



ST. JOSEPH MERCY HOSPITAL
Ellen Thompson Women's Health Center • Suite 203 • Ann Arbor, MI 48106

ST. JOSEPH MERCY LIVINGSTON HOSPITAL
620 Byron Road • Suite 1100 • Howell, MI 48843

St. Joseph Mercy Center for Diabetes and NutriCare Requisition Form

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 _____

Services for patients WITH DIABETES

DIAGNOSIS

- Type 2 Diabetes (FBS 126 or higher) Type 1 Diabetes _____ Pre Diabetes (FBS 100-125)

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

- Pre-diabetes Education** – individual visits and classes for weight loss

Specialty Diabetes Education Services:

- Start New Injectable Medication, Insulin, Byetta® or Symlin® 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 _____
- Nutrition Education ONLY** (for patients with **Type 1 or Type 2 diabetes – RD only** (3-4 visits or classes / 4-7 hours)
- 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)

NutriCare Services

Primary Reason for Referral

- Cancer
 Celiac Disease
 Childhood Obesity
 Constipation
 Crohn's Disease
 Diarrhea
 Fatigue
 Fibromyalgia
 Food Allergies
 Gastrointestinal Disease
 Hyperlipidemia
 Hypertension
 Hypoglycemia (*without diabetes*)
 Inflammatory Bowel Disease
 Interstitial Cystitis
 Polycystic Ovarian Syndrome
 Pre-diabetes (FBS 100-125)
 Sports Nutrition
 Ulcerative Colitis
 Vegetarian Diet
 Weight Loss, Comprehensive Program (*Individual visits and classes with an RD*)
 Metabolic Testing / Indirect Calorimetry
 Other, please specify _____

SUPPORTING LABWORK

Please complete the following or attach a copy of most recent lab results Other _____
FBS _____ mg/dl Cholesterol _____ mg/dl LDL _____ mg/dl HDL _____ mg/dl
HBA1C _____ % TG _____ mg/dl Microalbumin _____ Creatinine _____ mg/dl

SERVICES FOR PREGNANT WOMEN

- Diagnosis:** Gestational Diabetes or Impaired Glucose Tolerance during Pregnancy Pre-existing diabetes with pregnancy Pregnancy, does not have diabetes
- Service requested:** **Nutrition and Diabetes Education for diabetes during pregnancy – RN & RD** – includes nutrition and 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 _____
 Healthy eating for pregnancy or pre-natal nutrition (no diabetes)

Supporting Labwork: 1 hour screen _____
3 hour OGTT: Fasting _____ 1 hour _____ 2 hour _____ 3 hour _____

PHYSICIAN INFORMATION

Referring Physician: _____ Phone #: _____ Fax #: _____

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 _____

Fax completed form to (734) 712-1380 To schedule call 800-396-1313, option #3

For more information, call Phone: Diabetes (734) 712-2431 or (517) 545-6125, NutriCare (734) 712-5800

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.

NutriCare Services – individual counseling for patients who do not meet criteria for diagnosis of diabetes (pre-diabetes is FBS 100-125) or who have a disease or disorder that is impacted by nutrition such as cancer, GI disorders and allergies.

Weight Loss Services - Comprehensive Program – individual visits and classes with a registered dietitian for patients who need assistance with weight loss or have conditions that are improved through weight loss (hypertension and hyperlipidemia).

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 2 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 2 hours.)

Medicaid – pays for 10 hours the first year that a patient is referred. In future years, Medicaid pays for 2 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 2 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.

Insurance Reimbursement for NutriCare Services / Medical Nutrition Therapy:

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 – for diagnosis of diabetes, pays for 80% of 3 hours the first year. In future years, pays for 80% of 2 hours per year.

Medicaid – Variable coverage, but patient almost always qualifies for benefit under McAuley Support.

Priority Health HMO – pays for 6 visits every year. Additional visits require authorization. Hours not defined. Need an insurance referral.

HAP – need an insurance referral, usually covered.

Blue Care Network – need an insurance referral, coverage is variable.

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