

Referral good for 6 months

PLEASE FAX COMPLETED / SIGNED ORDER TO:
LOUISVILLE/SHELBYVILLE: 502.560.8419 **LEXINGTON / BEREA / MT. STERLING AREA:** 859.313.4390 **LONDON:** 606.330.6026
IF QUESTIONS, CALL: 502.587.4465 859.313.2393 606.330.6862

PATIENT NAME: _____ PHONE #: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 MALE FEMALE DOB: _____

INSURANCE: _____ (attach copy of card & photo ID)

CHECK HERE IF SELF-PAY: If pre-authorization is required, physician office is to complete.

DIAGNOSIS: PLACE CHECK TO THE LEFT OF THE APPROPRIATE CODE(s) (write in code & DX for Other)

DIABETES SELF MANAGEMENT (DSME/T)		MEDICAL NUTRITION THERAPY (MNT)	
<i>Type 2 Diabetes: (see back for other codes)</i> A1C _____%		<i>Nutrition needs: (see back for other codes)</i> Height ____ Weight ____ BMI ____	
<input type="checkbox"/>	E11.9 Controlled without complications	<input type="checkbox"/>	E66.0 Obese due to excess calories
<input type="checkbox"/>	E11.65 Uncontrolled with hyperglycemia	<input type="checkbox"/>	E66.01 Morbid obesity due to excess calories
<input type="checkbox"/>	E11.8 Uncontrolled with unspecific complications	<input type="checkbox"/>	E66.3 Overweight
<input type="checkbox"/>	R73.09 Other abnormal fasting glucose; pre-diabetes	<input type="checkbox"/>	E78 Hyperlipidemia code: _____
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	R63.4 Abnormal weight loss
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	K90.0 Celiac
<i>Type 1 Diabetes: (see back for other codes)</i> A1C _____%		<input type="checkbox"/>	N18 CKD code _____
<input type="checkbox"/>	E10.9 Type 1 Diabetes, controlled	<input type="checkbox"/>	Z68 Add BMI adult code: _____
<input type="checkbox"/>	E10.65 Type 1 Diabetes, uncontrolled	<input type="checkbox"/>	K31.84 Gastroparesis
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	K50.9 Crohn's Disease, unspecified
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	K58.0 Irritable Bowel Syndrome code: _____
<input type="checkbox"/>		<input type="checkbox"/>	Z91.0 Food Allergy code: _____
<input type="checkbox"/>		<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	SEE BACK FOR OTHER CODES	<input type="checkbox"/>	
<input type="checkbox"/> DSME/T EDUCATION: (with MNT - up to 10 hrs) (education based on pt. preference & location) CPT G0109		<input type="checkbox"/> INITIAL MNT EDUCATION (education based on diagnosis checked above, provided as individual session (30" - 3 hrs) CPT 97802	
<input type="checkbox"/> Diabetes Refresher (1-2 hrs; if attended class before)		<input type="checkbox"/> FODMAP DIET EDUCATION CLASS SERIES (2 class series of 1 hour each with one follow up session; further follow up based on need)	
<input type="checkbox"/> OTHER: _____			

If group class not appropriate, check reason below for individual session (**Individual diabetes CPT G0108**):
 Vision Hearing Physical Cognitive impairment Language OTHER: _____

Based on Medicare DSMT and MNT ELIGIBILITY CRITERIA, must have ONE of diabetes diagnostic criteria as: FBG > 126 mg/dl on 2 tests; **OR** 2-hr post OGTT >200mg/dl on 2 tests; **OR** Random glucose >200mg/dl with symptoms of uncontrolled diabetes. GFR provided for Renal. Obesity is >30BMI required for Medicare eligibility. **PLEASE ATTACH APPROPRIATE LAB WORK**

- OTHER EDUCATIONAL NEEDS:**
- Start Insulin or Injectable Medication of: _____ DOSE: _____
 - Insulin Pump (includes: 1hr assessment; 1hr carb counting; 2.5hr pump start; 1/5 follow-up; CDE determines further need); CDE to send order form for basal/bolus rates
 - Insulin Pump refresher (up to 2hrs)
 - Insulin management with Blood Glucose pattern management and monitoring (up to 2 hrs)

Physician Printed Name: _____ NPI#: _____
 Physician Signature/credential: _____ Date: _____
 Practice Name: _____ Phone #: _____ Fax #: _____



