



Administration/ mailing address  
 18001 N 79<sup>th</sup> Ave; A12  
 Glendale AZ 85308  
 P: 623.399.6825  
 F: 602.842.9458

# Diabetes Self-Management Education & Support/Training Referral Form

**MEDICARE & INSURANCE COVERAGE:** Diabetes self-management education and support/training (DSMES/T) and medical nutrition therapy (MNT) are separate and complementary services to improve diabetes self-care under Medicare. Individuals may be eligible for both services in the same year. Research indicates MNT combined with DSMES/T improves outcomes. All insurance plans will be verified for DSMES/T coverage prior to scheduling patient.

**DSMES/T:** 10 hours initial DSMES/T in 12-month period from the date of first session, plus 2 hours follow-up per calendar year with written referral from the treating qualified provider (MD/DO, APRN, NP or PA) each year.

Medicare and insurance coverage of DSMES/T and MNT requires the referring provider to maintain documentation of a diagnosis of diabetes based on the following:

- fasting blood glucose greater than or equal to 126 mg/dl on two different occasions
- 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions
- random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes

## PATIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female  Other: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

## Diagnosis

*Please send recent labs that support diagnostic criteria for patient eligibility & outcomes monitoring*

- Type 2     Newly diagnosed     Type 2, with hyperglycemia     Type 2, with complicating factors
- Diagnosis code \_\_\_\_\_ Type 2, with complicating factors

## Diabetes Self-Management Education & Support /Training (DSMES/T)

Check type of training services and number of hours requested

- Initial DSMES/T 10 hours
- Follow-up DSMES/T 2 hours
- If more than one hour individual initial training requested, please check special needs that apply:
  - Vision                       Physical
  - Hearing                       No group sessions available within 2 months
  - Language                      pandemic
  - Cognitive                       Other (specify) \_\_\_\_\_

- All content areas identified by DSMES Team on assessment OR Specific Content areas (Check all that apply)
 

<ul style="list-style-type: none"> <li><input type="checkbox"/> Pathophysiology of diabetes and treatment options</li> <li><input type="checkbox"/> Healthy coping</li> <li><input type="checkbox"/> Healthy eating</li> <li><input type="checkbox"/> Being active</li> <li><input type="checkbox"/> Taking medication (including Insulin and/or Injection training)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reducing risk (treating acute and chronic complications)</li> <li><input type="checkbox"/> Problem solving (and behavior change strategies)</li> <li><input type="checkbox"/> Preconception, pregnancy, gestational diabetes</li> <li><input type="checkbox"/> Monitoring</li> </ul>
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**All referrals need to be made out to:**

AM Nutrition Services  
 Tax id: 14-1995877  
 Group NPI: 1003011602

**DSMES/T code: G0108/G0109**

Signature of qualified provider certifies that he or she is managing the beneficiary's diabetes care for DSMT referrals.

Signature and NPI # \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Group/practice name, address and phone: \_\_\_\_\_