

# Diabetes & Nutrition Education Outpatient Orders

If ordering DSMT or MNT, (→) elements are Required

210



→ Please send recent Labs and Visit Notes for patient eligibility & outcomes monitoring.

## → INSURANCE

Diagnosis: \_\_\_\_\_

Signs/Symptoms: \_\_\_\_\_

Diagnosis Codes: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Authorization #: \_\_\_\_\_ Expires: \_\_\_\_\_

No Authorization required, Determined by (Name): \_\_\_\_\_

Is patient receiving Cancer Care:  Yes  No

## 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 \_\_\_\_\_ hours requested  
 Follow-up DSMT:  2 hours or \_\_\_\_\_ hours requested  
 Additional insulin training: \_\_\_\_\_ hours 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 OR**  
 Preconception/pregnancy management or gestational diabetes management (**Sweet Success**)  
 Monitoring diabetes  Diabetes as disease process  Psychological adjustment  
 Physical activity  Nutritional management  Goal setting, problem solving  
 Medications  Prevent, detect and treat acute complications  
 Prevent, detect and treat chronic complications

### Note:

DSMT and MNT are individual and complementary services to improve diabetes care.

Research indicates and strongly suggests MNT be combined with DSMT for improved outcomes.

For Medicare beneficiaries, both services can be ordered in the same year.

## MEDICAL NUTRITION THERAPY (MNT)

Medicare (For diabetes or kidney disease): 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 (3 Hr)  
 Annual follow-up MNT (2 Hr)  
 Additional MNT services in the same calendar year, per RD recommendations: \_\_\_\_\_ addt. hrs. requested  
Please specify change in medical condition, treatment and/or diagnosis: \_\_\_\_\_

## DIABETES PREVENTION PROGRAM (DPP)

→ Please send over related medical records including current Blood Glucose and A1C:

- Diabetes Prevention Program (16 weekly core classes plus biweekly follow up totaling 1 year)

## INSULIN TEACHING/START/ADJUSTMENT

**PLEASE TELL PATIENT TO BRING INSULIN TO APPOINTMENT**

TYPE(S) OF INSULIN: \_\_\_\_\_ DOSING: \_\_\_\_\_

OR  DIABETES EDUCATOR MAY DETERMINE INSULIN DOSES AND ADJUST TO MEET ADA BLOOD GLUCOSE GOALS

OR  BLOOD GLUCOSE GOAL: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ (First Initial / Last Name / Title) Date / Time \_\_\_\_\_ Provider Name: \_\_\_\_\_ (Please Print)

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

Service Date: \_\_\_\_\_

cc: \_\_\_\_\_ FAX: \_\_\_\_\_

Allergies: \_\_\_\_\_



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NU25358 5/25/2017

**Fax this order to  
(360) 417-7188**