



Patient ID Label

Outpatient Diabetes and Nutrition Education
PO Box 1000, Fishersville, VA 22939

540.941.2537 or 540.213.2537 FAX: 540.213.2522

OUTPATIENT DIABETES SELF-MANAGEMENT EDUCATION/TRAINING & MEDICAL NUTRITION REFERRAL FORM

Patient Information:

Patient's Legal Last Name: First Name: Middle:

Date of birth: Home Phone: Other Phone:

Address: City: State: Zip:

Insurance: Prior Authorization #:

Diabetes Diagnosis

- Type 1 Diabetes ICD-10 E10.9
Type 2 Diabetes ICD-10 E11.9
Gestational Diabetes ICD-10 O24.419
Pre-existing Type 1 diabetes in pregnancy ICD-10 O24.019

Diabetes self-management education/training (DSME/T) and medical Nutrition Therapy (MNT) are individual and complementary services to improve diabetes care.

Lab Eligibility: Medicare requires verification of diabetes diagnosis by one of the following for type 1 and type 2 diabetes:

- FBG > 126 mg/dl on 2 tests
2 hr OGTT > 200mg/dl on 2 tests
Random BG > 200mg/dl with symptoms of uncontrolled diabetes

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

Medicare Coverage: 10 hours initial and 2 hours each year (12 Month period from date of 1st visit) thereafter

Patient is to attend the following:

- Initial Diabetes self-Management Training (10 hours)
Annual Update (2 hours)

- Topics: Monitoring diabetes, Disease process, Medications, Psychological adjustment, Nutritional management, Physical Activity, Goal Setting/problem solving, Prevent, detect, treat complications, All of the above topics, Preconception/pregnancy management or GDM

Patient requires individual (1 on 1) instruction due to special needs:

- Physical, Language limitation, Cognitive impairment, Hearing/Vision, Learning disability, other:

Medical Nutrition Therapy (MNT)

Medicare requires signature of MD or DO for MNT

- Initial MNT (3 hours 1st calendar year)
Annual Follow-up (2 hours per year)
Additional reinforcement of nutrition in the same calendar year per RD

Additional Self-Management Training Request

- Prediabetes (Group Education only)
Comprehensive Self-Management Skills (Group or Individual)
Insulin Training, Gestational DM
Continuous Glucose Monitor (group or Individual)

Additional Instructions & Comorbidities:

Blank lines for additional instructions and comorbidities.

Provider's Signature NPI #:

Provider's Printed Name: Date: Time:

Practice Name/Address: