



**OUTPATIENT DIABETES EDUCATION REFERRAL**

Phone (810) 342-5506 • Fax (810) 342-5637  
G3230 Beecher Road • Flint, MI 48532

**Please include the following: labs, most recent H&P, and a medication list**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Insurance & Policy #: \_\_\_\_\_

**Diabetes Diagnosis Codes**

- Type 1: A1C>7.0% (E1065)
- Type 2: A1C>7.0% (E1165)
- Type 1: without complications (E109)
- Type 2: without complications (E119)
- Gestational Diabetes (O24.410)
- Other (specify): \_\_\_\_\_

**Choose from the options below**

- Initial Diabetes Self-Management Education (Diabetes Classes) - Adult Type 1 or Type 2; Gestational**
  - 10 Hours (1 individual + 9 group). Once in a lifetime benefit and must be used within 12 consecutive months following the start of DSME. Individuals who have met their 10 hour benefit will be enrolled in the F/U 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 6 clinic visits
    - Team includes a **Physician**, Registered Nurse, and Registered Dietitian
- Continuous Glucose Monitor (CGM)**
  - Professional CGM applied for 3 to 14 days. Report will be faxed 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 (injectable)
- 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
- Two consecutive A1C's greater than 8.5% three or more months apart
- Severe hypo/hyperglycemia in past year
- Kidney complications
- Recurring chronic complications (specify): \_\_\_\_\_
- Other: \_\_\_\_\_
- Change in treatment plan
- Lack of feeling in feet/foot complications
- Pre proliferative or proliferative retinopathy

Physician Signature

Date

Time

Physician's Phone & Fax Number

Print Name of Above Signee



PT.

MR.#/RM.

DR.