

Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form

Patient Label

Contact Number for Patient:

Diabetes self-management education and training (DSMEIT) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

A SEPARATE FORM IS REQUIRED FOR MNT+DSMT

Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

- Initial group DSME/T: 10 hours or ____ no hrs. requested
 Follow-up DSME/T: 12 hours or ____ no hrs. requested

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

- Vision Hearing Physical
 Cognitive Impairment Language Limitations
 Additional training additional hrs requested
 Telehealth Other _____

DSME/T Content

- Monitoring diabetes Diabetes as disease
 Psychological adjustment Physical activity
 Nutritional management Goal setting, problem solving
 Medications Prevent, detect and treat acute complications
 Preconception/pregnancy management or GDM
 Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

DIAGNOSIS

Please send recent labs for patient eligibility & outcomes monitoring

- Type 1 Type 2
 Gestational Diagnosis Code _____

Complications/Comorbidities

Check all that apply:

- Hypertension Dyslipidemia Stroke
 Neuropathy PVD
 Kidney disease Retinopathy CHD
 Non-healing wound Pregnancy Obesity
 Mental/affective disorder Other _____

WE WILL NEED SEPARATE FORMS FOR MNT+DSMT

Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

- Initial MNT 3 hours or ____ no hrs. requested
 Annual follow-up MNT 2 hours or ____ no hrs. requested
 Additional MNT services in the same calendar year, per RD
 Additional hrs. requested _____

Please specify change in medical condition, treatment and/or diagnosis:

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

Definition of Diabetes (Medicare)

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #216. November 7, 2003, page 63261/Federal Register.

Other payers may have other coverage requirements.

These are required fields and the referral will not be considered to be valid without being fully completed

I certify that I am managing the patient's _____ (specific diabetes condition) and the training required is needed to provide the patient with the skills and knowledge to manage their _____ (specific diabetes condition).
 Signature and NPI # _____

Date: ____ / ____ / ____

Group/practice name, address and phone: _____ Time: _____