

DIABETES EDUCATION & NUTRITION SERVICES

951 N. Washington Ave, Titusville, FL 32796
Tel: 321-268-6699/ Fax 321-268-6748



Patient's Name:		DOB:	Age:
Daytime phone number:	Alternative phone number:	Insurance:	
		Other insurance:	

Medicare allows 10 hours initial DSMT in 12-month period, plus 2 hours follow-up DSMT annually
Medicare allows 3 hours initial MNT in the first calendar year, plus 2 hours follow-up MNT annually

DIAGNOSIS

- Type 1 Diabetes Gestational
 Type 2 Diabetes Pre-diabetes

Is patient newly diagnosed? Yes No

LIST ICD-10 CODES

Refer to back of form for a list of codes.

DIABETES SELF-MANAGEMENT TRAINING

- Initial DSMT Follow-up DSMT
 All 10 content areas, as appropriate; or indicate content
 Monitoring Diabetes Disease process
 Psychological adjustment Physical activity
 Nutritional management Medications
 Goal setting, problem solving Other
 Prevent, detect and treat acute complications
 Prevent, detect and treat chronic complications
 Preconception/pregnancy

MEDICAL NUTRITION THERAPY (MNT)

*Check the type of MNT.

- Initial MNT Annual follow-up MNT

SPECIAL INSTRUCTIONS/PHYSICIAN ORDERS:

Patients with special needs who require individual DSMT

* Check all special needs that apply:

- Vision Hearing Physical
 Language limitation Cognitive Impairment
 Other _____

RECENT LAB RESULTS: (REQUIRED)

*Copy of recent labs reflecting diabetes diagnosis or poor control is required.

Blood Glucose _____ A1C _____
Cholesterol _____ Triglycerides _____
HDL _____ LDL _____
OGTT: FBS _____ 1 hr. _____
2 hr. _____ 3 hr. _____

DIAGNOSIS:

1. FBG ≥ 126 mg/dl x 2 tests
2. A1C $\geq 6.5\%$ **OR** RBG ≥ 200 mg/dl with symptoms

NOTE:

All fields must be completed. Physician signature and date is required.
Fax completed referral, lab results, & list of medications to 321-268-6748.

Print Physician Name: _____ **NPI:** _____

Physician Signature: _____ **DATE:** _____

REMINDERS FOR PATIENT

1. Bring a medication list, blood glucose log, and blood glucose meter to **ALL** visits.
2. It is your responsibility to verify insurance coverage for Diabetes Self-Management Training and/or Medical Nutrition Therapy.

ICD-9-CM	ICD-10-CM
Diabetes	
250.00 diabetes mellitus, type II or unspecified type, without mention of complication, not stated as uncontrolled 250.01 diabetes mellitus, type I [juvenile type], without mention of complications, not stated as uncontrolled 250.02 diabetes mellitus, type II or unspecified type, without mention of complication, uncontrolled 250.03 diabetes mellitus, type I, [juvenile type], without mention of complication, uncontrolled	E10.____ Type 1 diabetes mellitus E10.1 Type 1 diabetes mellitus with ketoacidosis E10.2 Type 1 diabetes mellitus with kidney complications E10.3 Type 1 diabetes mellitus with ophthalmic complications E10.4 Type 1 diabetes mellitus with neurological complications E10.5 Type 1 diabetes mellitus with circulatory complications E10.6 Type 1 diabetes mellitus with other specified complications E10.64 Type 1 diabetes with hypoglycemia E10.65 Type 1 diabetes with hyperglycemia E10.8 Type 1 diabetes mellitus with unspecified complications E10.9 Type 1 diabetes mellitus without complications
	E11.____ Type 2 diabetes mellitus E11.0 Type 2 diabetes mellitus with hyperosmolarity E11.2 Type 2 diabetes mellitus with kidney complications E11.3 Type 2 diabetes mellitus with ophthalmic complications E11.4 Type 2 diabetes mellitus with neurological complications E11.5 Type 2 diabetes mellitus with circulatory complications E11.6 Type 2 diabetes mellitus with other specified complications E11.64 Type 2 diabetes with hypoglycemia E11.65 Type 2 diabetes with hyperglycemia E11.8 Type 2 diabetes mellitus with unspecified complications E11.9 Type 2 diabetes mellitus without complications
Symptoms, Signs and Abnormal Clinical and Laboratory Findings	
790.21 Impaired fasting glucose 790.22 Impaired glucose tolerance test (oral) 790.29 Other abnormal glucose	R73.01 Impaired fasting glucose R73.02 Impaired glucose tolerance test (oral) R73.09 Other abnormal fasting glucose (pre-diabetes)
Pregnancy	
643.00 Hyperemesis, gravidarum, mild 646.1 Excess weight gain, pregnancy 646.8 Insufficient weight gain, pregnancy 648.8 Gestational diabetes	O24.01 Pre-existing diabetes mellitus, type 1, in pregnancy O24.11 Pre-existing diabetes mellitus, type 2, in pregnancy O24.410 Gestational diabetes mellitus, diet-controlled O24.414 Gestational diabetes mellitus, insulin-controlled