

PATIENT INFORMATION

*Last Name: _____ *First Name: _____

*Date of Birth: _____ insurance: _____ Patient's phone number: _____

*SHANDS MR#: _____

Diabetes self-management education (DSME) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSME improves outcomes.

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

Authorized to order: MD, DO, PA, ARNP

Check type of training services and number of hours

Medicare Covers 10 hours initial DSME/T in 12 months period from date of first class or visit

Order frequency – see guidelines on back

- *Initial group DSME/T 10 hours or _____no. hrs requested
 *Follow-up annual 2 hours or _____no. hrs requested
 *other _____

*See reverse side for details

Patients with special needs requiring individual DSME/T

Check all special needs that apply

- Vision Hearing Physical Cognitive Impairment
 Language Limitations Other _____

Request for specific training (indicate topics below)

- Monitor diabetes diabetes as disease process
 Psychological adjustment physical activity
 Nutrition management goal setting, problem solving
 Medications prevent, detect & treat acute comp
 Preconception/pregnancy management or GDM
 Prevent, detect and treat chronic complications
 other _____

Medical Nutrition Therapy (MNT)

Authorized to order: MD, DO only

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

- Initial MNT 3 hours or _____no. hours requested
 Annual follow up 2 hours or _____no hours requested
 Other

Order each calendar year.

Please specify change in medical condition, treatment or diagnosis:

Definition of Diabetes (Medicare)

Medicare coverage of DSME/T 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 120 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.

Other payers may have other coverage requirements.

***Diagnosis**

*Is patient diabetic? Yes No

Please send recent labs for patient eligibility & outcomes monitoring.

Indicated ICD10 Code: _____

Complications/comorbidities

Check all that apply:

- Hypertension Stroke
 Neuropathy PVD
 Renal Disease CHD
 Dyslipidemia Obesity
 Nephropathy Non-healing wound
 Retinopathy Other _____

Signature and NPI#

Date: __ / ____ / __20_____

Group/practice name, address and phone

Medicare Coverage for DSMT:

- Qualified ordering providers: M.D., D.O., nurse practitioner, and physician assistant.
- The treating providers must certify that DSMT is needed and maintain plan of care.
- ******Initial Year DSMT****** covers 12 month period from the date of first DSMT class/visit.
Example: April 2015 – April 2016.
 - The 10 hours consist of 1 hr. individual and 9 hrs. group education/training unless due to special needs patient requires all individual visits.
- ******Full Curriculum Training****** for Program Curriculum set by Medicare
 - Beneficiaries learn how to successfully manage their diabetes in DSMT classes, and the training includes information on self-care and making lifestyle changes. The first session consists of an individual assessment to help the instructors better understand the beneficiary's needs.
 - Classroom training includes topics such as the following:
 - **Diabetes overview/pathophysiology of diabetes.**
 - **Nutrition.**
 - **Exercise and activity.**
 - **Diabetes medications (including skills related to the self-administration of injectable drugs).**
 - **Self-monitoring and use of the results.**
 - **Prevention, detection, and treatment of acute complications.**
 - **Prevention, detection, and treatment of chronic complications.**
 - **Foot, skin, and dental care.**
 - **Behavior change strategies, goal setting, risk factor reduction, and problem solving.**
 - **Preconception care, pregnancy, and gestational diabetes.**
 - **Relationships among nutrition, exercise, medication, and blood glucose levels.**
 - **Stress and psychosocial adjustment.**
 - **Family involvement and social support.**
 - **Benefits, risks, and management options for improving glucose control.**
 - **Use of health care systems and community resources.**
- ******Follow-up annual******
 - 2 hrs. of follow up visits (individual or group).
 - Yearly training can be furnished any time in a calendar year following 12 month period of the initial training.
Example: if Initial Year DSMT was completed in April 2016, then referral for Yearly DSMT can be made in May 2016 till Dec 2016. The next referral could be made in Jan 2017.