



**Diabetes Education Referral**

Phone (810) 342-5506 • Fax (810) 342-5637  
G3230 Beecher Road • Lower Level • Flint, MI 48532

**Please include the following: labs, most recent H&P, and a medication list**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_

**Insurance coverage of DSMES/T requires the referring provider to maintain documentation of a diagnosis of diabetes based on one the following. Please select one the criteria that the patient meets:**

**\*\*\* MUST SELECT ONE \*\*\***

- fasting blood glucose greater than or equal to 126mg/dl on two different occasions
- two hour post-glucose challenge greater than or equal to 200mg/dl on two different occasions
- random glucose test over 200mg/dl for a person with symptoms of uncontrolled diabetes

**Diagnosis**

- Type 1: A1C>7.0% (E1065)
- Type 1: without complications (E109)
- Other (specify): \_\_\_\_\_
- Type 2: A1C>7.0% (E1165)
- Type 2: without complications (E119)
- Gestational Diabetes (O24.410) **\*\*MNT ONLY\*\***

**Diabetes Self-Management Education & Support / Training (DSMES/T)**

10 hours initial DSMES/T in 12-month period from the date of first session, plus 2 hours follow-up per calendar year with written referral from the treating qualified provider (MD/DO, APRN, NP, or PA) each year

Select type of training services and number of hours requested

- Initial DSMES/T 10 hours or \_\_\_\_\_ hours
- Follow-up DSMES/T - 2 hours
- If more than one hour of individual initial training requested, please check special needs that apply:
  - Vision  Hearing  Language  Physical
  - Cognitive  Other (specify) \_\_\_\_\_

All content areas identified by DSMES Team on assessment

*OR Specific Content Areas Below (check all that apply)*

- Pathophysiology of diabetes and treatment options
- Healthy Coping  Healthy Eating
- Being Active
- Taking Medication -including insulin/injection training
- Reducing Risks  Problem Solving
- Monitoring

**Medical Nutrition Therapy (MNT)**

3 hours initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis with a written referral from any physician (MD or DO)

- Initial MNT 3 hours
- Annual follow-up MNT 2 hours
- Additional MNT hours for change in:
  - Medical condition  Treatment  Diagnosis

Physician Signature

Date

Time

Printed name of physician

Physician's Phone & Fax Number

