PHYSICIAN REFERRAL FORM
Stony Brook Medicine Diabetes Education

Diabetes Diagnosis:
☐ Type 1, no complications= E10.9  ☐ Type 1, w/hyperglycemia= E10.65
☐ Type 2, no complications= E11.9  ☐ Type 2, w/hyperglycemia= E11.65
☐ Gestational Diabetes= 024.429  ☐ Pre-Existing DM with Pregnancy= 024.319
☐ Pre-diabetes= R73.03** Limited coverage/check with insurance. Not covered by Medicare.

Indicate one or more reason for referral:
☐ New diagnosis          ☐ Change in DM treatment regimen
☐ Recurrent elevated blood glucose levels     ☐ Recurrent Hypoglycemia
☐ Insulin/Insulin Pump Counseling & Management
☐ High risk due to Diabetes Complications/Co-morbid conditions:
  ☐ Retinopathy  ☐ Neuropathy  ☐ Gastroparesis  ☐ Hyperlipidemia  ☐ Cardiovascular disease
  ☐ Hypertension  ☐ Nephropathy  ☐ other ________________________________

Education Referral Needed for: Comprehensive Diabetes Self-Management Education/Support (DSMES)-
Medicare: 10 hours initial DSMES in 12-month period, plus 2 hours follow-up DSMES annually.
☐ Initial DSMES (group or individual) (G0109 or G0108) – 10 hrs. / all 10 contents
☐ Follow-up (individual) DSMES (1:1 RD, CDE or RN, CDE) (G0108) - 2 hrs. /year
☐ Initial Medical Nutrition Therapy (individual w/RD, CDE) (97802) - 3 hrs. 1st year
☐ Follow up Medical Nutrition Therapy (individual w/RD, CDE) (97803) - 2 hrs. /year

* DSMES Content
☐ All ten topics/content areas  ☐ Monitoring diabetes  ☐ Psychological adjustment  ☐ Physical activity
☐ Nutritional management  ☐ Goal setting, problem solving  ☐ Medications
☐ Acute complications- Prev. detection and treatment  ☐ Chronic complications- Prev. detection and treatment
☐ Preconception/pregnancy- Management of gestational

Specific Topics and Hours if needs vary from above:________________________________________

Indicate any existing barriers to group training (required for individual education):
☐ Impaired mobility  ☐ Impaired vision  ☐ Impaired hearing  ☐ Impaired dexterity  ☐ Language barrier  ☐ Eating disorder
☐ Impaired mental status/cognition  ☐ Learning disability  ☐ 1:1 Insulin Training  ☐ Insulin Pump Management
☐ OTHER (please specify):_______

Current Treatment:
☐ Diet & Exercise  ☐ Oral Agents  ☐ Insulin  ☐ Non-insulin injectables

*DSME can be ordered by any physician, PA or NP overseeing the patient’s diabetes management.

I hereby certify that I am managing this beneficiary’s Diabetes condition and that the above prescribed training is medically necessary.

MD/DO/NP/PA’s Signature: (Required) _______________________________ Date ________________

MD/DO/NP/PA’s Name (Printed): _______________________________ NPI (Required): ________________ Date ________________

Rev. 6/28/19