



Dear Lymphedema Therapist,

Luna Medical, Inc. is a durable medical equipment company established in 1996 to meet the needs of patients suffering from chronic, extremity circulation disorders. We are solely dedicated to providing compression therapy products for patients diagnosed with Lymphedema and Chronic Venous Insufficiency. Our main billing office and corporate headquarters are located in Chicago, Illinois. Luna Medical is an authorized provider of lymphedema medical products nationwide.

We work with lymphedema treatment programs throughout the United States. We understand that therapists and patients are having a difficult time locating local providers for all the products we provide. Patients and therapists have stressed many concerns including: lymphedema products that do not fit properly (i.e. fitters at local providers do not have enough experience), misinformed about coverage issues (i.e. told there is no coverage when there is), provider is out-of-network" with the insurance (i.e. greatly reduced insurance benefits), charged up front for products when they have insurance coverage (i.e. patient should be charged any coinsurance/deductible after the claim pays), provided standard size products when custom-made products are necessary and most importantly, returns and alterations are not being handled in a fashionable manner.

We have national contracts with insurance companies, including:

Blue Cross Blue Shield • Cigna Healthcare • Humana • TriCare • United Healthcare

We are also contracted with many other insurance companies and insurance networks, giving patients access to coverage for their lymphedema medical products.

Our comprehensive services include:

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

We understand the fears and concerns patients encounter prior, during and after treatment for lymphedema. We provide educational material for the treatment and management of venous and lymphatic insufficiencies. We are here to answer questions about lymphedema medical products that are clinically efficacious for patients on a case by case basis.

Please feel free to call for assistance to walk you through your first referral. If we at Luna Medical can be of any assistance, please call toll free at **1-800-380-4339** or email us at info@lunamedical.com. You can also visit our website at www.lunamedical.com. You can email Marianne Luh (certified fitter) at mluh@lunamedical.com

Kind Regards,

A handwritten signature in cursive script that reads "Marianne H. Luh".

Marianne H. Luh
Founder, Director of Managed Care

Luna Medical Staff

INSURANCE COVERAGE

Luna Medical, Inc. will verify each patient's insurance coverage before any products are considered for home management of his/her lymphedema. Any financial obligations will be clearly explained to the patient.

A "Notice of Privacy Practices" (HIPAA) form will be signed by the patient or guardian prior to verification of insurance benefits.

Many patients have insurance plans that will only pay a certain dollar amount per year for all medical products, known as a cap per year. It is relevant to work with a company such as Luna Medical that practices cost containment.

An "out-of-network" provider of lymphedema products is one which has not contracted with the insurance company for reimbursement at a negotiated rate. Some health plans, like HMOs, do not reimburse out-of-network providers at all, which means the patient will be responsible for the full amount charged by the provider. Other health plans offer coverage for "out-of-network" providers, but the patient responsibility would be much higher than it would be if you were seeing an "in-network" provider.

An "In-network" provider of lymphedema products is one which has contracted with the insurance company for reimbursement at a negotiated rate. This expedites the authorization process and provides members the insurance coverage that they are entitled to:

We are "in-network" with Blue Cross Blue Shield, Cigna Healthcare, Humana and United Healthcare nationwide. We are "in-network" with many other insurance companies and insurance networks as well.

TriCare: We have a provider number for Tricare in order to service their members. We are not "in-network" with this company, but the difference in coverage between "in" and "out-of-network" benefits for PPO plans is usually 5% of our billed charges. For Tricare HMO plans, we have been able to service these members because we are often the only provider available for our services.

Medicare: Unfortunately, Medicare does not pay for our products so patients must pay for their medical products by credit card or check prior to order placement and distribution.

- **Secondary Insurance:** If a patient has a secondary plan to Medicare, we can assist them in getting possible reimbursement for their medical products. All payments will be subject to any deductibles and/or coinsurances due in accordance to the plan provisions. Plans such as Tricare, BCBS Federal, etc. usually have these types of benefits. These secondary plans are offered to patients from former employers. The secondary insurance will consider picking up as the primary payer with proof of a denial from Medicare. We will file a claim electronically to Medicare for a denial and subsequently to the secondary insurance with proof of the Medicare denial. Any possible reimbursement will be mailed directly to the patient.

- **Supplemental Insurance:** If Medicare denies a claim, the supplemental insurance will also deny the claim.

Medicare Replacement Policies: These plans are administered by a health plan and act as an HMO. Since these plans will follow Medicare guidelines, they will not pay for lymphedema medical products.

Private Pay: We offer discounts to patients paying “out-of-pocket” for lymphedema medical products.

INSURANCE AUTHORIZATIONS

In the event that we are “out-of network” with an insurance company, we will submit an authorization request to be paid “in-network” due to a network deficiency. Since we cannot guarantee an “in-network” approval, the patient will be given the option of having products ordered prior to authorization, however, if unsuccessful, the patient will be subject to “out-of -network” benefits. The **Consent Form** is required if the patient would like their products ordered prior to authorization. By signing the form, the patient is consenting to ordering their products before insurance has agreed to pay. Please make sure the patient has read and understood this form before having them sign it.

GETTING STARTED

Traditionally, therapists want us to verify the patient’s insurance benefits for medical products before they place an order. At this time, we do not contact the patient unless requested. We realize that once you have begun therapy with your patient, you are interested in knowing what type of coverage they have before discussing what home medical products will benefit them.

After we have verified the patient’s insurance benefits, we will fax a copy of the benefits to your clinic. Please feel free to provide your patient with a copy of the faxed information and welcome him/her to call us with any questions.

**Fax Cover Sheets & Referral forms
can be accessed on our website at www.lunamedical.com
or our staff can email or fax them to you.**

HOW DO I REFER A NEW PATIENT?

- To verify benefits, please fax the following documents:
 - **Fax Cover Sheet** – “Request for Insurance Benefits”
 - **Patient Face Sheet** from your clinic
 - **Insurance Card(s)** – front and back, if available
 - **Notice of Privacy Practices (HIPPA)** form signed by the patient

NEW PATIENT REFERRAL

- To make a formal referral, please fax the following documents:
 - **Fax Cover Sheet** – “New Patient Referral”
 - **Patient Data Form**
 - **Clinical History Form**
 - **Product Information Form**
 - **Measurement Form(s) for Product(s) Ordered**
 - **Therapist’s Initial Evaluation for Patient** – if available

ONCE THE FORMAL REFERRAL IS RECEIVED

We contact the patient and review the financial responsibilities for his/her medical products, explain the authorization process (if applicable) and verify placement of his/her orders for medical products.

We prepare a **Certificate of Medical Necessity** (prescription) to be faxed to the referring physician for signature. This certificate is then submitted to the insurance company for authorization (if applicable) and is used to file the claim for the medical products.

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