

PATIENT LABEL

DIABETES AND NUTRITION COUNSELING OUTPATIENT REFERRAL

To schedule patients, FAX this form to 541-598-3437 or see the back of this form for complete instructions on how to schedule your patient.

Patient and Insurance Information

Patient Name: _____ DOB: _____
 Patient Phone: _____ SSN: _____
 Insurance Name: _____ Subscriber ID #: _____
 Authorization #: _____ # Visits: _____

Location where service will be provided: SC Bend SC Madras SC Prineville SC Redmond
 Pacific Source: Medicare or Community Solutions (OHP) only require auth. if diabetes is not 1st or 2nd diagnosis. Otherwise OHP always requires auth.

Diagnoses / Reason(s) for Referral - Enter ICD 10 Code # _____

Please **circle** Primary Diagnosis and check off () all Secondary Diagnoses as required:

- | | | |
|--|--|---|
| <input type="checkbox"/> Type 1 diabetes hyperglycemia | <input type="checkbox"/> Pre-diabetes | <input type="checkbox"/> Bulimia nervosa |
| <input type="checkbox"/> Type 1 diabetes controlled | <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> Anorexia nervosa |
| <input type="checkbox"/> Type 2 diabetes hyperglycemia | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Type 2 diabetes controlled | <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Gestational diabetes | <input type="checkbox"/> Pre-dialysis renal failure - Potassium restriction <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Pregnant with diabetes | <input type="checkbox"/> Failure to thrive - child | <input type="checkbox"/> Prematurity Issues |

Services to be Performed

Comprehensive Diabetes Self Management Training and Medical Nutrition Therapy 9 hours.
 Includes 1:1 session with RN (G0108 DSMT), 1:1 session with RD (G0108 or 97802 MNT), and 7 hours of group classes (G0109 DSMT). Initial or 2 hrs follow up of group or individual. Topics covered include diabetes overview, nutrition, exercise, medications, BG monitoring, complications, personal healthcare, psychosocial adjustment, supports available, and behavioral goals.

Managing Diabetes in Pregnancy (G0108) 2 hrs. Includes 1:1 visit with RN and 1:1 visit with RD. (97802)

Specific Diabetes Education Topics (RN)(G0108)

- typical 1 hour unless stated otherwise see back
- Self-monitoring of blood glucose
 - Managing blood glucose patterns
 - Insulin pump review
 - Insulin administration / Insulins: _____
 Continue oral DM medications: Yes No
 - May titrate Insulin by 1-3 units as needed to get fasting BG < _____ +/- or PPBG < _____
 - Other _____

Medical Nutrition Therapy (97802 initial, 97803 return)

- typical 1 hour and subsequent 2X per year sessions (RD)
- Diabetes diet
 - Heart Healthy diet
 - Weight-loss diet
 - Gastroparesis diet
 - Gluten-free diet
 - Carbohydrate Counting** (G0108) Target BG _____
 qac, _____ qhs. Carb. ratio _____, Correction _____
 - Metabolic Surgery
 _____ 97802 initial _____ 97803 subsequent _____ how many?
 - Other _____

Cont. Glucose monitoring sensor trial (95250)

Clinical Data

Blood pressure _____ Height _____ Weight _____
 Fasting Glucose _____ HbA1C _____ OGTT _____/_____/_____/_____
 T. Chol _____ LDL _____ HDL _____ Trig _____ Ok to exercise? Yes No

Special Learning Needs (reason for individual training rather than group classes)

- Visual impairment
- Hearing impairment
- Language
- Cognitive impairment
- Other _____

Check if already using Insulin Pump

Engage for Health referral

Physician/Healthcare Provider Authorization

The service requested above is integral to the care of my patient.

Physician/Healthcare Provider Signature: _____ **Date/Time:** _____



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How to Schedule:

1. Call insurance to obtain authorization.
2. Call 541-706-7721 to schedule.
3. Fax completed referral form to 541-598-3437.
4. Counseling staff will call patient to arrange initial appointment.

Pacific Source: Medicare or Community Solutions (OHP) only require authorization if diabetes is not 1st or 2nd diagnosis. Otherwise OHP always requires authorization.

- Note that payer has up to 14 business days to provide authorization.
- Failure to obtain insurance authorization prior to scheduled appointment could result in cancellation.

Codes and their Explanations:

Medical Nutrition Therapy:

- For Medical Nutrition Therapy, use CPT code 97802 (medical nutrition therapy, initial assessment).
- For re-assessment, use CPT code 97803 (medical nutrition therapy, re-assessment and intervention)
- Medical Nutrition Therapy for a variety of diagnoses and diets has limitations and exclusions on some insurance plans. Please advise your patients to contact their insurance company regarding coverage prior to their appointment.
- Medicare covers 3 hours of MNT the first year and 2 hours each additional year for patients with diabetes and/or renal disease. If the patient's condition, treatment or diagnosis changes he / she may be able to receive additional hours of MNT with a physician referral.

Diabetes Counseling:

Diabetes Self-Management Training (DSMT) --Medical Nutrition Therapy (MNT)--Medicare states: "The initial number of hours allowed for DSMT remains at 10 while the initial MNT benefit is 3 hours. So at a minimum, the qualified beneficiary, who meets the diagnostic criteria and medical necessity for both benefits can receive 10 hours of DSMT (included in this is one hour of face to face 1:1 assessment and training) and also receive 3 hours of MNT as long as the services are not provided on the same date. Not all Medicare beneficiaries with a diagnosis of diabetes will qualify for both MNT and DSMT benefits. And not all Medicare intermediaries follow this guideline."

The National Coverage Determination (from CMS) states that additional hours of MNT can be covered if the treating physician determines 1) there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and 2) orders additional hours of MNT during the episode of care.

- Our comprehensive program, when ordered, includes under DSMT an hour assessment and training session; under MNT, an hour with the RD setting individual goals; under DSMT, seven hours of group training covering directed topics; and quarterly **follow-up** by mail for one year and one free one-hour group class, usually between 3-6 months following the classes.

Follow-up Diabetes Education

For follow-up education during the year following initial group DSMT training, an eligible beneficiary with diabetes will be allowed up to 2 hours of follow-up DSMT annually and up to 2 hours of follow-up MNT annually. DSMT follow-up training, unlike the initial training, can be provided either individually or in a group, regardless of barriers to learning. Both services require a referral. Order what is appropriate for the patient.

- See section on ordering and/or **Specific Diabetes Education Topics (RN) (G0108)**
Medical Nutrition Therapy (RD) (97802 initial, 97803 return)

Specific Diabetes Education Topics (RN)(G0108)

This section includes orders for individual Diabetes Education – order topic appropriate for patient, topics are self explanatory.

- For Insulin training, it is helpful if physician enters in name of insulin since patients often do not bring in RX for nurse to see.
- Pump Training: 1-2 hour pre-pump; 1.5 hour pump start; 1-2 hour follow-up Education can be quarterly if requested by MD for Pediatrics, poorly controlled type 1's with complications, DKA etc.