Western Maryland Health System 12502 Willowbrook Road (Medical Arts Center, Suite 300) Cumberland, Md. 21502

Provider Referral Form: Diabetes Program Order Form (DSMES and MNT)

Diabetes Self-Management Education/Support (DSMES) 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 DSMES improves outcomes.

Patient's name ____ **DOB**__________________ **Primary Care Physician**_________________

Patients Address____ **Phone**______________________________

Health Insurance (please attach a copy)____ **Ht:**____________ **Wt:**____________

Diabetes Diagnosis:

- ☐ Type 1, uncontrolled –E10.65
- ☐ Type 1, controlled –E10.9
- ☐ Type 2, controlled –E11.9
- ☐ Type 2, uncontrolled –E11.65
- ☐ Gestational DM, diet controlled –O24.410
- ☐ Pre-existing DM, type 1, in pregnancy-024.01
- ☐ Pre-existing DM, type 2, in pregnancy- O24.11
- ☐ Prediabetes- R73.03
- ☐ Other:__________________________

Current Treatment:

- ☐ Diet and Exercise
- ☐ Oral Agents: Specify:_______
- ☐ Insulin: Specify________

Indicate one or more reason for referral:

- ☐ Newly diagnosed
- ☐ Recurrent hypoglycemia
- ☐ Other________________
- ☐ Recurrent elevated blood glucose levels
- ☐ Change in diabetes treatment regimen

Diabetes Complication/Comorbidities: specify

- ☐ Retinopathy
- ☐ Neuropathy
- ☐ Nephropathy
- ☐ Gastroparesis
- ☐ Hyperlipidemia
- ☐ Hypertension
- ☐ Cardiovascular disease
- ☐ Other:_____________

Laboratory Data: ☐ Check here if Lab Data is available from WMHS **or** attach report

	Value	Date		Value	Date
HgbA1C			Fasting glucose		
Total chol			BUN		
Triglycerides			Creatinine		
LDL			GFR		
HDL			Microalbumin		

Medical History: ____________________________________

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Medications: ____________________________________

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Diabetes Self-Management Education

_____Comprehensive Self –Management Education* (allowable time based on insurance benefit) unless otherwise noted.__________hours
(Content: Monitoring, Disease Process, Psychological, Physical Activity, Nutrition, Medications, Prevent/ Detect /Treat Acute Complications, Goal Setting/Problem Solving, Insulin Injection and insulin pump therapy taught upon request).

______Follow-up DSME up to 2 hours unless otherwise noted. ______hours.

Medicare coverage: 10 hours initial DSME in 12 month period from the date of the referral (9 hour group, 1 hour individual) unless otherwise noted below. 2 hours of follow-up in the following years, new referral required for follow up hours.

Patients with special needs requiring 1 on 1 DSMES (circle all that apply)

- Vision
- Hearing
- Physical
- 1:1 Insulin Training
- Cognitive Impairment
- Language Limitations
- Other________________

*DSME can be ordered by an MD, DO or midlevel provider managing the patient's diabetes.

Medical Nutrition Therapy

_____Initial MNT*

_____Annual follow-up MNT

_____Additional MNT services in the same calendar year, per RD recommendations. *Please specify change in diagnosis, medical condition, or treatment regimen*

____

Medicare covers 3 hours 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. New referral required each calendar year.

Current Diet Therapy ____

Registered Dietitian will educate on calories needs determined during Medical Nutrition Therapy assessment unless otherwise indicated:

____

*MNT must be ordered by an MD or DO

Physician/Provider-Signature& NPI# (Required) ____________________________________ **Date:** _______________________
Physician/Provider Name (printed)________________________________

For questions call 240-964-8787
Fax completed form to 240-964-8687