



0822

ADULT DIABETES EDUCATION REFERRAL FORM

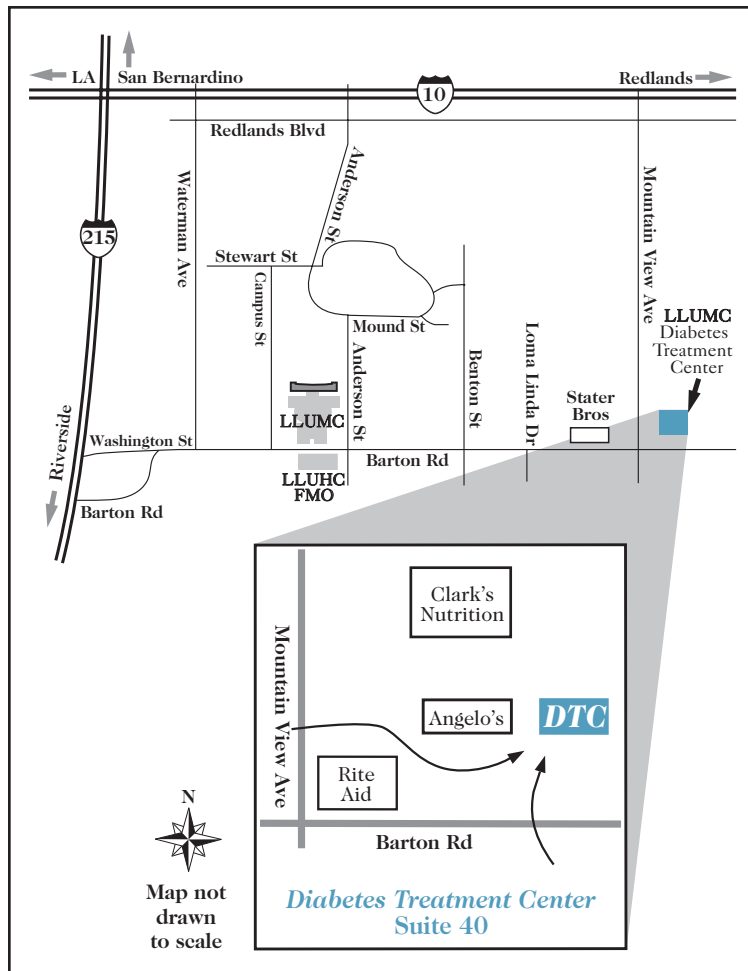
→ = REQUIRED INFORMATION BY MOST INSURERS

Patient Name		DOB
First Name	Last Name	Phone#
Please FAX this form to Diabetes Treatment Center (DTC) at (909) 558-3023 DTC Telephone # (909) 558-3022 Address and directions to DTC on back of this form		
DTC accepts most insurances including Medicare, Medi-Cal, Managed Care and PPO's.		
→ DIAGNOSIS - Check (✓) all that apply: (Pre-diabetes education not covered by health insurance - offered fee-for-service)		
<input type="checkbox"/> Type 2 diabetes, uncontrolled <input type="checkbox"/> Secondary diabetes <input type="checkbox"/> Type 1 diabetes, uncontrolled ICD code required for secondary diabetes _____ <input type="checkbox"/> Pre-diabetes (If using ICD E08, must also list the ICD associated with the underlying condition.)		
→ REASON(S) FOR REFERRAL - Check (✓) all that apply:		
<input type="checkbox"/> Recurrent elevated blood glucose <input type="checkbox"/> Recurrent hypoglycemia <input type="checkbox"/> Retinopathy <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> Change in diabetes treatment regimen <input type="checkbox"/> Neuropathy <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Nephropathy <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Non-healing wound <input type="checkbox"/> Other: _____		
→ LANGUAGE PREFERENCE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
Group education required by most insurers unless patient has barriers to group education. For individualized education, see 1:1 Education below. Group and individual classes can be offered in person or virtually.		
DIABETES GROUP EDUCATION	<input type="checkbox"/> COMPREHENSIVE EDUCATION (CE) classes (Four classes, total of 10 hours) POINT OF CARE TESTING Diabetes Self-Management Education and Support (DSMES) can be ordered by an MD, DO or mid-level provider managing the patient's diabetes. HgbA1c will be performed at start and completion of the program, depending on insurance coverage. MEDICARE COVERAGE 10 hours initial DSMES in 12-month period from the first date of visit. Eligible for 2 hours annual follow-up training with a new order.	
	<input type="checkbox"/> REFRESHER CLASS - 2 hour class <u><i>MUST HAVE CE PREVIOUSLY</i></u> Intended as annual refresher and education update.	
DIABETES 1:1 EDUCATION	<input type="checkbox"/> SELECT 1:1 DSMES EDUCATION SESSION TYPE(S) one to four 2.5 hour sessions. Check (✓) all that apply: <input type="checkbox"/> Comprehensive education <input type="checkbox"/> Refresher education - up to 2 hours only <input type="checkbox"/> REASON(S) for 1:1 EDUCATION (convenience not recognized by insurers). Check (✓) all that apply: <input type="checkbox"/> Impaired vision <input type="checkbox"/> Impaired hearing <input type="checkbox"/> Language other than Spanish/English, Other specify: _____ <input type="checkbox"/> Eating disorder <input type="checkbox"/> Impaired mental status/cognition <input type="checkbox"/> Learning disability (please specify): _____	
NUTRITION THERAPY	<input type="checkbox"/> MEDICAL NUTRITION THERAPY (MNT) - MUST BE ORDERED BY MD OR DO ONLY. Individualized nutrition assessment and counseling provided by a registered dietitian specialized in diabetes education. Includes assisting patients to understand the disease process, the role of food choices and physical activity in the management of diabetes; establishing goals and priorities; and individualizing action plans that emphasize responsibility for self-care. MEDICARE COVERAGE - 3 hours of MNT the first year service is provided. 2 hours of MNT for subsequent years with a new order.	
	<input type="checkbox"/> CONTINUOUS GLUCOSE MONITORING (CGM) - PROFESSIONAL TRIAL Sensor placement for glucose reading every 5 minutes for a minimum of 72 hours, to detect nocturnal hypoglycemia, postprandial hyperglycemia, and erratic blood glucose excursions. Additional appointment needed for downloading and interpretation.	
	<input type="checkbox"/> PERSONAL CONTINUOUS GLUCOSE MONITORING (CGM) Training on the glucose sensor system which patient owns.	
	<input type="checkbox"/> INSULIN PUMP MANAGEMENT Insulin pump training with follow-up until independent safe use	
Please fax most recent HgbA1c to the DTC with the referral.		
Physician/Practitioner Name (print): _____ Date: _____ Time: _____ AM/PM		
Physician/Practitioner Signature: _____		
State Provider's Office Number: _____ State Provider's Fax Number: _____		



Loma Linda University Medical Center
**ADULT DIABETES EDUCATION
REFERRAL FORM**
DIABETES TREATMENT CENTER - OUTPATIENT

PATIENT IDENTIFICATION



Diabetes Treatment Center
 11285 Mountain View Avenue, Suite 40
 Loma Linda, CA 92354
 Telephone: 909-558-3022
 FAX: 909-558-3023