



FAX COVER - NEW REFERRAL

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

customerservice@lunamedical.com
orders@lunamedical.com

IN-NETWORK: ANTHEM BCBS (14 states - see below), BCBS Federal, BCBS IL, BCBS NC, CIGNA (NATIONAL PREFERRED PROVIDER),
HEALTHLINK, HUMANA, MULTIPLAN, PRIVATE HEALTH CARE SYSTEMS (PHCS), PROMINENCE HEALTH, TRICARE, VETERANS ADMINISTRATION

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

Table with 4 rows and 2 columns: To: Luna Medical, Inc.; Attn: Patient Referrals Dept.; Phone#: 1-800-380-4339; Fax#: 1-888-696-0299. From: (First name, Last name, Title); Clinic:; Phone#: (xxx-xxx-xxxx); Fax#: (xxx-xxx-xxxx)

COMMERCIAL INSURANCE REFERRALS, we will provide an initial, courtesy insurance verification of benefits. Please note:
BCBS plans (not Federal) allow 8 units (compression garments) per 365 days (not calendar year).

MEDICARE PART B REFERRALS, we are required to have all documents from the CHECKLIST, including measurements before
we can provide a verification of benefits. After patient has satisfied the \$240 deductible, claims are payable at 80% of the
Medicare allowable. The supplemental or secondary insurance will be balance billed. Medicare allows 3 garments per
body part every 6 months and 2 night garments every 2 years.

MEDICARE ADVANTAGE PLANS, we are required to have all documents from the CHECKLIST, including measurements
before we can provide a verification of benefits. Do not follow Medicare Part B quantities for coverage. We are accepting
Anthem BCBS (CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, OH, VA, WI, Empire NY) and they allow 8 total units (compression
garments) per 365 days. We accept Humana (nationwide) and the number of garments is subject to medical necessity.

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

PLEASE NOTE: ALL DOCUMENTS BELOW ARE NOW REQUIRED BEFORE WE CAN PLACE ORDERS. With the
implementation of Medicare coverage, additional documentation was made as a requirement for medical compression
providers to get paid. This checklist applies to Medicare, Medicare Advantage and Commercial Insurance plans.

CHECKLIST:

- Clinic Face Sheet
● Insurance Cards - copy of front & back (need for electronic billing – insurance payer ID and group number)
● Luna's EPACKET for signature www.lunamedical.com FORMS – REFERRAL FORMS-EPACKET (includes Privacy Practices)
● Your Initial Evaluation MEDICARE PATIENTS must have a Primary Diagnosis of Lymphedema 189.0, 197.2, 197.89, Q82.0
● Progress Notes – for custom-made garments, an explanation as to WHY they are medically necessary must be documented
for accessories, an explanation as to WHY each is needed must be documented
● 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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