

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 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 the treating physician.

Medicare coverage of DSMES/T and MNT requires the treating qualified 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"/> _____	
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 ☐ Other (specify)
 - ☐ Cognitive

☐ All content areas identified by DSMES Team on assessment OR

Specific Content areas (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Monitoring diabetes | <input type="checkbox"/> Goal setting, problem solving |
| <input type="checkbox"/> Psychological adjustment | <input type="checkbox"/> Prevent, detect and treat acute complications |
| <input type="checkbox"/> Nutritional management | <input type="checkbox"/> Prevent, detect and treat chronic complications |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Preconception, pregnancy, gestational diabetes |
| <input type="checkbox"/> Diabetes as disease process | <input type="checkbox"/> Device Training |
| <input type="checkbox"/> Physical activity | |

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.

Signature and NPI # _____ Date ____/____/____

Group/practice name, address and phone: _____

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Please fax this form to: 870-364-1245 - For questions, Please call Fern Baker, RD, LD, MS, CDM, CFPP at 870-364-1419.