



Patient self-referred, please provide needed information.

Attn: GUIDE Program

Date:

Patient Name:

Date of Birth:

Patient Phone:

Caregiver Name (if applicable):

Caregiver Phone:

Caregiver Relationship to Patient:

Caregiver resides with patient  Yes  No

Patient Address:

Medicare Number: \_\_\_\_\_

County of Residence:

Primary Care Provider:

Phone:

Referring Provider:

Phone:

Other Providers involved in care

The patient or caregiver 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.

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) or in a Memory Care Facility

**Fax this completed GUIDE Referral Application to: 207-307-2668**

**Attn: Patient Services Center/GUIDE Program**

**If easier, please call Andwell Health Partners at 207-777-7740 and ask for the GUIDE team**

**Please include any support documentation to help care for clients: Last visit notes, Medication list, and consultation notes.**

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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
<input type="checkbox"/> F01.50	Vascular Dementia
<input type="checkbox"/> F01.511	Vascular Dementia, unspecified severity, w/agitation
<input type="checkbox"/> F01.518	Vascular Dementia, unspecified severity, w/other behavioral disturbance
<input type="checkbox"/> F01.A0	Vascular Dementia, mild, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
<input type="checkbox"/> F01.A11	Vascular Dementia, mild w/ agitation
<input type="checkbox"/> F01.A18	Vascular Dementia, mild w/ other behavioral disturbance
<input type="checkbox"/> F01.A2	Vascular Dementia, mild w/ psychotic disturbance
<input type="checkbox"/> F01.A3	Vascular Dementia, mild w/ mood disturbance
<input type="checkbox"/> F01.A4	Vascular Dementia, mild w/ anxiety
<input type="checkbox"/> F01.B0	Vascular Dementia, moderate, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
<input type="checkbox"/> F01.B11	Vascular Dementia, moderate w/ agitation
<input type="checkbox"/> F01.B18	Vascular Dementia, moderate w/ other behavioral disturbance
<input type="checkbox"/> F01.B2	Vascular Dementia, moderate w/ psychotic disturbance
<input type="checkbox"/> F01.B3	Vascular Dementia, moderate w/ mood disturbance
<input type="checkbox"/> F01.B4	Vascular Dementia, moderate w/ anxiety
<input type="checkbox"/> F01.C0	Vascular Dementia, severe, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
<input type="checkbox"/> F01.C11	Vascular Dementia, severe w/ agitation
<input type="checkbox"/> F01.C18	Vascular Dementia, severe w/ other behavioral disturbance
<input type="checkbox"/> F01.C2	Vascular Dementia, severe w/ psychotic disturbance
<input type="checkbox"/> F01.C3	Vascular Dementia, severe w/ mood disturbance
<input type="checkbox"/> F01.C4	Vascular Dementia, severe w/ anxiety
<input type="checkbox"/> F02.80	Dementia in other diseases classified elsewhere
<input type="checkbox"/> F02.811	Dementia in other diseases classified elsewhere, unspecified severity, w/ agitation
<input type="checkbox"/> F02.818	Dementia in other diseases classified elsewhere, unspecified severity, w/ other behavioral disturbance
<input type="checkbox"/> F02.A0	Dementia in other diseases classified elsewhere, mild, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
<input type="checkbox"/> F02.A11	Dementia in other diseases classified elsewhere, mild, with agitation
<input type="checkbox"/> F02.A18	Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance
<input type="checkbox"/> F02.A2	Dementia in other diseases classified elsewhere, mild, with psychotic disturbance
<input type="checkbox"/> F02.A3	Dementia in other diseases classified elsewhere, mild, with mood disturbance
<input type="checkbox"/> F02.A4	Dementia in other diseases classified elsewhere, mild, with anxiety
<input type="checkbox"/> F02.B0	Dementia in other diseases classified elsewhere, moderate, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
<input type="checkbox"/> F02.B11	Dementia in other diseases classified elsewhere, moderate, with agitation
<input type="checkbox"/> F02.B18	Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance
<input type="checkbox"/> F02.B2	Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
<input type="checkbox"/> F02.B3	Dementia in other diseases classified elsewhere, moderate, with mood disturbance
<input type="checkbox"/> F02.B4	Dementia in other diseases classified elsewhere, moderate, with anxiety
<input type="checkbox"/> F02.C0	Dementia in other diseases classified elsewhere, severe, w/o behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
<input type="checkbox"/> F02.C11	Dementia in other diseases classified elsewhere, severe, with agitation
<input type="checkbox"/> F02.C18	Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance
<input type="checkbox"/> F02.C2	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance
<input type="checkbox"/> F02.C3	Dementia in other diseases classified elsewhere, severe, with mood disturbance
<input type="checkbox"/> F02.C4	Dementia in other diseases classified elsewhere, severe, with anxiety

List continues on next page...

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

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