



1-888-569-1000
www.atlanticare.org

Diabetes Patient Referral Form

Diabetes Self Management Training (DSMT)
 DSMT content areas: Monitoring diabetes; psychological adjustment; nutritional management; medications; diabetes as a disease process; physical activity; goal setting; problem solving; prevent, detect and treat acute and chronic complications; (preconception/pregnancy management or diabetes management)

Medical Nutrition Therapy (MNT): Medicare allows 3 hours initial MNT in first calendar year, plus 2 hours follow-up MNT annually.
 Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

PATIENT INFORMATION

Last Name:	First:	Middle:
Date of Birth: / / /	Insurance: [] Medicare [] Other:	

DIABETES SELF MANAGEMENT EDUCATION

G0109	Initial Group DSME (10 hours in 12-month period)	<input type="checkbox"/> Patient has special needs that require individual DSME*
G0108	Initial Individual DSME _____ hours*	Check all that apply:
G0108	Follow-up DSME 2 hours annual follow-up	<input type="checkbox"/> Vision* <input type="checkbox"/> Hearing*
G0108	Additional Insulin Training	<input type="checkbox"/> Physical* <input type="checkbox"/> Cognitive Impairment*
MEDICAL NUTRITION THERAPY		<input type="checkbox"/> Language Limitations*
97802	MNT Initial Assessment	<input type="checkbox"/> Other*:
97803	MNT Number follow-up visits _____	

***DIAGNOSIS (check all applicable)**

250.00	Type 2 DM	250.01	Type 1 DM
250.02	Type 2 DM, uncontrolled	250.03	Type 1 DM, uncontrolled
250.04	Type 2 DM / renal complications	250.41	Type 1 DM / renal complications
250.42	Type 2 DM, uncontrolled / renal complications	250.43	Type 1 DM, uncontrolled/ renal complications
250.60	Type 2 DM / neuropathy	250.61	Type 1 DM / neuropathy
250.62	Type 2 DM, uncontrolled/neuropathy	250.63	Type 1 DM, uncontrolled/neuropathy
401.9	Hypertension	362.0	Retinopathy
272.2	Hyperperlipidemia	443.9	PVD
272.0	Hypercholesterolemia	707.9	Non-healing wound
272.1	Hypertriglyceridemia	278.00	Obesity
429.2	Cardiovascular Disease	278.01	Morbid Obesity
432.9	CVA	648.83	Gestational Diabetes
	Other:	648.03	Pregnancy with Pre-existing Diabetes

LABS / OTHER INFORMATION

A1C:	Please send recent labs for patient eligibility and outcomes monitoring (Fax: 609- 677 - 6983)
	Other information:

ORDERING PROVIDER INFORMATION

Provider Name:		
Address:		
City:	State:	Zip:
Phone: ()	Fax: ()	
Provider Signature:	NPI:	Date: / /



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