McLaren
NORTHERN MICHIGAN

## Diabetes Education Referral

Phone (231) 487-5512 • Fax (810) 600-7263
820 Arlington Ave • Petoskey, MI 49770

**Please include the following: labs, most recent H&P, and a medication list**

**Patient Name:** _____ **Date of Birth:** _____

**Address:** _____ **City:** _____ **Zip:** _____

**Phone:** _____ **Insurance:** _____

**Insurance coverage of DSMES/T requires the referring provider to maintain documentation of a diagnosis of diabetes based on one the following. Please select one the criteria that the patient meets:**

***** MUST SELECT ONE *****

- ❒ fasting blood glucose greater than or equal to 126mg/dl on two different occasions
- ❒ two hour post-glucose challenge greater than or equal to 200mg/dl on two different occasions
- ❒ random glucose test over 200mg/dl for a person with symptoms of uncontrolled diabetes

### Diagnosis

❒ Type 1: A1C>7.0% (E1065) ❒ Type 1: without complications (E109) ❒ Other (specify):_____
❒ Type 2: A1C>7.0% (E1165) ❒ Type 2: without complications (E119) ❒ Gestational Diabetes (O24.410) ****MNT ONLY****

## Diabetes Self-Management Education & Support / Training (DSMES/T)

10 hours initial DSMES/T in 12-month period from the date of first session, plus 2 hours follow-up per calendar year with written referral from the treating qualified provider (MD/DO, APRN, NP, or PA) each year

Select type of training services and number of hours requested

❒ Initial DSMES/T 10 hours or _____ hours
❒ Follow-up DSMES/T - 2 hours
❒ If more than one hour of individual initial training requested, please check special needs that apply:
❒ Vision ❒ Hearing ❒ Language ❒ Physical
❒ Cognitive ❒ Other (specify)_____

**All content areas identified by DSMES Team on assessment**

*OR Specific Content Areas Below (check all that apply)*

❒ Pathophysiology of diabetes and treatment options
❒ Healthy Coping ❒ Healthy Eating
❒ Being Active
❒ Taking Medication -including insulin/injection training
❒ Reducing Risks ❒ Problem Solving
❒ Monitoring

## Medical Nutrition Therapy (MNT)

3 hours initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis with a written referral from any physician (MD or DO)

❒ Initial MNT 3 hours
❒ Annual follow-up MNT 2 hours

❒ Additional MNT hours for change in:
❒ Medical condition ❒ Treatment ❒ Diagnosis

_____ _____ _____
Physician Signature Date Time

_____
Printed name of physician

_____/_____
Physician's Phone & Fax Number