

# Diabetes Self-Management Education/Support 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 support (DSMES) 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 DSMES improves outcomes.

### Diabetes Self-Management Education/Support (DSMES)

Check type of training services and number of hours requested

- Initial group DSMES:  10 hours or \_\_\_\_ no. hrs. requested  
 Follow-up DSMES:  2 hours or \_\_\_\_ no. hrs. requested  
 Other: \_\_\_\_\_

#### Patients with special needs requiring individual (1 on 1) DSMES

Check all special needs that apply:

- Vision  Hearing  Physical  
 Cognitive Impairment  Language Limitations  
 BG monitoring devices  additional hrs requested \_\_\_\_\_  
 Insulin training  Other \_\_\_\_\_

#### DSMES 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/PAD  
 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  
 Other:  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: \_\_\_\_\_