DSMT-2501-FRM
REV 3 07.29.13

Conway Medical Center
Conway, SC

Center Patient Admission Label Here

Conway Medical Center Diabetes Self-Management Training Program

Medical Nutrition Therapy Services Order Form

Patient Information:

_____

Address City State Zip

_____

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 ____ hrs requested

☐ Follow-up DSME/T ☐ 2 hours or ____ hrs requested

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 _____

☐ Other: _____

DSME/T Content

☐ Monitoring diabetes
☐ Psychological adjustment
☐ Nutritional management
☐ Medications
☐ Diabetes as disease process
☐ Physical activity
☐ Goal setting, problem solve
☐ 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

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

☐ 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.

Diagnosis/Labs: A1C, BMP, Lipid Panel

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 ☐ CHD
☐ Kidney disease ☐ Retinopathy ☐ Obesity
☐ Non-healing wound ☐ Pregnancy
☐ Mental/affective disorder

Other:

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 of 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

Revised 8/2011 by the American Association of Diabetes Educators and the American Diabetic Association

THIS ORDER VALID FOR 30 DAYS FROM ABOVE DATE

Fax to: 843-234-5079