

Diabetes Self Management Education & Medical Nutrition Therapy

Patient Name _____ DOB _____

Please note: Most insurers will only cover this service if one of the following diagnostic criteria is met:
FBS \geq 126mg/dl x 2, random glucose >200mg/dl plus symptoms, 2hr post 75g glucose load during OGTT blood glucose >200mg/dl

We are unable to provide services without a diagnosis. Please check below:

Type 1 Diabetes, Uncontrolled Type 2 Diabetes, Uncontrolled Gestational diabetes mellitus Other _____
 Type 1 Diabetes, Controlled Type 2 Diabetes, Controlled Pre-diabetes

Diabetes Education and Nutrition Therapy:

Initial Comprehensive Diabetes Self Management Education (DSME) and Medical Nutrition Therapy Program (MNT)

(Medicare allows 10 hours of DSME and 3 hours of MNT within the initial 12 month period.)

Number of hours PCP is requesting, if less than 10 hours DSME and 3 hours MNT: _____ hours

Follow up Diabetes Self Management Education

Ideal for patients who may have had the above class in the past and need to learn a new meter, starting insulin or oral agents

(Medicare allows up to 2 hours per beneficiary year after the completion of the full 10 hours of initial training.)

Number of hours PCP is requesting if less than 2 hours: _____ hours

Gestational Diabetes Education and Glucose Management

Medical nutrition therapy, education, bi-weekly logbook review and nurse practitioner oversight in the event insulin is required at anytime during the pregnancy. Program culminates with a 6 week postpartum Oral Glucose Tolerance Test (OGTT)

Please check the following content areas that meet your patient's needs:

All ten content areas, as appropriate, OR

<input type="checkbox"/> Monitoring diabetes	<input type="checkbox"/> Preconception/pregnancy or gestational management	<input type="checkbox"/> Prevent, detect and treat acute complications
<input type="checkbox"/> Diabetes as disease process	<input type="checkbox"/> Nutritional Management	<input type="checkbox"/> Prevent, detect and treat chronic
<input type="checkbox"/> Goal setting and problem solving	<input type="checkbox"/> Physical activity	<input type="checkbox"/> Psychological adjustment
<input type="checkbox"/> Medications		

*If you would like your patient to receive **INDIVIDUALIZED** education and nutrition therapy the following **MUST** be completed, otherwise they will be scheduled for **GROUP** classes:*

Please schedule individualized education/training for my patient for the following reasons:

Cognitive Impairment Hearing Language Limitations Physical Vision Other _____

Medical Nutrition Therapy Only:

Initial Medical Nutrition Therapy

(Medicare allows up to 3 hours within the initial 12 month period.)

Number of hours PCP is requesting if less than 3 hours: _____ hours

Annual Follow up Medical Nutrition Therapy

(Medicare allows up to 2 hours per beneficiary year after the completion of the full 3 hours of initial training.)

Number of hours PCP is requesting if less than 2 hours: _____ hours

Additional services in the same calendar year, per Registered Dietitians recommendations

Number of additional hours PCP is requesting, based on RD's recommendations: _____ hours

I certify that Diabetes Self Management Education is needed under a comprehensive plan for the patient's diabetes care for the reasons listed above. I authorize an HbA1c to be performed if none is provided with this referral.

Please print Physician's name

Physician Signature

Date