

Patient Name: _____

Date of Birth: ____/____/____

Daytime Telephone Number: _____

Insurance page attached

Select location from below, patient can be seen in person or via telehealth:	Telephone	Fax
<input type="checkbox"/> St. Anthony's Hospital	727-280-7910	727-820-7907
<input type="checkbox"/> Morton Plant Mease	727-298-6935	727-266-4913
<input type="checkbox"/> St. Joseph's Hospitals, South Florida Baptist, BayCare Hospital Wesley Chapel	813-870-4995	813-605-6224
<input type="checkbox"/> Winter Haven Hospital & Bartow Regional Medical Center	863-297-1709	863-292-4144

FAX this page and recent patient visit note with labs to preferred location above

Indicate (check) BOTH Diagnosis and Education/Training order below

<p>Diagnosis:</p> <p><input type="checkbox"/> E10.9 Type 1 w/o complications</p> <p><input type="checkbox"/> E10.65 Type 1 with hyperglycemia</p> <p><input type="checkbox"/> E10.69 Type 1 with other specified complication</p> <p><input type="checkbox"/> E11.9 Type 2 without complications</p> <p><input type="checkbox"/> E11.69 Type 2 with other specified complication</p> <p><input type="checkbox"/> Other ICD: _____</p> <p>*Prediabetes Condition Diagnosis:</p> <p><input type="checkbox"/> *Impaired Fasting Glucose R73.01</p> <p><input type="checkbox"/> *Impaired Glucose Tolerance R73.02</p> <p><input type="checkbox"/> *Other abnormal Glucose R73.09</p>	<p>Diabetes in Pregnancy: Weeks Gestation: _____</p> <p><input type="checkbox"/> Gestational Diabetes (GDM) 024.419</p> <p><input type="checkbox"/> Type 1 - 024.011 (1st trimester)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Type 1 - 024.012 (2nd trimester)</p> <p><input type="checkbox"/> Type 1 - 024.013 (3rd trimester)</p> <p><input type="checkbox"/> Type 2 - 024.111 (1st trimester)</p> <p><input type="checkbox"/> Type 2 - 024.112 (2nd trimester)</p> <p><input type="checkbox"/> Type 2 - 024.1139 (3rd trimester)</p>																
<p><input type="checkbox"/> Diabetes Self-Management Education & MNT: Initial and group classes and 1:1 Nutrition Diabetes (MNT) session</p> <p><input type="checkbox"/> Diabetes Self-Management Education (DSME): Initial and group classes</p> <p><input type="checkbox"/> 1:1 Diabetes Self-Management Education: Assessment and Comprehensive DSME</p> <p>Reason for individual training must be checked & documented in patient's medical record (fax recent office notes):</p> <p style="padding-left: 20px;"><input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Vision <input type="checkbox"/> Language <input type="checkbox"/> Cognitive <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> DSME follow-up (Medicare allows 2 hours annually; after initial DSME year of service completed)</p> <p><input type="checkbox"/> Medical Nutrition Therapy (MNT) for Diabetes (1:1) up to 10 sessions. (Note: Only MD/DO can order MNT.)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Additional/Follow-up or change in condition.</p> <p><input type="checkbox"/> Prediabetes MNT (1:1)</p>																	
<p>Concepts of nutrition, monitoring goals for pregnancy, other related concerns. Individual/group education: 1-2 hour initially and follow-up as needed.</p> <p><input type="checkbox"/> Gestational/Diabetes in Pregnancy Education as MNT and/or DSME</p> <p><input type="checkbox"/> Gestational/Diabetes in Pregnancy Education as MNT only</p>																	
<p>Pregnancy Blood Glucose Goals: Fasting: _____ 1 hour PC _____ 2 hours PC _____</p>																	
<p>Topic Specific individual (1:1) training: <input type="checkbox"/> Injectable medication initiation. Prescription details: _____</p> <p><input type="checkbox"/> CGM product training/review <input type="checkbox"/> Insulin pump skills /carb counting <input type="checkbox"/> Insulin training</p>																	
<p><input type="checkbox"/> Non-Diabetes Medical Nutrition Therapy (MNT)*: Nutrition Assessment and intervention by a registered dietitian (Medicare covers 3h MNT in first calendar year, plus 2h annually only for Diabetes or CKD dx). Must indicate dx:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> N18.31 CKD, stage 3a</td> <td><input type="checkbox"/> E66.9 Obesity</td> <td><input type="checkbox"/> E78.5 Hyperlipidemia</td> <td><input type="checkbox"/> K58.1 IBS-C</td> </tr> <tr> <td><input type="checkbox"/> N18.32 CKD, stage 3b</td> <td><input type="checkbox"/> E66.3 Overweight</td> <td><input type="checkbox"/> I10 Essential HTN</td> <td><input type="checkbox"/> K58.2 IBS-M</td> </tr> <tr> <td><input type="checkbox"/> N18.4 CKD, stage 4</td> <td><input type="checkbox"/> R63.4 Abnormal wt. loss</td> <td><input type="checkbox"/> Z71.3 Dietary counseling</td> <td><input type="checkbox"/> K58.0 IBS-D</td> </tr> <tr> <td><input type="checkbox"/> N18.5 CKD, stage 5</td> <td><input type="checkbox"/> K75.81 NASH</td> <td><input type="checkbox"/> OTHER: _____</td> <td></td> </tr> </table>		<input type="checkbox"/> N18.31 CKD, stage 3a	<input type="checkbox"/> E66.9 Obesity	<input type="checkbox"/> E78.5 Hyperlipidemia	<input type="checkbox"/> K58.1 IBS-C	<input type="checkbox"/> N18.32 CKD, stage 3b	<input type="checkbox"/> E66.3 Overweight	<input type="checkbox"/> I10 Essential HTN	<input type="checkbox"/> K58.2 IBS-M	<input type="checkbox"/> N18.4 CKD, stage 4	<input type="checkbox"/> R63.4 Abnormal wt. loss	<input type="checkbox"/> Z71.3 Dietary counseling	<input type="checkbox"/> K58.0 IBS-D	<input type="checkbox"/> N18.5 CKD, stage 5	<input type="checkbox"/> K75.81 NASH	<input type="checkbox"/> OTHER: _____	
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Provider to complete below: I hereby certify that am managing this patient's diabetes and the above-prescribed training is indicated for management. This statement supports Medicare patient coverage.

PROVIDER'S SIGNATURE: _____ **PROVIDER'S PRINTED NAME:** _____

NPI# _____ **DATE:** _____ **TEL#** _____ **FAX#** _____

BayCare Diabetes Outpatient Education Centers

This side is for physician office information only and does not need to be faxed with the referral. Please make any specific changes to plan of care on front page.

DIABETES SELF-MANAGEMENT EDUCATION (DSME)

Plan of Care

- Group education is the standard and required by Medicare unless barriers to learning are identified;
- Annual follow-up education is recommended;
- Medicare allows 10 hours first year initial education and 3 hours MNT;
- Medicare allows 2 hours of follow-up education per calendar year and 2 hours MNT.

Group Education – These 8-10 hours of DSME classes cover a wide variety of topics and are geared to assist recently diagnosed with diabetes as well as those who want to keep current on the disease and treatment advances. Specific topics include:

- | | |
|--|---|
| <ul style="list-style-type: none"> • What is diabetes • Types of diabetes and contributing factors • Benefits of monitoring blood sugar • Treatment options • Nutrition and meal planning | <ul style="list-style-type: none"> • Use of medications • Benefits of exercise • Preventing and managing complications • Goal setting |
|--|---|

Individual (1:1) Patient Education – Educators are available to instruct individuals and their families on the group education topics in an individual setting.

Medical Nutrition Therapy (MNT) – (Medicare Patients: MNT can only be ordered by a MD or DO.) A Registered Dietitian can provide information based on the individual’s lifestyle and treatment plan including topics such as, but not limited to:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Menu and meal planning • Carbohydrate counting • Reading food labels • Meals when dining out | <ul style="list-style-type: none"> • Effects of alcohol on nutrition and health • Exercise • Weight Management |
|---|---|

In-person or Telehealth Sessions available at all BayCare Diabetes Locations:

BayCare Diabetes at St. Anthony’s Hospital
500 Dr. Martin Luther King Jr. St. N, Suite 210
St. Petersburg, FL 33705
Tel# 727-820-7910

*non-diabetes MNT location provider

BayCare Diabetes at Winter Haven Hospital
200 Ave F NE, Wellness Center
Winter Haven, FL 33881
Tel# 863-297-1709

*non-diabetes MNT location provider

BayCare Diabetes at Bartow Regional Medical Center
2200 Osprey Blvd, Suite 200
Bartow, FL 33830
Tel# 863-297-1709

*non-diabetes MNT location provider

BayCare Diabetes at Morton Plant Hospital
PTAK Neuro & Ortho Pavilion
430 Morton Plant Street, Suite 400
Clearwater, FL 33756
Tel# 727-298-6935

BayCare Diabetes at St. Joseph’s Hospital
4321 N MacDill Ave, Suite 301
Tampa, FL 33607
Tel# 813-870-4995

BayCare Diabetes at St. Joseph’s Hospital South
6901 Simmons Loop
Riverview, FL 33758
Tel# 813-870-4995

BayCare Diabetes at St. Joseph’s Hospital North
4211 Van Dyke Road
Lutz, FL 33558
Tel# 813-870-4995

BayCare Hospital Wesley Chapel
4501 Bruce B Downs Blvd
Wesley Chapel, FL 33544
Tel# 813-870-4995

BayCare Diabetes at Mease Dunedin Hospital
601 Main St
Dunedin, FL 34698
Tel# 727-298-6935

BayCare Diabetes at Mease Countryside Hospital
3231 McMullen Booth Rd
Safety Harbor, FL 34695
Tel# 727-298-6935

BayCare Diabetes at Morton Plant North Bay Hospital
6600 Madison St
Port Richey, FL 34652
Tel# 727-298-6935

BayCare Diabetes at South Florida Baptist Hospital
301 N. Alexander St.
Plant City, FL 33563
Tel# 813-870-4995