



2800 Godwin Blvd
Suffolk, VA 23434
757-934-4879 (Direct Line)

Patient Label

SOH ONLY
Diabetes & Nutrition
Management Education Order



MDORD

Today's Date: _____

****Please Fax To: 757-222-9296**** (Attach any pertinent lab work)**

Patient Name _____ DOB _____

Phone(H) _____ (M) _____ (W) _____

Preferred Email _____

Insurance Name _____

ID # _____ Group# _____

Patient's Preferred Day/Time Mon Tues Wed Thurs Fri Mornings 8-11 a.m. Midday 1-3 p.m. Afternoons 3-5 p.m.

FOR DIABETES DIAGNOSIS:

- Type 1 (E10.9) Gestational (O24.419) Diabetes with Pregnancy - 3rd Trimester (O24.913)
- Type 1 (uncontrolled) (E10.65) Gestational - Abnormal glucose (O99.810) Pre-Diabetes (R73.01)
- Type 2 (E11.9) Diabetes with Pregnancy - 1st Trimester (O24.911) Other _____
- Type 2 (uncontrolled) (E11.65) Diabetes with Pregnancy - 2nd Trimester (O24.912)

HgbA1c _____ Serum Creatinine _____ FBG _____ CHOL _____

HDL _____ LDL _____ TRIGLYCERIDES _____ Height _____ Weight _____

Diabetes Medications _____

Other Medications _____

Outpatient Reimbursement Criteria (For Insurance Reimbursement): The criteria below has been developed as a guideline to validate the need for supplemental diabetes self-management training above and beyond the usual, reasonable, and necessary training provided by the physician.

Mark One or More of the Following Reasons for Patient Referral.

- A. New onset diabetes
 - Recurrent elevated blood glucose (fasting glucose > 126 mg/dL, recurrent random glucose >200 mg/dL; or HgbA1c>6.5)
 - Recurrent hypoglycemia or hyperglycemia unawareness.
 - Recent hospitalization for DKA or HHNK indicating need for supplemental diabetes self management training.
 - Recurrent utilization of diabetes services via emergency room, hospital, home health services, physician office or clinic visit.
 - Non-compliance to recommended regimen.
 - Other: _____
- B. Existing barriers that impede the patient's ability to obtain diabetes self-management skills through routine physician office training or group sessions:
 - Learning Disability Visual Impairment Special Communication Need Other _____
 - Impaired Dexterity Impaired Hearing Low Literacy

GROUP EDUCATION (choose one)

- Healthy Living with Diabetes:** Comprehensive Group Program-9 hrs. of class includes: Individual Assessment, Understanding Diabetes/Complications/ Foot Care/Community Resources/Nutrition Mgmt/Changing Habits/Sick Day Mgmt/Medication/Monitoring/Exercise/Stress/Goal Setting
- Gestational Diabetes Management:** 2 hour class includes: diabetes and pregnancy, monitoring/meter, physical activity, individualized meal plan; individual follow up as needed.
- Pre-Diabetes Prevention Program:** 1 year program: Class includes nutrition, physical activity, weight management, goal setting, and glucose monitoring instruction. Classes are currently being offered at SVBGH and SPAH.

INDIVIDUAL SESSIONS (check all that apply)

- Diabetes Self-Management Training and Support:** up to 2 hour initial, individual follow up as needed
- Insulin Start:** up to 2 hour instruction regarding preparation, self-injection, prevention & treatment of low & high blood sugar, basic carbohydrate counting and meal planning
 Insulin Type: _____ Dose: _____ Frequency: _____
- Intensive Insulin Management/Adjustment:** includes advanced carbohydrate counting and insulin adjustment training
- Insulin Pump Education and Management:** _____
- Nutrition Counseling/Medical Nutrition Therapy (special needs related to diabetes):**
 Examples: Renal, Gastroparesis, etc. SPECIFY: _____

NOTE: PLEASE INITIATE THE PROCESS OF PRIOR AUTHORIZATION FOR THE ABOVE REQUEST, IF SPECIFIED AND REQUIRED BY THE CLIENT'S INSURER(S). THANK YOU

Physician Signature _____

Physician Name (please print or stamp) _____

Date/Time _____

