



Name _____

DOB _____

Phone _____

Insurance _____

Please complete **EVERY** section of this form.

Have patient bring this form to visit, and fax it to 631-444-9887

Patient can NOT be seen without fully completed form.

PHYSICIAN REFERRAL FORM Stony Brook Medicine Diabetes Education

Diabetes Diagnosis:

- Type 1, no complications= E10.9 Type 1, w/hyperglycemia= E10.65
- Type 2, no complications= E11.9 Type 2, w/hyperglycemia= E11.65
- Gestational Diabetes= 024.429 Pre-Existing DM with Pregnancy= 024.319
- Pre-diabetes= R73.03** *Limited coverage/check with insurance. Not covered by Medicare.*

Indicate one or more reason for referral:

- New diagnosis
- Recurrent elevated blood glucose levels
- Insulin/Insulin Pump Counseling & Management
- High risk due to Diabetes Complications/Co-morbid conditions:
 - Retinopathy Neuropathy Gastroparesis Hyperlipidemia Cardiovascular disease
 - Hypertension Nephropathy other _____
- Change in DM treatment regimen
- Recurrent Hypoglycemia

Education Referral Needed for: Comprehensive Diabetes Self-Management Education/Support (DSMES)- Medicare: 10 hours initial DSMES in 12-month period, plus 2 hours follow-up DSMES annually.

- Initial DSMES (group or individual) (G0109 or G0108) – 10 hrs. / all 10 contents
- Follow-up (individual) DSMES (1:1 RD, CDE or RN, CDE) (G0108) - 2 hrs. /year
- Initial Medical Nutrition Therapy (individual w/RD, CDE) (97802) - 3 hrs. 1st year
- Follow up Medical Nutrition Therapy (individual w/RD, CDE) (97803) - 2 hrs. /year

*** DSMES Content**

- All ten topics/content areas
 - Diabetes as disease process Monitoring diabetes Psychological adjustment Physical activity
 - Nutritional management Goal setting, problem solving Medications
 - Acute complications- Prev. detection and treatment Chronic complications- Prev. detection and treatment
 - Preconception/pregnancy- Management of gestational

Specific Topics and Hours if needs vary from above: _____

Indicate any existing barriers to group training (required for individual education):

- Impaired mobility Impaired vision Impaired hearing Impaired dexterity Language barrier Eating disorder
- Impaired mental status/cognition Learning disability 1:1 Insulin Training Insulin Pump Management
- OTHER (please specify): _____

Current Treatment:

- Diet & Exercise Oral Agents Insulin Non-insulin injectables

*DSME can be ordered by any physician, PA or NP overseeing the patient’s diabetes management.

I hereby certify that I am managing this beneficiary’s Diabetes condition and that the above prescribed training is medically necessary.

MD/DO/NP/PA’s Signature: (Required) _____ Date _____

MD/DO/NP/PA’s Name (Printed): _____ NPI (Required): _____ Date _____