

## McLaren Print System Order

Order No: 62189  
 Order Date: 2021-04-30  
 User: chad chunko  
 Phone: 8103422235

Ship Location: McLaren Flint wound care  
 G3200 Beecher road Suite O2  
 flint, MI 48532

### Forms

Quantity: 500  
 Paragon Dept No: 21210  
 Dept Name: McLaren Flint Wound Care  
 Company Number: 60

Order Total Price: 21.75

Item Number: 17317  
 Item Description: OUTPATIENT DIABETES EDUCATION PHYSICIAN REFERRAL  
 Revision Date: 4/2021  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: Padded (25 Sheets Per Pad)  
 Drill: None  
 Misc Info:



**OUTPATIENT DIABETES EDUCATION REFERRAL**  
 Phone: (810) 343-6500 • Fax: (810) 343-5637  
 63200 Beecher Road • Flint, MI 48532

Please include the following: date, most recent HBP, and a medication list

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Patient Phone: \_\_\_\_\_ Insurance & Policy #: \_\_\_\_\_

**Diabetes Diagnosis Codes**

Type 1 AIC+T2e (E1099)     Type 1 without complications (E109)     Gestational Diabetes (O24410)  
 Type 2 AIC+T2e (E1199)     Type 2 without complications (E119)     Other (specify): \_\_\_\_\_

Choose from the options below

**Initial Diabetes Self-Management Education (Diabetes Classes) - Adult Type 1 or Type 2, One-on-One**

- 29 hours (2 individual + 2 group). One is a follow-up benefit and must be used within 12 consecutive months following the start of DME. Individuals who have met their 29-hour benefit will be enrolled in the A1C class.
- Or \_\_\_\_\_ Number of hours requested

**Follow-up Diabetes Self-Management Education- Adult Type 1 or Type 2**

- Up to 2 hours (either group or individual) every calendar year after initial benefit is used
- Or \_\_\_\_\_ Number of hours requested

**Medical Nutrition Therapy**

- Up to 3 hours of education related to nutrition conducted by a dietitian

**Diabetes Management Clinic - Adult Type 2 only**

- Disease management - Patient will be seen by a comprehensive team for management of all aspects of diabetes including prescribing medication, medication adjustments, and ordering labs for up to 8 clinic visits. Team includes a Physician, Registered Nurse, and Registered Dietitian.

**Continuous Glucose Monitor (CGM)**

- Professional CGM applied for 30 to 90 days. Report will be filed to referring provider at conclusion of service.

**Patients with special needs requiring individual (1 on 1) education instead of group (check all that apply)**

Visual impairment     Cognitive impairment     Hearing impairment     Physical limitation  
 Language limitation     Additional training needed (specify): \_\_\_\_\_     Additional hours requested: \_\_\_\_\_ hours

**Medical Necessity (Check all that apply)**  
**At least one must be checked to meet Medicare / other insurance guidelines**

New diagnosis diabetes     Change in treatment plan  
 Two consecutive A1C's greater than 8.5% three or more months apart     Lack of testing or foot/foot complications  
 Severe hypoglycemia in past year     Pre-proliferative or proliferative retinopathy  
 Kidney complications     Pre-proliferative or proliferative retinopathy  
 Recurring chronic complications (specify): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Physician's Phone & Fax Number: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  


### Spec Info: