



# Brunswick County Health Services

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David G. Howard, MPH, Director

## DSMES PROGRAM Referral Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Preferred Phone # \_\_\_\_\_  mobile  landline  work  
Address: \_\_\_\_\_

Does patient have clearance to exercise? YES No

### Services to be Performed:

- Group Comprehensive DSMES (Diabetes Self-Management Education & Support) & Medical Nutrition Therapy (MNT)\*
- Group Comprehensive DSMES (10 hours of education)
- Annual Follow-Up DSMES (2 hours per year)
- Individual Comprehensive Self-Management Education\*\*
  - \*\*Reason:  Impaired Vision  Non-Ambulatory  Physical disability  Impaired Hearing  1:1 Insulin Training
  - Language  Psychosocial  Eating Disorder  Impaired cognition  Other: \_\_\_\_\_
  - Telehealth due to COVID-19 (maximum 10 hours if initial comprehensive DSMES)
- Comprehensive Diabetes Education Topics:  Diabetes Process  Nutritional Management  Medications
- Monitoring  Preventing Acute Complications  Preventing Chronic Complications  Behavior Change Strategies
- Psychosocial Adjustment  Physical Activity

\*MNT must be ordered by MD or DO managing the patient with Medicare coverage. (3 hours of nutrition focused visits)

\*\*Individualized training may be ordered based on the patient's medical history, as supported by medical notes.

### Medicare Lab Eligibility for DSMES and Diabetes MNT (1 lab of 3 below is required):

- FBG  $\geq 126$  mg/dl on 2 tests: FBG \_\_\_\_\_ Date: \_\_\_\_\_ and FBG \_\_\_\_\_ Date: \_\_\_\_\_
- 2 hr OGTT  $\geq 200$  mg/dl on 2 tests: 2 hr OGTT \_\_\_\_\_ Date: \_\_\_\_\_ and 2 hr OGTT \_\_\_\_\_ Date: \_\_\_\_\_
- Random BG  $\geq 200$  mg/dl + symptoms of uncontrolled diabetes: Random BG \_\_\_\_\_ Date: \_\_\_\_\_ + marked symptoms:
  - excessive thirst  excessive urination  excessive hunger  blurry vision
  - excessive tiredness  unintentional wt loss  tingling in extremities  other: \_\_\_\_\_

### ADDITIONAL RECORDS:

Provide **two** most recent medical notes and **two** most recent pertinent lab results, (lipid profile, metabolic panel, A1C, etc).

### ICD-10 / DIABETES DIAGNOSIS:

- If on insulin, must add additional dx code Z79.4 (long term or current insulin use)

Dx 1: \_\_\_\_\_ Dx 2: \_\_\_\_\_ Dx 3: \_\_\_\_\_

I hereby certify that I am managing this beneficiary's diabetes condition and that the prescribed training is a necessary part of management.

Provider's Printed Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Name/Address/Phone: \_\_\_\_\_