

DSMT/MNT ORDER FORM



Patient's Name (last, first, MI): _____

Date of Birth: ____/____/____ Gender: Male Female

Home Phone: _____ Other Phone: _____ E-mail address: _____

Please include required documents: Recent labs (chemistry panel, lipids, HgA1C) and facesheet.

Referral for:

- New Onset - diabetes Inadequate glycemic control (A1c \geq 8.5 x 2) Change in treatment High risk complications
 Annual diabetes education Other: _____

Diabetes Self-Management Education/Training (DSME/T)

Diagnosis Code Required _____

- Type 1 Type 2

Medical Nutrition Therapy (MNT) – Diabetes:

Check the type of MNT and/or # of additional hours requested

- Initial MNT (3 hours or _____ no. hrs. requested)
 Annual follow-up MNT

DSME/T Content

- Diabetes as disease process Monitoring diabetes
 Psychological adjustment Physical activity
 Nutritional management Goal setting, problem solving
 Medications Prevent, detect and treat acute complications

Special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

- Vision Cognitive Impairment
 Hearing Language Limitations
 Additional insulin training
 Other _____

Provider Orders - to be used within a 12-month time frame. RN/RD to evaluate and provide treatment recommendations.

- RN Diabetes Care Provider and RD can perform POCT glucose during patient's appointment when:
 personal meter not provided PRN RN/RD assessment of glucose status personal meter reads high/low (out of range)
 RN Diabetes Care Provider and RD can refer to department medical social worker (MSW) PRN screening status or patient request
 A1C on admit if not performed within 3 months; and repeat in 3 months.

NOTE: Insurance 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 \geq to 126 mg/dL on two different occasions;
- a 2 hour post-glucose challenge \geq to 200 mg/dL on 2 different occasions; or
- a random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes.

Medicare Patient Specifics

10 hours initial DSMT in 12 month period from the date of first class or visit. 3 hours initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition treatment and/or diagnosis.

Check type of training services and number of hours requested: (for Medicare patients only)

- Initial DSME/T (group training) 10 hours or _____ no. hours requested
 Follow-up DSME/T: 2 hours or _____ no. hours requested

Name, signature and NPI# of referring provider managing conditions above

Date

Please include a cover sheet with practice name, address, phone and fax so that we can ensure our patient notes get to the proper location.

Fax completed referral to (530) 893-6858. Call (530) 332-6840 with any questions.