SVH Diabetes and Nutrition Clinic Referral for Service

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SVH
SEBASTICOOK VALLEY HEALTH
EMHS MEMBER

1. ____

Patient Last Name *First/Middle* *Date of Birth* ☐ **Male** ☐ **Female**

____

Address *City* *State* *Zip Code*

____

Home Phone *Other Phone* *Insurance/Medicare #*

2. Reason for Referral/Chief Complaint (specify concerns to be addressed):

☐ Type 1 DM ☐ Type 2 DM ☐ Gestational DM ☐ Hypertension ☐ Obesity ☐ Stroke ☐ Kidney Disease
☐ Neuropathy ☐ Retinopathy ☐ Dyslipidemia ☐ PVD ☐ CHD ☐ Non-healing wound
☐ Mental/affective disorder ☐ Other: specify ________________________________

YES	NO	
☐	☐	Does patient have diabetes?
☐	☐	If female, is the patient pregnant?

YES	NO	
☐	☐	Is patient appropriate for service presented in small group format? If no, please check reason: ☐ Vision ☐ Hearing ☐ Physical ☐ Cognitive impairment ☐ Language limitations
☐	☐	Does patient require an interpreter?

3. Recent Lab Results

☐ Check box if copies of pertinent lab reports are enclosed (required: HGB A1c, Urine Microalbumin, Lipid Profile, Bun/Creatine, TSH
☐ Check box if no lab reports are available

4. Medication List

☐ Check here that a complete list of medications or supplements with dosages for the patient is enclosed
☐ Check here if patient is not currently taking medication

5. Type of Service

Diabetes Education

☐ Initial Comprehensive Diabetes Self Management Education/Training (CPT G0108) and Medical Nutrition Therapy (CPT 97802) Program*: 10 hrs DSME/T includes monitoring, psychological adjustments, nutrition, medications, disease process, physical activity, goal setting/problem solving, prevent, detect, and treat acute and chronic complications, and (preconception) 3 hrs. MNT. Medicare allows 10 hrs. DSME/T and 3 hrs. MNT for initial year. Medicare allows 2 hrs. DSME/T and 2 hrs. MNT follow-up every year after initial.

Specify # hours and type of training if less than 10 hrs. DSME/T and/or less than 3 hours MNT requested:

______# hrs. DSME/T, Content: ______________________
______# hrs. MNT

☐ Follow-up Diabetes Self-Management Education* (CPT G0108) 2 hrs - ideal for patients who may have had the above education in the past but need to learn a new meter, have started insulin or oral agents, or elevated HGB A1c.

☐ Insulin Injection Teaching (CPT G0108) 1hr ☐ Pen ☐ Syringe
Medication ____________________
*RX for dosage is REQUIRED with this order: Dosage:*______________________

☐ Insulin Adjustment Training (CPT G0108) 1-4 hrs. training to teach patient how to make own insulin adjustments (CDE may adjust insulin to carb ratio and correction factor)

☐ Gestational Diabetes Glucometer Training (CPT G0108) 1 hr. and MNT (CPT 97802) 1 hr

☐ Insulin Pump Therapy (CPT G0108) 8 hrs. for initial year and 4 hrs. for follow up year. Exploration, training and follow up with CDE and 1-2 hrs. MNT for carb counting. (CPT 97802) and bolus rates.

☐ Continuous Glucose Monitor (CPT 95250) 1 hr. training and initiation 72-hour glucose monitor.

**** Provider's signature certifies that patient requires DSME/T to develop more independence in diabetes self-management care. If no A1C is available within the past 90 days, a baseline will be obtained. To monitor patient's progress, an additional A1C will be drawn every 3 months until program completion.***

Medical Nutrition Therapy (MNT)

☐ Medical Nutrition Therapy (CPT 97802): 1-6 hours meal planning, goal setting with registered dietitian who specializes in a variety of medical conditions including weight loss, cholesterol, pregnancy, food intolerances and surgical weight loss. (Medicare only covers Diabetes and Renal Disease. Medicare allows 3 hrs. for initial year and 2 hrs. every year after initial. Any other diagnosis with Medicare will need to sign ABN for non-covered diagnosis.)

6. Signature of Referring Provider

I certify that the ordered services are necessary for the care of the patient.

____ ____/___/___

Signature and NPI# *Date*

Group/Practice name, phone and fax: ______________________________

Revised 7/2013 (Discard all referral forms dated prior to this revision date)