

PATIENT INFORMATION:

PHYSICIAN (MD/ DO) ORDERS REQUIRED FOR ALL REFERRALS

Medicare coverage of DSMT and MNT requires: the treating 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 4
- 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

DIAGNOSIS CODE:

If any diagnosis is written under 'other', it should include it's corresponding diagnosis code. The code must be a 5 digit ICD 10 code

First Name: _____

Last Name: _____

Gender: M F

Date of Birth: _____ / _____ / _____

Phone Number: (_____) _____

Email: _____

Insurance: Medicare Commercial Medicaid

DIAGNOSIS

- Type 2 with Hyperglycemia (E11.65)
- Type 2 with Hypoglycemia (E11.64)
- Type 1 with Hyperglycemia (E10.65)
- Type 1 with Hypoglycemia (E10.64)

Other: _____

Diabetes Self Management Education Support and Training (DSMES/T)

DSMES HOURS:

Medicare cover a maximum of 10 hours for the initial visit. Subsequent visits are a maximum of 2 hours. Less hours can be chosen.

SPECIAL NEEDS:

By applying for the special needs, the participant can attend individualized, one-on-one sessions, instead of the mandatory group sessions.

CONTENT COVERED IN GROUP DSMES CLASSES:

The classes will cover all the topics collectively, unless specifically indicated otherwise. In which case, please select the topics which should be covered individually.

Check type of training services and number of hours requested:

- Initial DSMES/T Session: 10hrs or _____ hrs
- Follow-up DSMES/T Sessions: 2hrs or _____ hrs

Please check special needs that apply:

- Vision Hearing
- Cognitive Impairment Physical
- Language Limitation
- Other (specify): _____

CONTENT:

- All Content OR Select specific content:
- Monitoring diabetes Goal setting
- Nutritional management Medications
- Diabetes as disease process Physical activity
- Psychological adjustment Problem solving
- Acute complications Chronic complications

Medical Nutrition Therapy (MNT)

MNT HOURS:

Medicare cover a maximum of 3 hours for the initial visit. Subsequent visits are a maximum of 2 hours. Less hours can be chosen.

TO QUALIFY FOR ADDITIONAL MNT HOURS:

By changing the medical condition, treatment, and/or diagnosis, the patient becomes eligible to take more than 3 hours at the initial visit and more than 2 hours in subsequent visits. For example, kidney disease or cardiovascular complication.

Check the type and hours of MNT requested:

- Initial MNT Session: 3hrs or _____ hrs
- Annual follow-up MNT Session: 2hrs or _____ hrs

Additional MNT hours require a for a change in:

- Medical condition Treatment Diagnosis

Hours desired: _____

Signature: _____

NPI #: _____

Date Signed: ____ / ____ / ____

Printed Name: _____

Group / Practice Name : _____