MUNSON HEALTHCARE

Form # 2535 (04/17)

2535

DIABETES SELF-MANAGEMENT EDUCATION/TRAINING AND MEDICAL NUTRITION THERAPY REFERRAL FORM

Patient Information

Patient's Legal Last Name:	First Name:	Middle:
Date of Birth: _____/_____/_____	Home Phone: ( ) - _____ - _____	Other Phone: ( ) - _____ - _____
Address:	City:	State: Zip Code:
Insurance:	Prior Authorization #:	

Diabetes Diagnosis

	ICD-10
☐ Type 1 Diabetes	E10.9
☐ Type 2 Diabetes	E11.9
☐ Gestational Diabetes	O24.419
☐ Pre-existing Type 1 Diabetes in pregnancy	O24.019
☐ Pre-existing Type 2 Diabetes in pregnancy	O24.119
☐ Pre-diabetes (*fasting blood glucose 100 - 125 or HbA1c 5.7 - 6.4*)	R73.03

Diabetes Lab Results:

☐ FBS: _____mg/dl _____ Date

☐ HgbA1C: _____% _____ Date

☐ **See Power Chart**

Diabetes self-management education/training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

Diabetes Self-Management Education/Training (DSME/T)

(*Medicare coverage: 10 hours initial and 2 hours each year thereafter*)

The patient is to attend the following:

☐ Initial Diabetes Self-Management Training (10 hours) ☐ ____ hours requested
(includes all ten content areas, as appropriate, based on assessment)

☐ Annual Update (2 hours) ☐ _____ hours requested

This patient cannot effectively participate in group instruction because of the following special needs:

☐ Physical ☐ Language limitation
☐ Learning disability ☐ Cognitive impairment
☐ Hearing / Vision ☐ Other: _____

Medical Nutritional Therapy (MNT)

☐ Initial MNT
☐ 3 hours ☐ _____ hours

☐ Annual follow-up
☐ 2 hours ☐ _____ hours

☐ Additional reinforcement of nutrition in the same calendar year per RD
☐ _____ hours requested

Additional Self-Management Training Request

☐ Pre-diabetes Group Class
☐ GDM Class or ☐ Pre-existing Diabetes in Pregnancy Class
☐ Insulin Instruction (1:1) *(complete Insulin Instruction Checklist, form #10934)*
☐ Pump Assessment/Start-up ☐ Pump Upgrade
☐ Pump w/ Sensor Training ☐ Sensor Training
☐ Professional Continuous Glucose Monitor
☐ Injection Therapy Education (*GLP / Other:*_____

Specific Instructions: _____

Provider's Signature:_____ Date:_____ Time:_____

Provider's Printed Name:_____ NPI #:_____

Practice Name: _____

Address: _____

Phone Number:_____ Fax Number:_____

PATIENT ID LABEL HERE

MMC Diabetes Education
Ph: 231-935-8200 F: 231-935-8215

MHC Charlevoix Hospital Diabetes Education
Ph: 231-547-8737 F: 231-547-8893

MHC Manistee Hospital Diabetes Education
Ph: 231-398-1840 F: 231-398-1835

POMH Diabetes Education
Ph: 231-352-2260 F: 231-352-2234

OMH Diabetes Education
Ph: 989-731-7872 F: 989-731-7837

KMHC Diabetes Education
Ph: 231-258-3091 F: 231-258-3600