of benefits. After a patient with Medicare Part B benefits has satisfied the \$240 deductible, claims are payable at 80% of the Medicare allowable for the compression products. We will check the Medicare Part B benefits and coinsurance benefits after measurements are received.

MEDICARE ADVANTAGE PLANS do not have to follow Medicare Part B guidelines and fee schedules for coverage. Patients may have limited or no coverage for medical compression products. At this time, Luna Medical is not able to service Medicare Advantage Plans. We can offer private pay pricing.

Luna Medical will obtain a Certificate of Medical Necessity (CMN – commercial insurance) or Standard Written Order (SWO – Medicare) from the referring physician.

CHECKLIST:

- Clinic Face Sheet
• Insurance Cards - copy of front & back (need for electronic billing – insurance payer ID and group number)
• Luna's signed Notice of Privacy Practices Form (NPP) – www.lunamedical.com FORMS - REFERRAL FORMS
• Your Initial Evaluation with a Primary Diagnosis of Lymphedema (required by Medicare)
ONLY THESE DIAGNOSES ARE COVERED: 189.0, 197.2, 197.89, Q82.0
• Progress Notes – if custom-made garments are ordered, an explanation as to why they are needed must be documented in your progress notes (required by Medicare)
• Measurements for Product(s)

AFFECTED BODY PART(S): [ ] LEFT [ ] RIGHT [ ] ARM [ ] HAND/FINGERS [ ] LEG [ ] FOOT/TOES [ ] BREAST/CHEST [ ] HEAD/NECK [ ] TORSO [ ] OTHER

SPECIAL REQUESTS/COMMENTS:

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