



Charleston Area Medical Center

PLACE PATIENT IDENTIFICATION LABEL HERE

OUTPATIENT DIABETES EDUCATION PROGRAM REFERRAL FORM

Patient's Name: _____ DOB: _____ Gender: M F

Address: _____

Phone Numbers: _____

DIAGNOSIS:

- Diagnosis code _____ Type 1 Type 2 Prediabetes
 Gestational Pre-Existing DM with Pregnancy Other _____

REFERRAL FOR:

- Initial Comprehensive Diabetes Self-Management Education/Training (DSME/T*) – 10 hours and all 9 topics
 DSME/T: Follow-up – 2 hours
 Medical Nutrition Therapy (MNT**) – 3 hours
 MNT: Follow-up – 2 hours
 Diabetes and Pregnancy Training
 Specific Diabetes Education Topics and Hours if needs vary above: _____

*DSME/T can be ordered by an MD, DO or midlevel provider managing the patient's diabetes care.

**MNT must be ordered by MD or DO.

Patient with special needs requiring individual (1 on 1) DSME/T. CHECK ALL THAT APPLY:

- Impaired Vision Impaired Hearing Physical Disability Cognitive Impairment
 Language Barrier Eating Disorder Illiteracy Other: _____

As a health care provider treating this person's condition, I certify that diabetes self-management training / medical nutrition therapy is needed under a comprehensive plan of care to ensure therapy compliance and / or to provide the necessary knowledge/skills the patient needs to manage his/her condition.

Print Provider Name: _____ NPI Number: _____

Group/Practice Name: _____

Phone Number: _____ Fax Number: _____

Note: Health plans may not cover this service. The patient should contact their health plan to determine if service is covered or if preauthorization is necessary. Please fax the following information to the program coordinator at 304-388-5560: completed referral form, medical records pertaining to the reason patient needs appointment, most recent lab results, current medication list, and a copy of the patient's insurance information.

DATE: (Required)

TIME: (Required)

PHYSICIAN SIGNATURE: (Required)



Things to consider when completing the diabetes education program referral form:

- We will not be responsible for calling the patient's health plan to see if the diabetes education and/or medical nutrition therapy ordered is a covered service. Please remind the patient to contact their health plan to determine if service is covered or if preauthorization is necessary.
- For questions call **304-388-5555** to speak with the outpatient diabetes education program coordinator.
- DSME/T can be ordered by a MD, DO or midlevel provider managing the patient's diabetes care.
- MNT must be ordered by MD or DO.
- Medicare coverage of DSME/T and MNT requires a diagnosis of diabetes based on the following:
 - Fasting plasma glucose \geq 126 mg/dl on two different occasions; or
 - 2-hour post glucose challenge \geq 200 mg/dl on 2 different occasions; or
 - A random glucose test $>$ 200mg/dl for a person with symptoms of uncontrolled diabetes.

**Note: Medicare does not recognize the A1c test as a diagnostic criterion for DSME/T and MNT reimbursement.*

- **Referral for DSME/T** select only **one** training per referral form

Medicare requirements:

- Initial Comprehensive Diabetes Self-Management Education/Training (DSME/T) – 10 hours and all 9 topics:** is a “once in a lifetime” benefit. Education topics include diabetes basics, monitoring diabetes, nutrition, physical activity, medications, goal setting, problem solving, living with diabetes and reducing risks of diabetes complications.

- **Special Needs:** *all patients are put in a group education class unless they have special needs as those indicated on the form to receive individual (1 on 1) DSME/T.*

- DSME/T: follow-up – 2 hours:** once the patient completes the initial 10 hours of training they are eligible for two hours per year.

- Specific Diabetes Education Topics and Hours if needs vary above:** orders for individual diabetes education

- Self -blood glucose monitoring
 - Other

- **Referral for MNT** select only **one** per referral form

Medicare requirements:

- Medical Nutrition Therapy (MNT) – 3 hours:** the first year for patients with diabetes.

- Carbohydrate Counting
 - Weight Management for glucose control
 - Gastroparesis with diabetes
 - Other

- MNT: Follow-up – 2 hours:** each additional year.