PATIENT IDENTIFICATION

Referral good for 6 months

ICD-10 DIAGNOSTIC CODES RE: TO DIABETES & MEDICAL NUTRITION THERAPY

<p>DIABETES:</p> <p>E10. _____ Type 1 Diabetes Mellitus</p> <p>E10.1 Type 1 Diabetes Mellitus with ketoacidosis</p> <p>E10.2 Type 1 Diabetes Mellitus with kidney complications</p> <p>E10.3 Type 1 Diabetes Mellitus with neurological complications</p> <p>E10.6 Type 1 Diabetes Mellitus with other specified complications</p> <p>E10.64 Type 1 Diabetes Mellitus with hypoglycemia</p> <p>E10.65 Type 1 Diabetes Mellitus with hyperglycemia</p> <p>E10.8 Type 1 Diabetes Mellitus with unspecified complications</p> <p>E10.9 Type 1 Diabetes Mellitus without complications</p> <p>E11. _____ Type 2 Diabetes Mellitus</p> <p>E11.0 Type 2 Diabetes Mellitus with hyperosmolarity</p> <p>E11.3 Type 2 Diabetes Mellitus with ophthalmic complications</p> <p>E11.4 Type 2 Diabetes Mellitus with neurological complications</p> <p>E11.5 Type 2 Diabetes Mellitus with circulatory complications</p> <p>E11.2 With kidney complications</p> <p>E11.64 With Hypoglycemia</p> <p>E16.1 Other Hypoglycemia</p> <p>E16.2 Hypoglycemia, unspecified</p> <p>R73.02 Impaired glucose tolerance test (oral)</p> <p>R73.01 Impaired fasting blood glucose</p> <p>KIDNEY DISEASE:</p> <p>N18.5 Chronic kidney disease, stage 5</p> <p>N18.4 Chronic kidney disease, stage 4</p> <p>N18.3 Chronic kidney disease, stage 3</p> <p>N18.2 Chronic kidney disease, stage 2</p> <p>N18.1 Chronic kidney disease, stage 1</p> <p>MEDICARE INTENSIVE BEHAVIORAL THERAPY (IBT) FOR OBESITY:</p> <p>Z68.30 BMI 30.0-30.9, adult</p> <p>Z68.31 BMI 31.0-31.9, adult</p> <p>Z68.32 BMI 32.0-32.9, adult</p> <p>Z68.33 BMI 33.0-33.9, adult</p> <p>Z68.34 BMI 34.0-34.9, adult</p> <p>Z68.35 BMI 35.0-35.9, adult</p> <p>Z68.36 BMI 36.0-36.9, adult</p> <p>Z68.37 BMI 37.0-37.9, adult</p> <p>Z68.38 BMI 38.0-38.9, adult</p> <p>Z68.39 BMI 39.0-39.9, adult</p> <p>Z68.41 BMI 40.0-44.9, adult</p> <p>Z68.42 BMI 45.0-49.9, adult</p> <p>Z68.43 BMI 50.0-59.9, adult</p> <p>Z68.44 BMI 60.0-69.9, adult</p> <p>Z68.45 BMI >70.0, adult</p> <p>Z68.1 BMI 19 or less, adult</p> <p>Z91.010 Food Allergy to peanuts</p> <p>Z91.011 Food Allergy to milk products</p> <p>Z91.012 Food Allergy to eggs</p> <p>Z91.013 Food Allergy to seafood</p> <p>Z91.018 Food Allergy to other foods</p>	<p>OTHER:</p> <p>E28.2 PCOS</p> <p>E66.8 Other Obesity</p> <p>E66.9 Obesity, unspecified, obesity NOS</p> <p>R63.5 Abnormal weight gain, not pregnancy</p> <p>R63.6 Underweight</p> <p>I10 _____ Essential (primary) hypertension</p> <p>I11.0 Hypertensive heart disease with (congestive) heart failure</p> <p>I11.9 Hypertensive heart disease without (congestive) heart failure</p> <p>I12 Hypertensive chronic kidney disease</p> <p>I50 Heart Failure</p> <p>E78.0 Pure hypercholesterolemia</p> <p>E78.4 Other hyperlipidemia</p> <p>E78.5 Hyperlipidemia, unspecified</p> <p>E78.8 Other disorders of lipoprotein metabolism, unspecified</p> <p>E78.9 Disorder of lipoprotein metabolism, unspecified</p> <p>E88.81 Metabolic Syndrome</p> <p>K20 Eosinophilic Esophagitis</p> <p>K25 Gastric ulcer</p> <p>K27 Peptic ulcer, site unspecified</p> <p>K50.0 Crohn's disease of small intestine</p> <p>K50.1 Crohn's disease of large intestine</p> <p>K50.8 Crohn's disease of both small and large intestine</p> <p>K50.9 Crohn's disease, unspecified</p> <p>K51.9 Ulcerative Colitis, unspecified</p> <p>K57.1 Diverticulosis of small intestine without perforation or abscess</p> <p>K57.3 Diverticulosis of large intestine without perforation or abscess</p> <p>K58 Irritable bowel syndrome, with diarrhea</p> <p>K58.9 Irritable bowel syndrome, without diarrhea</p> <p>D50.8 Other iron deficiency anemias (due to inadequate iron intake)</p> <p>D50.9 Iron deficiency anemia, unspecified</p> <p>D51.3 Other dietary vitamin B12 deficiency anemia (vegan anemia)</p> <p>D52.0 Dietary folate anemia</p> <p>D53.0 Protein deficiency anemia</p> <p>D53.9 Nutrition anemia, unspecified (simple chronic anemia)</p> <p>D64.9 Anemia, unspecified</p>
---	---



MR-17

PATIENT IDENTIFICATION