

**HEALTHCHOICE DIABETES PREVENTION PROGRAM (HEALTHCHOICE DPP) RECOMMENDATION FORM**

Patient Information		
First Name:	Last Name:	
Health Insurance:	Member ID Number:	
Address:	State:	Zip Code:
DOB (mm/dd/yy):	Gender:	
Email:	Contact Number:	
Consent		
Signature:		
By signing this form, I authorize my diabetes prevention program provider to release any evaluation data to my health care practitioner		

**Step 1:**

_____ (name): is recommended for enrollment in the National Diabetes Prevention Lifestyle Change Program based on the following eligibility criteria:
Screening Information
Body Mass Index (BMI) _____ ICD.10 Code _____ (Fill in the blank. Please see Table 1 for with ICD-10 diagnosis)
In addition to the required checked items below, check one or more additional items
<ul style="list-style-type: none"> <li>✓ 18 to 64 years old</li> <li>✓ Body Mass Index (BMI) of <math>\geq 25</math> kg/m<sup>2</sup>,; <math>\geq 23</math> kg/m<sup>2</sup>, if Asian (with above ICD-10 for the BMI)</li> <li>✓ No previous diagnosis of type 1 or type 2 diabetes</li> <li>✓ No current diagnosis of pregnancy</li> <li>○ Diagnosis of prediabetes. HbA1C: (5.7% - 6.4%) with ICD-10 diagnosis R.73.03</li> <li>○ Fasting plasma glucose: (100-125 mg/dL) with ICD-10 diagnosis R.73.01</li> <li>○ 2-hour plasma glucose (after a 75-gm glucose load): 140-199 mg/ dL with ICD-10 diagnosis R.73.02</li> <li>○ Previous diagnosis of gestational diabetes mellitus with ICD-10 diagnosis Z86.32</li> </ul>

**Step 2:** Please attach a copy of the appropriate laboratory findings matching with Step 1  
(Healthcare providers **MUST** attach lab findings. MCOs and DPP providers attach if available)

**Step 3: Complete Provider/Recommender Contact Information**

Recommender Information		
<b>Please select one of the following:</b> <ul style="list-style-type: none"> <li><input type="radio"/> <b>Health Care Provider</b></li> <li><input type="radio"/> <b>MCO</b></li> <li><input type="radio"/> <b>DPP Provider</b></li> </ul>		
Recommender Name: (if applicable)		
Signature:		Date:
Organization Name:		
Contact:		
Address:		State: Zip Code:
Fax Number:		Phone Number:

**Table 1. BMI ICD-10 Codes for BMI 23.0 and greater**

ICD-10 Codes	Description – Body Mass Index	ICD-10 Code	Description- Body Mass Index
Z68.23	Body mass index 23.0 -23.9 adult	Z68.34	Body mass index 34.0 – 34.9, adult
Z68.24	Body mass index 24.0 – 24.9, adult	Z68.35	Body mass index 35.0-35.9, adult
Z68.25	Body mass index 25.0-25.9, adult	Z68.36	Body mass index 36.0-36.9, adult
Z68.26	Body mass index 26.0-26.9, adult	Z68.37	Body mass index 37.0-37.9, adult
Z68.27	Body mass index 27.0-27.9, adult	Z68.38	Body mass index 38.0-38.9, adult
Z68.28	Body mass index 28.0-28.9, adult	Z68.39	Body mass index 39.0-39.9, adult
Z68.29	Body mass index 29.0-29.9, adult	Z68.41	Body mass index 40.0-44.9, adult
Z68.30	Body mass index 30.0-30.9, adult	Z68.42	Body mass index 45.0-49.9, adult
Z68.31	Body mass index 31.0-31.9, adult	Z68.43	Body mass index 50-59.9, adult
Z68.32	Body mass index 32.0-32.9, adult	Z68.44	Body mass index 60.0-69.9, adult
Z68.33	Body mass index 33.0-33.9, adult	Z68.45	Body mass index ≥ 70, adult