

Under the +Add Order field input “Referral 20-Amb Referral to Diabetic Education”

REF20

After Visit Procedures			
Code	Name	Type	Resulting Agencies
REF20	AMB REFERRAL TO DIABETIC EDUCATION	Output Ref	

Provider will be then prompted to complete a series of mandatory questions stipulated by Medicare.

- Does the patient have Medicare?
 - Yes/No

Does the patient have Medicare? Yes No

- Diabetes Self-Management Education/Training (DSME/T)
 - Initial Comprehensive: 1hr
 - Initial Comprehensive: 10hr
 - Follow-up: 2hr (after initial year)
 - Gestational: up to 4hrs+2hrs of MNT
 - Only Medical Nutrition Therapy needed

Does the patient have Medicare? Yes No

Diabetes Self-Management Education/Training (DSME/T)

Statements: I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed train

Referral:

Item Select

Search:

Title
Initial Comprehensive: 1 hr of ind + 9 hrs of grp
Initial Comprehensive: 10 hrs of ind (must document need below)
Follow-up: 2 hrs (after initial year)
Gestational: up to 4 hrs + 2 hrs of MNT based on assessed need
Only Medical Nutrition Therapy needed

Provider Specialty:

Department:

OR

AMB REFERRAL TO DIABETIC EDUCATION

- Does the patient have Medicare

Does the patient have Medicare?

- Diabetes Self-Management Education/Training (DSME-T)
 - Initial Comprehensive: 1hr of ind
 - Initial Comprehensive: 10hrs of indiv
 - Follow-up addtl hrs (after initial year)
 - Gestationa: up to 4hrs + 2hrs of MNT based on assessed need
 - Only Medical Nutrition Therapy needed

Does the patient have Medicare?

Diabetes Self-Management Education/Training (DSME/T)

Statements
I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed training is

Referral:

Item Select

Search:

Title
Initial Comprehensive: 1 hr of ind + 9 hrs of grp
Initial Comprehensive: 10 hrs of indiv (must document need below)
Initial Comprehensive: Specify Number of hrs
Follow-up addtl hrs (after initial year)
Gestational: up to 4 hrs + 2 hrs of MNT based on assessed need
Only Medical Nutrition Therapy needed

Provider Specialty:

Department:

MTC ADULT ENDOCRINOLOGY
UHC ENDOCRINOLOGY
DIABETIC EDUCATION

Once the appropriate Diabetes Self-Management Education/Training is selected Provider will be prompted to complete additional indications based upon initial selection. ALL HARD STOPS MUST BE COMPLETED PRIOR TO SIGNING.

Diabetes Self-Management Education/Training (DSME/T)

Initial Comprehensive: 1 hr of ind + 9 hrs of grp

Medical Nutrition Therapy (MNT) for:

Select appropriate "Department" from the available quick pick buttons. **The department selected should be the desired referring to dept.**

Department:

Accept and Sign Referral.