Andwell
HEALTH PARTNERS

□ Patient self-referred, please provide needed information.

Attn: GUIDE Program   Date Sent: Fax Number:

Patient Name: Date of Birth: Patient Phone:

Caregiver Name *(if applicable)*:   Caregiver Phone:
Caregiver Relationship to Patient:

Caregiver resides with patient   □ Yes   □ No   Caregiver Email:

Patient Address: Patient Email:

County of Residence:
□ Androscoggin   □ Aroostook   □ Cumberland (*parts of, Andwell will determine eligibility*)
□ Franklin   □ Kennebec   □ Lincoln (*Dresden only*)   □ Oxford   □ Sagadahoc
□ Somerset (*Anson, Mercer, New Portland, Starks only*)   □ York (*Cornish, Limington, Parsonsfield only*)

Primary Care Provider: Phone:

Referring Provider: Phone:

Dementia Diagnosing Provider: Phone:

□ The patient is aware a GUIDE referral is being made.

Our office identified a patient who may benefit from GUIDE services, whose eligibility is demonstrated by meeting the below GUIDE program criteria.

□ The patient **HAS** traditional Medicare (A & B) as their primary payer. **Medicare Number**: _____

□ The patient is **NOT enrolled in Medicare Advantage**, PACE or the hospice benefit.

□ The patient **DOES NOT** reside in a long-term skilled nursing home (SNF).

Fax this completed GUIDE Referral Application (Pages 1-4) to:
Attn: Patient Services Center/GUIDE Program at 207-307-2668

☐ Patient self-referred, please provide needed information.

Patient Name: Date of Birth:

☐ The patient has one of the dementia diagnosis codes below - The selected dementia diagnosis code(s) should be completed by a provider. Please review pages 2 & 3 of this referral form and *__check all that apply__*.

ICD-10 Dementia Codes	ICD-10 Dementia Code Definition
☐ F01.50	Vascular Dementia
☐ F01.511	Vascular Dementia, unspecified severity, w/agitation
☐ F01.518	Vascular Dementia, unspecified severity, w/other behavioral disturbance
☐ F01.A0	Vascular Dementia, mild, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
☐ F01.A11	Vascular Dementia, mild w/ agitation
☐ F01.A18	Vascular Dementia, mild w/ other behavioral disturbance
☐ F01.A2	Vascular Dementia, mild w/ psychotic disturbance
☐ F01.A3	Vascular Dementia, mild w/ mood disturbance
☐ F01.A4	Vascular Dementia, mild w/ anxiety
☐ F01.B0	Vascular Dementia, moderate, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
☐ F01.B11	Vascular Dementia, moderate w/ agitation
☐ F01.B18	Vascular Dementia, moderate w/ other behavioral disturbance
☐ F01.B2	Vascular Dementia, moderate w/ psychotic disturbance
☐ F01.B3	Vascular Dementia, moderate w/ mood disturbance
☐ F01.B4	Vascular Dementia, moderate w/ anxiety
☐ F01.C0	Vascular Dementia, severe, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
☐ F01.C11	Vascular Dementia, severe w/ agitation
☐ F01.C18	Vascular Dementia, severe w/ other behavioral disturbance
☐ F01.C2	Vascular Dementia, severe w/ psychotic disturbance
☐ F01.C3	Vascular Dementia, severe w/ mood disturbance
☐ F01.C4	Vascular Dementia, severe w/ anxiety
☐ F02.80	Dementia in other diseases classified elsewhere
☐ F02.811	Dementia in other diseases classified elsewhere, unspecified severity, w/ agitation
☐ F02.818	Dementia in other diseases classified elsewhere, unspecified severity, w/ other behavioral disturbance
☐ F02.A0	Dementia in other diseases classified elsewhere, mild, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
☐ F02.A11	Dementia in other diseases classified elsewhere, mild, with agitation
☐ F02.A18	Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance
☐ F02.A2	Dementia in other diseases classified elsewhere, mild, with psychotic disturbance
☐ F02.A3	Dementia in other diseases classified elsewhere, mild, with mood disturbance
☐ F02.A4	Dementia in other diseases classified elsewhere, mild, with anxiety
☐ F02.B0	Dementia in other diseases classified elsewhere, moderate, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
☐ F02.B11	Dementia in other diseases classified elsewhere, moderate, with agitation
☐ F02.B18	Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance
☐ F02.B2	Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
☐ F02.B3	Dementia in other diseases classified elsewhere, moderate, with mood disturbance
☐ F02.B4	Dementia in other diseases classified elsewhere, moderate, with anxiety
☐ F02.C0	Dementia in other diseases classified elsewhere, severe, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
☐ F02.C11	Dementia in other diseases classified elsewhere, severe, with agitation
☐ F02.C18	Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance
☐ F02.C2	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance
☐ F02.C3	Dementia in other diseases classified elsewhere, severe, with mood disturbance
☐ F02.C4	Dementia in other diseases classified elsewhere, severe, with anxiety

