

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: _____