UPMC
LIFE CHANGING MEDICINE

Center For Clinical Resources
UPMC Western Maryland
12502 Willowbrook Road (Medical Arts Center, Suite 300)
Cumberland, Md. 21502

Diabetes Services Referral Form

Patient's name _____ **DOB**_____ **Primary Care Provider**_____

Patients Address_____ **Phone**_____

Health Insurance (please attach copy) _____ **Ht:**_____ **Wt:**_____

Referred for the following services: Please include test results/labs supporting diagnosis, medications and recent office visit note.

Complete all sections to avoid delay in services. Patient will not be scheduled until all information is received.

Diabetes Diagnosis:	☐Type 1, controlled –E10.9 ☐Type 1, uncontrolled –E10.65	☐Type 2, controlled –E11.9 ☐Type 2, uncontrolled –E11.65 ☐Other/please specify code _____	☐ Gestational DM, diet controlled –O24.410 ☐ Pre-existing DM, type 1, in pregnancy-024.01 ☐ Pre-existing DM, type 2, in pregnancy- O24.11
Current Treatment:	☐Diet & Exercise	☐ Oral agents ☐ Non-insulin injectable: Please specify: _____	☐ Insulin Please specify _____
Indicate reason for referral:	☐Newly diagnosed	☐ Recurrent hypoglycemia ☐ Recurrent hyperglycemia	☐ Change in diabetes treatment regimen ☐ Other _____
Diabetes Complications/ Comorbidities:	☐Nephropathy ☐Retinopathy ☐Cardiovascular Disease	☐ Neuropathy ☐ Gastroparesis ☐ Non-healing wounds	☐ Hypertension ☐ Hyperlipidemia ☐ Other: _____
Indicate needs for 1:1 individual DSMES:	☐Impaired Vision ☐Impaired Hearing ☐Impaired dexterity ☐Impaired mobility _____ ☐Language barrier	☐ Impaired mental status/cognition ☐ Low Literacy/learning disability ☐ Eating Disorder	☐Requires 1:1 insulin training ☐CGM or insulin pump assessment/training ☐Medication evaluation and review ☐Other _____ *Must be documented in provider note.

☐ **Diabetes CRNP – Diabetes focused treatment**

Note: All CRNP referrals must include DSMES and/or MNT referral. Make selection below.

Diabetes Education/DSMES

- ☐ ***Group*** Comprehensive Self –Management Education (allowable time based on insurance benefit) unless otherwise noted._____hours
- ☐ Follow-up ***Group*** DSMES up to 2 hours unless otherwise noted _____hours.
- ☐ Individual DSMES with CDCES. *

*Medicare patients require documentation of need for 1:1 services above.
The hours indicate Medicare allowances and do not pertain to other insurances.

DSMES Content Includes:
Blood Glucose Monitoring, Disease Process, Psychosocial aspects of diabetes, Physical Activity, Nutrition, Medications, Prevent/ Detect /Treat Acute Complications, Goal Setting/Problem Solving.
Group Education Medicare coverage:
10 hours initial DSME in 12 month period and 2 hours follow-up in following years. New referral required for follow up hours.

Medical Nutrition Therapy/Nutrition Counseling

Registered Dietitian only

- ☐Initial MNT
- ☐Annual follow-up MNT
- ☐Additional MNT services in the same calendar year per RD recommendations: specify change in diagnosis, medical condition, or treatment plan:_____

Current diet therapy: _____

Medicare coverage: 3hrs initial MNT in the first calendar year, plus 2hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

Registered Dietitian will educate on calorie needs determined during MNT assessment unless otherwise indicated.

✓POC HbA1c at 1st visit and PRN

I hereby certify that I am managing this beneficiary's diabetes condition and that the above prescribed training is a necessary part of management.

Referring Provider (print): _____ **Phone:** _____

Signature: _____ **Date:**_____

Fax referral to: 240-964-8687 **For questions call: 240-964-8787**

2/7/2019-: Revised 10/27/2020 – ljj; 12/23/2020-ljj