



Diabetes Self-Management Education & Support/Training

MEDICARE COVERAGE: Diabetes self-management education and support/training (DSMES/T) is a complementary service to improve diabetes self-care. Individuals may be eligible for an initial, in-depth training and annual follow-up training.

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 (MD/DO, APRN, NP or PA) each year.

Medicare coverage of DSMES/T requires the referring 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

PATIENT INFORMATION

LAST NAME FIRST NAME MIDDLE

DATE OF BIRTH ____/____/____

GENDER: MALE FEMALE

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

- | | |
|--|--|
| <input type="checkbox"/> Initial DSMES/T 10 hours | <input type="checkbox"/> All content areas identified on Patient Assessment |
| <input type="checkbox"/> Follow-up DSMES/T 2 hours | OR Specific Content areas (Check all that apply) |
| <input type="checkbox"/> If more than one hour of individual training requested, Please check special needs that apply: | <input type="checkbox"/> Pathophysiology of diabetes & treatment |
| <input type="checkbox"/> Vision <input type="checkbox"/> Physical | <input type="checkbox"/> Healthy eating / coping |
| <input type="checkbox"/> Hearing <input type="checkbox"/> No group sessions available within 2 months | <input type="checkbox"/> Being active |
| <input type="checkbox"/> Language <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Taking medication (insulin / injection training) |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Reducing risk (acute / chronic complications) |
| | <input type="checkbox"/> Problem solving & behavior change strategies |
| | <input type="checkbox"/> Preconception, pregnancy, gestational diabetes |

Signature of qualified provider certifies that he or she is managing the beneficiary's diabetes care for DSMT referrals.

Signature and NPI # _____ Date ____/____/____

Group/practice name, address, and phone: _____