



☐ 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:

☐ The patient or caregiver is aware a GUIDE referral is being made.

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:

*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 207-777-7748 or 207-307-2668**

**Attn: GUIDE Program**

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

**Please include any supporting documentation to help care for clients:**

☐ **Last visit notes**

☐ **Medication list**

☐ **Consultation notes**

(Page 1 of 3 of GUIDE Referral Form)

☐ 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                                                                                                             |
|--------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <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...                                                                                                              |

(Page 2 of 3 of GUIDE Referral Form)

|                                 |         |                                                                                                                     |
|---------------------------------|---------|---------------------------------------------------------------------------------------------------------------------|
| <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                                                                            |
| (Page 3 of 3 of GUIDE Referral) |         |                                                                                                                     |

Patient Name:  
(optional)

Date of Birth:

Provider Name:  
(optional)

Provider Phone Number: