



PHYORD

Diabetes Self-Management Education & Support/Training & Medical Nutrition Therapy Services

Appointment Date: _____

Time: _____

THE DIABETES CONTROL CENTER

1963 Memorial Parkway SW • Huntsville Hospital Medical Mall • Huntsville, Alabama 35801

Physicians please fax referral to Central Scheduling 256-801-6222 or call 256-801-6283 to schedule appointment

MEDICARE COVERAGE: Diabetes self-management education and support/training (DSMES/T) and medical nutrition therapy (MNT) are separate and complementary services to improve diabetes self-care. Individuals may be eligible for both services in the same year. Research indicates MNT combined with DSMES/T improves outcomes.

DSMES/T: 10 hours initial DSMES/T in 12-month period from the date of first session with written referral from the treating qualified provider, plus 2 hours follow-up per subsequent calendar year.

MNT: 3 hrs initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis with a written referral from the treating physician only.

Medicare coverage of DSMES/T and MNT requires the treating qualified provider to provide 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
- *Other payors may have other coverage requirements. (Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register)
- A1C _____ Date _____
 Check blood glucose
 1 time/day 2 times/day
 3 times/day 4 times/day
 Other _____

PATIENT INFORMATION

Last Name _____ First Name _____ Middle _____

Date of Birth _____ / _____ / _____ Gender: Male Female _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email address _____

Language preferred _____ Interpreter needed Yes No

DIAGNOSIS

Please send recent labs that support diagnostic criteria for patient eligibility & outcomes monitoring

- Type 1 E10.65 Type 2 E11.65 E11.9 Other _____

Diabetes Self-Management Education & Support/Training (DSMES/T)

Check type of training services and number of hours requested

- Initial DSMES/T 10 or _____ hours
- Follow-up DSMES/T 2 hours
- If more than 1 hour (1:1) for initial training please check special needs that apply:
 - Vision Physical
 - Hearing Social distancing during
 - Language pandemic
 - Cognitive Other (specify)

- All DSMES/T content areas OR
- Specific Content areas (Check all that apply)
 - Monitoring diabetes Goal setting, problem solving
 - Psychological adjustment Prevent, detect and treat acute complications
 - Nutritional management Prevent, detect and treat chronic complications
 - Medications Diabetes as disease process Preconception, pregnancy, gestational diabetes
 - Diabetes as disease process Physical activity Device Training

Medical Nutrition Therapy (MNT)

Check the type of MNT requested requires MD/DO order only

- Initial MNT 3 hours Additional MNT hours for change in:
 - medical condition treatment diagnosis.
- Annual follow-up MNT 2 hours

Physician Signature _____ Date _____ Time _____

Physician Printed Name _____ Phone: _____ Fax: _____