☐	F03.90	Dementia (degenerative (primary)) (old age) (persisting)
☐	F03.911	Unspecified dementia, unspecified severity, w/agitation
☐	F03.918	Unspecified dementia, unspecified severity, w/ other behavioral disturbance
☐	F03.A0	Unspecified dementia, mild, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
☐	F03.A11	Unspecified dementia, mild, w/ agitation
☐	F03.A18	Unspecified dementia, mild, w/ other behavioral disturbance
☐	F03.A2	Unspecified dementia, mild, w/ psychotic disturbance
☐	F03.A3	Unspecified dementia, mild, w/ mood disturbance
☐	F03.A4	Unspecified dementia, mild, w/ anxiety
☐	F03.B0	Unspecified dementia, moderate, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
☐	F03.B11	Unspecified dementia, moderate, w/ agitation
☐	F03.B18	Unspecified dementia, moderate, w/ other behavioral disturbance
☐	F03.B2	Unspecified dementia, moderate, w/ psychotic disturbance
☐	F03.B3	Unspecified dementia, moderate, w/ mood disturbance
☐	F03.B4	Unspecified dementia, moderate, w/ anxiety
☐	F03.C0	Unspecified dementia, severe, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
☐	F03.C11	Unspecified dementia, severe, w/ agitation
☐	F03.C18	Unspecified dementia, severe, w/ other behavioral disturbance
☐	F03.C2	Unspecified dementia, severe, w/ psychotic disturbance
☐	F03.C3	Unspecified dementia, severe, w/ mood disturbance
☐	F03.C4	Unspecified dementia, severe, w/ anxiety
☐	F10.27	Alcohol dependence w/ alcohol-induced persisting dementia
☐	F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
☐	F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
☐	F13.97	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia
☐	F18.97	Inhalant use, unspecified with inhalant-induced persisting dementia
☐	F19.17	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia
☐	F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
☐	F19.97	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia
☐	G30.0	Alzheimer's disease
☐	G30.1	Alzheimer's disease with late onset
☐	G30.8	Other Alzheimer's disease
☐	G30.9	Alzheimer's disease, unspecified
☐	G31.01	Pick's disease
☐	G31.09	Other front temporal dementia
☐	G31.1	Senile degeneration of brain, not elsewhere classified
☐	G31.2	Degeneration of nervous system due to alcohol
☐	G31.83	Neurocognitive disorder with Lewy Bodies

Patient Name: Date of Birth:

Provider Name: Provider Phone Number:

Patient Name: Date of Birth:

Please include the following with your patient's referral:

History and physical

Medication list

Consultative note re: the patient's dementia type/diagnosis

Last 2 office visit notes

Discharge summary from any recent hospitalizations or Emergency Department visit

Demographics (including Medicare benefit number and caregiver contact information)

Power of attorney and/or guardianship documentation

Advanced directive and/or POLST

Fax this completed GUIDE Referral Application and Supporting Documentation to:
Attn: GUIDE Program/Patient Services Center at 207-307-2668