



Diabetes Requisition Form

St. Joseph Mercy Center for Diabetes
5320 Elliott Drive, Suite 202
Ypsilanti, MI 48197

St. Joseph Mercy Livingston
620 Byron Road, Suite 1100
Howell, MI 48843

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____ Sex: M F

Home Phone: _____ Cell / Work Phone: _____ Insurance: _____

Patient requires individual education, specify reason:

Visual impairment Hearing impairment Cognitive difficulties

Language barrier, specify language _____
 Other _____

Type 2 Diabetes (FBS 126 or higher) **Type 1 Diabetes** **Pre Diabetes (FBS 100-125)**
FBS _____ mg/d HBA1C _____ %

DIABETES SERVICES

Nutrition and Diabetes Education for patients with **Type 1 or Type 2 diabetes** (5-7 visits or classes/ 10-11 hours) Nutrition, exercise, meter instruction, medications, high and low blood sugar, sick day care, prevention of complications, foot care, stress management and community resources

SPECIALTY DIABETES EDUCATION SERVICES:

Start New Injectable Medication Instruction –

RN only (1-2 visits / 1-2 hours) Non-urgent (within 7 days) Urgent (within 3 days)

Specify medication, dose and schedule _____

Instructions for oral agents when above is begun _____

Diabetes Education Review – RD & RN for patients who have previously attended diabetes education (2-5 visits / 2-5 hours)

Blood glucose meter instruction only – RN only (1 visit / 1 hour)

Multiple Daily Injection program – RN & RD – develop or assist with insulin algorithm (4-7 visits / 4-7 hours)

Screening for insulin pump therapy – RN & RD – education about pump, carb counting and / or pump initiation (7-13 visits / 7-10 hours)

Pump Algorithm Adjustment – RN & RD – problem solving and algorithm (4-8 visits / 4-10 hours)

Pump Education Review – RN only – assistance with sites or pump features (2-4 visits / 2-6 hours)

Pump Upgrade – RN only – advancement to new pump (1-2 visits / 1-2 hours)

Continuous Glucose Monitoring (CGM) – RN only – Education, trial and/or initiation of CGM and download of data (3-5 visits / 3-5 hours)

Professional Trial Own CGM: Type _____

Medical Nutrition Therapy (MNT) Services

Primary Reason for Referral

- Cancer
- Celiac Disease
- Constipation
- Crohn's Disease
- Diarrhea
- Food Allergies
- Gastrointestinal Disease
- Hyperlipidemia
- Hypertension
- Hypoglycemia (without diabetes)
- Inflammatory Bowel Disease
- Obesity / Over Weight
- Polycystic Ovarian Syndrome
- Pre-diabetes** (FBS 100-125)
- Ulcerative Colitis
- Vegetarian Diet
- Weight Loss
- Pregnancy – non-diabetes
- Other, please specify _____

SERVICES FOR PREGNANT WOMEN

Diagnosis: Gestational Diabetes or Impaired Glucose Tolerance during Pregnancy Pre-existing diabetes with pregnancy Type 1 Type 2

Service **Nutrition and Diabetes Education for diabetes during pregnancy – RN & RD** – includes nutrition and requested: monitoring education (2-3 visits / 3-4 hours)

Blood glucose monitoring instruction only – RN only (1 visit, 1/2 - 1 hour)

Preconception care for diabetes – RN & RD (1-2 visits, 2-3 hours)

Insulin Instruction – Please specify type of insulin, dose and schedule _____

Supporting Labwork: 1 hour screen _____

3 hour OGTT: Fasting _____ 1 hour _____ 2 hour _____ 3 hour _____

PHYSICIAN INFORMATION

Referring Physician: _____ Phone #: _____ Fax #: _____
(PLEASE PRINT)

I certify that I am managing the above patient's diabetes or other medical condition(s) and that the diabetes self-management training or MNT requested is needed to ensure therapy compliance or provide the beneficiary with skills and knowledge to help manage their condition.

Signature of Referring Physician – Medicaid requires physician signature _____ Date _____ Time _____

Fax completed form to: 734-712-1380 To schedule call: 800-396-1313 For more information, call: 734-712-2431 or 517-545-6125

Which service does my patient need?

Nutrition and Diabetes Education – for patients with diabetes who are newly diagnosed, have never had diabetes education, have knowledge deficits specific to diabetes care, or have poor blood sugar control.

Diabetes Education Review – for patients who have previously completed diabetes education and who need an update or additional assistance.

Insurance Reimbursement for Diabetes Education

Please note that this information is general information and **it is recommended that all patients check with their insurance provider to confirm their specific benefit.**

Medicare – pays for 80% of 10 hours the first year that a patient is referred for diabetes education. In future years, Medicare pays for 80% of two hours each new calendar year. (A patient needs to finish the first 10 hours of education within a year of the initial visit or the benefit is reduced to two hours.)

Medicaid – pays for 10 hours the first year that a patient is referred. In future years, Medicaid pays for two hours each year. (A patient needs to finish the first 10 hours of education within a year of the initial visit or the benefit is reduced to two hours.)

Priority Health HMO – generally a covered benefit every year.

HAP – need an insurance referral, usually covered.

Blue Care Network – need an insurance referral, usually covered.

Blue Cross / Blue Shield – depends on specific contract, need to call to confirm benefit.

Medical Nutrition Therapy Services – please check with your individual insurance to verify coverage.