



# BHDC-DIABETES Management and DSME/T SERVICES

Referral: Diabetes Education and Therapy Management Services

Buchanan Health Center • Slate Creek • Grundy, VA • 24614 •

Phone :1( 276)935-2080

**FAX FORM (AND MED RX, AS REQUIRED) TO 877-991-4745 and GIVE COPY TO PT**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Insurance:  Medicare  Other: \_\_\_\_\_  
 OK to exercise without restrictions:  Yes  No Language:  English  Spanish/Other  Interpreter Required

**► SERVICES TO BE PERFORMED ★ = REQUIRED DATA for MEDICARE PATIENTS**

**Diabetes Self-Management Training (DSMT)**

- Group Initial (Includes individual assessment and goal setting, 5 - 2 hour classes)
- Individual Initial (★IF Medicare pt, please check **learning barriers to group DSMT** below)
- Annual Follow-Up

★ Learning barriers to group DSMT:  hearing  vision  physical  cognitive  language  other:

**Note:** Initial DSMT includes 10 hrs and all content areas below, per pt need, unless only specific areas and hours requested here:  
 SMBG  Nutrition  Acute complications  Chronic complications  Medication  Pathophysiology  
 Goals  Exercise  Problem solving  Psychosocial adjustment Total no. hrs requested \_\_\_\_\_

**SMBG / Pattern Management / Insulin / Insulin Pump Therapy (fax copy of insulin/pump Rx with referral)**

- |  |   |
|--|---|
| <input type="checkbox"/> BG monitoring and meter instruction<br><input type="checkbox"/> Pattern management (review logs and provide suggestions for therapy changes)<br><input type="checkbox"/> Insulin/carb ratio and correction factor | <input type="checkbox"/> Insulin injection start/review + training (fax insulin Rx)<br><input type="checkbox"/> Insulin dose adjustments (fax insulin Rx)<br><input type="checkbox"/> Assessment for possible pump therapy<br><input type="checkbox"/> Pump initiation/training/management fax pump Rx) |
|--|---|

**Medical Nutrition Therapy (MNT) (For Medicare pt, both MNT + DSMT can be ordered, as both proven to improve outcomes)**

- Initial
- Annual Follow-Up
- Additional No. of Hrs = \_\_\_ due to:  Δ in medication  Δ in medical condition  lack of understanding of diet

**Other Services or Additional Info:**

**► ★ DIAGNOSES (Reason for Referral) Check ALL that Apply for Reimbursement and Medical Necessity**

✓	ICD-9	ENDOCRINE	✓	ICD-9	CARDIOVASCULAR	ICD-9	OTHER
	250.01	Type 1 diabetes		401.1	HTN, essential, benign		
	250.03	Type 1 diabetes, uncontrolled		272.0	Hypercholesterolemia		
	250.00	Type 2 diabetes		272.1	Hypertriglyceridemia		
	250.02	Type 2 diabetes, uncontrolled		277.7	Syndrome X, dysmetabolic		
		<b>WEIGHT</b>			<b>RENAL</b>		
	278.00	Obesity, unspecified (BMI: 30-39.9)		585.2	Stage 2 CKD (GFR 60 - 89)		
	278.01	Obesity, morbid (BMI: ≥ 40)		585.3	Stage 3 CKD (GFR 30 - 59)		
	278.02	Overweight (BMI: 25-29.9)		585.4	Stage 4 CKD (GFR 15 - 29)		
				585.5	Stage 5 CKD (GFR <15)		

**Diabetes Symptoms:**  ↑ thirst  ↑ urination  vision Δ  extremity numbness/tingling  wt loss  ↑ tiredness

**► LABS ★FBG:** \_\_\_\_\_ (x2 tests) **OR ★2 h OGTT:** \_\_\_\_\_ (x2 tests) **OR ★Random BG:** \_\_\_\_\_ (x1 test)  
 ★GFR for Renal MNT: \_\_\_\_\_ (x1 test) **A1c:** \_\_\_\_\_ **T Chol:** \_\_\_\_\_ **LDL-C:** \_\_\_\_\_ **HDL-C:** \_\_\_\_\_ **TG:** \_\_\_\_\_ **BP:** \_\_\_\_\_  
 Other: \_\_\_\_\_

<b>► CURRENT MEDICATIONS</b>	<b>PHYSICIAN/PROVIDER DATA Referral Date:</b> _____
	Name: _____
	Phone: _____
	Signature: _____ ★NPI # _____