

# 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)

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

### 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: \_\_\_\_\_