

ORDER FORM

Diabetes Self-Management Education & Support (DSMES) and Medical Nutrition Therapy (MNT)

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 and DSMT are the same thing: DSMT is the name of the Medicare Benefit.

DSMT: 10 hours initial DSMES in 12-month period from the date of first encounter, plus 2 hours follow-up per calendar year with signed referral from the treating qualified provider (MD/DO, APRN, NP or PA) each year.

MNT: 3 hrs initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours with change in medical condition, treatment and/or diagnosis with signed referral from any physician (MD/DO).

PATIENT INFORMATION:

Last Name	First Name	Middle	Date of Birth
Address		City	State
			Zip Code
Home Phone	Cell Phone	Email Address	

DIABETES DIAGNOSIS:

☐ Type 1 ☐ Type 2 ☐ Gestational Diagnosis Code: _____

DSMES ORDERS:

If # of hours are not specified, DSMES team will default to number of hours allowed per benefit.

☐ Initial DSMES _____ hours ☐ Follow-up DSMES _____ hours

DSMES CONTENT AREAS:

☐ ALL content as related to diabetes care plan and agreed upon by the Patient and DSMES team

OR only specific content areas:

☐ Healthy Coping	☐ Monitoring	☐ Taking Medication
☐ Healthy Eating	☐ Reducing Risk	☐ Injection Training
☐ Being Active	☐ Problem Solving	☐ Other: _____

SPECIAL NEEDS (OPTIONAL) | MEDICARE BENEFICIARIES

Please check reason if more than 1 of 10 hours of INITIAL DSMT are being requested individually instead of in a group setting.

☐ Vision	☐ Hearing	☐ Language	☐ Cognitive
☐ Physical	☐ Psychosocial	☐ Transportation	☐ Other: _____

MEDICAL NUTRITION THERAPY

☐ Initial MNT ☐ Follow-up MNT ☐ Additional hours MNT for change in: (choose one)
☐ medical condition ☐ treatment ☐ diagnosis

SIGNATURE OF QUALIFIED PHYSICIAN OR ADVANCED PRACTICE PROFESSIONAL:

Signature and NPI# of qualified provider certify that they are managing the beneficiary's diabetes care for DSMT referrals.

Date of signature:

Practice Name and Contact Info