

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

## Patient Information

Patient's Last Name	First Name	Middle
Date of Birth ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address	City	State Zip Code
Home Phone	Other Phone	E-mail address

Diabetes self-management education and training (DSME/T) 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.

### 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:  2 hours or \_\_\_\_ no. hrs. requested  
 Telehealth

### 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 process  
 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 \_\_\_\_\_

### 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  
 Telehealth  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 payors may have other coverage requirements.

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

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