

# ORDER FORM

## Diabetes Self-Management Education & Support/Training & Medical Nutrition Therapy Services

**MEDICARE COVERAGE:** Diabetes self-management education and support/training (DSMES/T) and medical nutrition therapy (MNT) are separate and complementary services to improve diabetes self-care. Individuals may be eligible for both services in the same year. Research indicates MNT combined with DSMES/T improves outcomes.

**DSMES/T:** 10 hours initial DSMES/T in 12-month period from the date of first session, plus 2 hours follow-up per calendar year with written referral from the treating qualified provider (MD/DO, APRN, NP or PA) each year.

**MNT:** 3 hrs initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis with a written referral from any physician (MD/DO).

Medicare coverage of DSMES/T and MNT requires the referring provider to maintain documentation of a diagnosis of diabetes based on the following:

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

\*Other payors may have other coverage requirements. (Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register)

### PATIENT INFORMATION

Last Name _____	First Name _____	Middle _____
Date of Birth ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	
Address _____	City _____	State _____ Zip Code _____
Home Phone _____	Cell Phone _____	Email address _____

### Diagnosis

Please send recent labs that support diagnostic criteria for patient eligibility & outcomes monitoring

- Type 1     Type 2     Gestational     Diagnosis code \_\_\_\_\_

### Diabetes Self-Management Education & Support /Training (DSMES/T)

Check type of training services and number of hours requested

- Initial DSMES/T 10 or \_\_\_\_\_ hours
- Follow-up DSMES/T 2 hours
- If more than one hour individual initial training requested, please check special needs that apply:
  - Vision             Physical
  - Hearing             No group sessions available within 2 months
  - Language         pandemic
  - Cognitive         Other (specify) \_\_\_\_\_

- All content areas identified by DSMES Team on assessment  
OR Specific Content areas (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Pathophysiology of diabetes and treatment options               | <input type="checkbox"/> Reducing risk (treating acute and chronic complications) |
| <input type="checkbox"/> Healthy coping  | <input type="checkbox"/> Problem solving (and behavior change strategies)         |
| <input type="checkbox"/> Healthy eating  | <input type="checkbox"/> Preconception, pregnancy, gestational diabetes           |
| <input type="checkbox"/> Being active  | <input type="checkbox"/> Monitoring   |
| <input type="checkbox"/> Taking medication (including Insulin and/or Injection training) |   |

### Medical Nutrition Therapy (MNT)

Check the type of MNT requested

- Initial MNT 3 hours                       Additional MNT hours for change in:
- Annual follow-up MNT 2 hours             medical condition     treatment     diagnosis.

Signature of qualified provider certifies that he or she is managing the beneficiary's diabetes care for DSMT referrals.

Signature and NPI # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Group/practice name, address and phone: \_\_\_\_\_