

# Diabetes Services Order Form (DSMT and MNT Services)

\*Indicates required information for Medicare order

## PATIENT INFORMATION

Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Birth Date / / Medicare HICN # \_\_\_\_\_ Gender Male Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Contact Phone \_\_\_\_\_

Diabetes self-management training (DSMT) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes.

## DIABETES SELF-MANAGEMENT TRAINING (DSMT)

**Medicare: 10 hours initial DSMT in 12 month period, plus 2 hours follow-up DSMT annually**

\*Check type of training services and number of hours requested:

Initial group DSMT:	10 hours or	no. hrs. requested
Follow-up DSMT:	2 hours or	no. hrs. requested
Additional insulin training:		no. hrs. requested

\*Patients with special needs requiring **individual DSMT**

Check all special needs that apply:

Vision	Hearing	Physical	Cognitive Impairment
Language limitations	Other		

## \*DSMT Content

All ten content areas, as appropriate	
Monitoring diabetes	Diabetes as disease process
Psychological adjustment	Physical activity
Nutritional management	Goal setting, problem solving
Medications	Prevent, detect and treat acute complications
Preconception/pregnancy management or gestational diabetes management	Prevent, detect and treat chronic complications

## \* DIAGNOSIS

Please send recent labs for patient eligibility & outcomes monitoring

Type 1 uncontrolled	Type 1 controlled
Type 2 uncontrolled	Type 2 controlled
Gestational diabetes	Other

## Complications/Comorbidities

Check all that apply:

Hypertension	Dyslipidemia	Stroke
Neuropathy	Nephropathy	PVD
Renal disease	Retinopathy	CHD
Non-healing wound	Pregnancy	Obesity
Mental/affective disorder	Other	

## MEDICAL NUTRITION THERAPY (MNT)

**Medicare: 3 hours initial MNT in the first calendar year, plus two hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.**

\*Check the type of MNT and/or number of additional hours requested:

Initial MNT	Annual follow-up MNT
Additional MNT services in the same calendar year, per RD recommendations	no. additional hrs. requested

Please specify change in medical condition, treatment and/or diagnosis:

## CURRENT DIABETES MEDICATIONS

Specify type, dose and frequency

Oral:

Insulin:

Patient now uses: Pen Needle Pump

## PATIENT BEHAVIOR GOALS/PLAN OF CARE

\*Signature and UPIN # \_\_\_\_\_ \*Date / /

Group/practice name, address and phone:

Revised 8/31/05 by the American Dietetic Association and the American Association of Diabetes Educators after substantial review and consultation. Authors do not recommend or endorse any revisions or modifications.