



Above Diabetes, PLLC

MEDICARE Physician Referral / Order (MD/DO Required)

Medical Nutrition Therapy (MNT) & Diabetes Self-Management Education (DSMES)

REFERRAL FROM (Referring MD/DO):	REFERRAL TO: Above Diabetes, PLLC NPI: 1023723079 8970 County Road 512, Anna, TX 75409-8006 Tel: (435)-339-0220 Fax: (435)-339-0330
-----------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

1. Patient Information (or attach demo sheet):

Patient Name:	
DOB:	
Contact Phone Number:	

2. Services Requested (check one):

- Both MNT & DSMES** (per Medicare guidelines)
- MNT only - Reason: _____
- DSMES only - Reason: _____

3. Referral Reason(s) (check all that apply):

- New Diagnosis
- New Treatment Plan
- New Complication

4. Special Needs (check all that apply):

- Language
- Hearing/Speech/Communication
- Learning/Processing
- Other: _____

5. Medicare-Covered Diagnoses (check all that apply)

ICD-10	Description	ICD-10	Description
<input type="checkbox"/> E10.9	Type 1 DM w/o complications	<input type="checkbox"/> E11.9	Type 2 DM w/o complications
<input type="checkbox"/> E10.65	Type 1 DM with hyperglycemia	<input type="checkbox"/> E11.65	Type 2 DM with hyperglycemia
<input type="checkbox"/> N18.3	CKD, stage 3 (moderate)	<input type="checkbox"/> N18.5	CKD stage 5 (no dialysis)
<input type="checkbox"/> N18.4	CKD, stage 4 (severe)	<input type="checkbox"/> Z94.0	Kidney transplant status (within 36 months)

6. Due to requirements of Medicare, please have an MD or DO sign:

Printed Name of MD/DO: _____ NPI: _____
Signature of MD/DO: _____ Date: _____

7. FAX COMPLETED FORM TO 435-339-0330 or EFAX to support@abovediabetes.com:

Unsigned or incomplete forms cannot be processed.