



**DIABETES EDUCATION
CERTIFICATE OF MEDICAL NECESSITY FOR
DIABETES SELF-MANAGEMENT TRAINING
AND MEDICAL NUTRITION THERAPY**

MRN		Account Number			
Name		DOB	Home Phone () ()		Work Phone () ()
Address		City		State	Zip + 4
Insurance		Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F		Ht Wt
Physician		Physician Phone () ()		Physician Fax () ()	

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. Per Medicare guidelines, patient must have separate appointments on two separate days for individual instruction. Research indicates MNT combined with DSMT improves outcomes.

<p>Diabetes Self-Management Training (DSMT)</p> <p><input type="checkbox"/> Group Initial Training and Initial MNT</p> <p><input type="checkbox"/> Individual Instruction/Follow-Up Training</p> <p>Check all patient special needs for individual instruction:</p> <p><input type="checkbox"/> Vision <input type="checkbox"/> Hearing</p> <p><input type="checkbox"/> Physical <input type="checkbox"/> Cognitive Impairment</p> <p><input type="checkbox"/> Language limitations: _____</p> <p><input type="checkbox"/> No group training offered within two months</p> <p><input type="checkbox"/> Insulin Start</p> <p><input type="checkbox"/> Other: _____</p> <p>Diagnosis <input type="checkbox"/> Established Diabetes <input type="checkbox"/> New Diagnosis</p> <p>ICD-10 Code: _____</p> <p>Reference: FBS \geq126 x2 days or random BS >200.</p> <p>Medicare: Two elevated results on separate days.</p> <p><input type="checkbox"/> Type 1 controlled <input type="checkbox"/> Type 1 uncontrolled</p> <p><input type="checkbox"/> Type 2 controlled <input type="checkbox"/> Type 2 uncontrolled</p> <p><input type="checkbox"/> Prediabetes <input type="checkbox"/> Other: _____</p> <p>Other Medical Conditions</p> <p><input type="checkbox"/> Hypertension <input type="checkbox"/> Nephropathy <input type="checkbox"/> Stroke/TIA</p> <p><input type="checkbox"/> Neuropathy <input type="checkbox"/> Retinopathy <input type="checkbox"/> PVD</p> <p><input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Pregnancy <input type="checkbox"/> CHD</p> <p><input type="checkbox"/> Nonhealing wound <input type="checkbox"/> Mental/Affective disorder <input type="checkbox"/> Obesity</p> <p><input type="checkbox"/> _____ <input type="checkbox"/> CKD</p>	<p>Medical Nutrition Therapy (MNT)</p> <p><input type="checkbox"/> Initial MNT</p> <p><input type="checkbox"/> Annual follow-up MNT</p> <p><input type="checkbox"/> Additional MNT services in the same calendar year, per registered dietitian recommendations. <i>Please specify change in diagnosis, medical, condition, or treatment regimen:</i></p> <p>_____</p> <p>_____</p> <p>Plan of Care – Review plan of care on the reverse side of this form, and make patient-specific changes here.</p> <p>Diabetes Medications (specify type, dose, and frequency)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Testing Frequency _____ times per day</p> <p><input type="checkbox"/> Fasting <input type="checkbox"/> Pre-meal <input type="checkbox"/> Two hours post-meal <input type="checkbox"/> Bedtime</p> <p><input type="checkbox"/> Needs meter/prescriptions <input type="checkbox"/> Other: _____</p> <p>Exercise Limitations: <input type="checkbox"/> None <input type="checkbox"/> Specify: _____</p> <p>Desired Clinical Outcomes (<i>Evidence-based reference value</i>)</p> <p>A1C <input type="checkbox"/> <7.0 or _____ BP <input type="checkbox"/> <130/80 or _____</p> <p>LDL <input type="checkbox"/> <100 mg/dl or _____ Other goals: _____</p>
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Recent Lab (for outcomes evaluation): Please fax most recent results with the referral.

As the health care provider treating this beneficiary's diabetic condition, I certify that diabetes self-management training is needed under a comprehensive plan for this patient's diabetes care to ensure therapy compliance and/or to provide the necessary skills and knowledge to enable the patient to manage his/her condition.

Provider Signature	Provider NPI Number	Date
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MNT for Medicare patients can only be ordered by a physician.

Diabetes Education
Fax: (402) 818-1917
Patients can call to schedule: (402) 717-9115



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Side 2 is for physician office information only and does not need to be faxed with the referral. Please make any patient-specific changes to plan of care on front page.

DIABETES SELF-MANAGEMENT EDUCATION

Plan of Care

- Group education is the standard and required by Medicare unless barriers to learning are identified.
- Annual follow-up education recommended.
- Medicare allows 10 hours first year **initial** diabetes education and 3 hours MNT.
- Medicare allows 2 hours of **follow-up** education per year and 2 hours MNT.

Group Education

These classes cover a wide variety of topics and are geared to assist recently-diagnosed diabetics, as well as those who want to keep current on the disease and treatment advances.

- 8 to 10 hours education; number and length of sessions vary depending on location.

Topics include:

- What is diabetes?
- Types of diabetes and factors contributing to the development of the disease
- Benefits of monitoring blood sugar
- Treatment options
- Nutrition and meal planning
- Use of medications
- Benefits of exercise
- Preventing and managing complications
- Goal setting

Individual Patient Education

Educators are available to instruct individuals and their families on:

- The basics of diabetes self-management (see group education topics)
- Insulin therapy

Nutrition Therapy

A registered dietitian/medical nutrition therapist can provide information and materials based on the individual's lifestyle and treatment plan.

Topics include:

- Menu and meal planning
- Carbohydrate counting
- How to read food labels
- How to plan your meals when dining out
- Effects of alcohol on nutrition and health
- Exercise and weight management