

Medicare Advantage Diabetes Prevention

Program Patient Referral Form



of Tennessee

bcbstmedicare.com

I would like to refer the patient below for the Medicare Diabetes Prevention Program (a Diabetes Risk Reduction and Prevention Course), 16-weekly core sessions for patients age 18 and older.

Please call or fax:

+ BlueAdvantage (PPO)SM

- Phone: 1-800-611-3489
- Fax: 1-800-727-0841

+ BlueCare Plus (HMO SNP)SM

- Phone: 1-877-715-9503
- Fax: 1-866-325-6694

Physician Information	Patient Information (complete for your patient or attach information):
Name: _____	Name (on ID card): _____
Address: _____ _____	ID Number (include alpha prefix): _____
Phone: _____	<input type="checkbox"/> BlueAdvantage (PPO) SM
Number of pages (including cover): _____	<input type="checkbox"/> BlueCare Plus (HMO SNP) SM
	Address: _____ _____
	Phone: _____
	Email: _____

Diabetes Prevention Program Qualification Requirements

(please select all that apply)

- BMI ≥ 25 (≥ 23 , if self-identified as Asian) Height: _____ Weight: _____
- 18 years of age or older
- Lab Value during past 12 months (check all that apply):
 - A1c: 5.7 – 6.4%
 - Fasting Plasma Glucose: 110 – 125 mg/dL
 - 2-hour (75 gm glucose load) Plasma Glucose: 140 – 199 mg/dL

Note: Patients with previous history of diabetes (excluding gestational) or end stage renal disease aren't eligible for the program.

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