## Diabetes Self-Management Education/Training And Medical Nutrition Therapy Services Order Form

## **Patient Information**

Patient's Last Name		First Nam	e	Middle		
Date of Birth/	Gender:	: 🗆 Male	□Female			
Address		City		State	Zip Code	
Home Phone *Only information that is NOT protected health information (PHI) will			one via email.	E-mail addro	E-mail address*	
<u>Diagnosis</u> Please send recent labs for p	atient eligibility & outcomes monitoring	g				
□ Type 1 □ Type 2	☐ Check if new onset	A1C:				
☐ Gestational (Fasting:	1 hour: 2 hour:	3	hour:	)		
Diagnosis code(s):						
care. Both services can be order	cation and training (DSME/T) and medical red in the same year. Research indicates More than the same year. Research indicates More reaction/Training (DSME/T)	INT combine	d with DSME/T im		services to improve diabetes	
Check type of training services requested  Initial DSME/T (up to 10 hours)*  Patients with special needs requiring individual (1 on 1) DSME/T  Check all special needs that apply:  Vision Hearing Physical  Cognitive Impairment Language Limitations  Other:  Continuous Glucose Monitoring  Insulin Pump Training Program  Insulin Management/Training			Check the type of MNT requested  Initial MNT (up to 3 hours) **  Annual follow-up MNT (up to 2 hours) **  **Medicare coverage: 3 hours initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additionally 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 based on one of the following:			
						DSME/T Content  Our program includes individual sessions and classes that cover the follow Monitoring diabetes Diabetes as a disease process Psychosocial adjustment Physical activity  Nutritional management Goal setting, problem solving  Medications Prevent, detect and treat acute complication  *Medicare coverage: 10 hours initial DSMT in 12 month period from the date of first class or visit and up to 2 hours of follow-up training in subsequent years if occurring in a calendar year after the year of initial training.
	patient's condition and that the education nd/or enable the patient to successfully ma	•	•	the patient with the necessar	ry skills and knowledge to	
Provider Name (please print)						
Signature and NPI#					//_	
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