

Referral Form

Diabetes and Nutrition Education



We follow Medicare guidelines. Coverage may vary depending on the specific insurance carrier or plan.

MEDICARE COVERAGE: Diabetes self-management education and support/training (DSMES/T) and medical nutrition therapy (MNT) are separate and complementary services to improve diabetes self-care. Individuals may be eligible for both services in the same year. Research indicates MNT combined with DSMES/T improves outcomes.

Type 1 and Type 2 Diabetes: 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.

MNT: 3 hrs. 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/DO). Note: Patients may be eligible for MNT for diagnoses other than diabetes.

Medicare coverage of DSMES/T and MNT requires the referring provider to maintain documentation of a diagnosis of diabetes based on the following:

- fasting blood glucose greater than or equal to 126 mg/dl on two different occasions
- 2-hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions
- random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes

We also accept referrals for gestational diabetes.

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Gender at birth: M F

Address: _____

Phone: _____ Email: _____

Insurance Name: _____ Subscriber #: _____

Diagnosis Code(s): _____

Diabetes Self-Management Education & Support/Training (DSMES/T) - Check type of training and # of hours

- Initial DSMES/T - 10 hours Individual and/or Group sessions
- Follow-up DSMES/T - 2 hours Gestational Diabetes
- If more than 1 hour of individual training is needed, please select other needs that apply:
 - Cognitive Hearing Language Vision
 - Physical Other
- No group sessions available for 2+ months

- All content areas identified by DSMES team on assessment. Specific content areas you want emphasized. (check all that apply):
- Pathophysiology of diabetes and tx options
 - Healthy coping
 - Healthy eating
 - Being Active
 - Taking medications Including insulin and/or inj. training
 - Reducing risk (tx acute/chronic complications)
 - Problem solving/behavior
 - Preconception, pregnancy, gestational diabetes
 - Monitoring

Medical Nutrition Therapy (MNT)-Check the type of MNT requested: Diabetes non-Diabetes Gestational

Initial MNT 3 hours or as allowed by insurance Annual follow-up MNT 2 hours

MNT for non-diabetes diagnosis _____

Signature of qualified provider certifies that he or she is managing the beneficiary's diabetes care for DSMT referrals.

Provider Signature: _____ NPI: _____ Date: _____

Provider Phone: _____ Fax: _____

PLEASE FAX WITH REFERRAL: Patient Demographics, Med List, Recent Labs (A1C, lipids, CBC) and last two progress notes

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