

# Learn ways to manage diabetes that fit **YOUR** life.



## **Did you know?** Personalized services to manage your diabetes can help you:

- ✓ Set and track your health goals.
- ✓ Learn how to use knowledge, skills, and tools to manage your diabetes.
- ✓ Practice how to fit diabetes care into all parts of your life.
- ✓ Find ways to get support when you need it.



**Ask a health care provider to refer you** to diabetes self-management education and support (DSMES) services or contact a program in your area to learn more.



### **DSMES SERVICES IN YOUR COMMUNITY**

Find a DSMES provider at  
[heal.utah.gov/dsmes-programs/](https://heal.utah.gov/dsmes-programs/)

# ORDER FORM

## Diabetes Self-Management Education & Support/Training & Medical Nutrition Therapy Services

**MEDICARE 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. Individuals may be eligible for both services in the same year. Research indicates MNT combined with DSMES/T improves outcomes.

**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.

**MNT:** 3 hrs 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 with a written referral from any physician (MD/DO).

Medicare 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

\*Other payors may have other coverage requirements. (Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register)

### PATIENT INFORMATION

Last Name	First Name	Middle
Date of Birth ____/____/____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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 1 ☐ Type 2 ☐ Gestational ☐ Diagnosis code \_\_\_\_\_

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

Check type of training services and number of hours requested

☐ Initial DSMES/T 10 or \_\_\_\_ hours

☐ Follow-up DSMES/T 2 hours

☐ If more than one hour individual initial training requested, please check special needs that apply:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Vision    | <input type="checkbox"/> Physical                                    |
| <input type="checkbox"/> Hearing   | <input type="checkbox"/> No group sessions available within 2 months |
| <input type="checkbox"/> Language  | <input type="checkbox"/> pandemic                                    |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Other (specify) _____                       |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Pathophysiology of diabetes and treatment options               | <input type="checkbox"/> Reducing risk (treating acute and chronic complications) |
| <input type="checkbox"/> Healthy coping  | <input type="checkbox"/> Problem solving (and behavior change strategies)         |
| <input type="checkbox"/> Healthy eating  | <input type="checkbox"/> Preconception, pregnancy, gestational diabetes           |
| <input type="checkbox"/> Being active  | <input type="checkbox"/> Monitoring   |
| <input type="checkbox"/> Taking medication (including Insulin and/or Injection training) |   |

### Medical Nutrition Therapy (MNT)

Check the type of MNT requested

☐ Initial MNT 3 hours

☐ Additional MNT hours for change in:

☐ Annual follow-up MNT 2 hours

☐ medical condition ☐ treatment ☐ diagnosis.

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: \_\_\_\_\_

# Apoyo que le ayuda a **USTED** a manejar la diabetes.



**¿Sabía usted?** Los servicios personalizados para manejar la diabetes pueden ayudarle a hacer lo siguiente:

- ✓ Establecer sus metas de salud y hacerles seguimiento.
- ✓ Aprender a utilizar conocimientos, destrezas y herramientas para manejar la diabetes.
- ✓ Practicar cómo incorporar el cuidado de la diabetes en todos los aspectos de su vida.
- ✓ Encontrar formas de conseguir apoyo cuando lo necesite.



**Pídale a su equipo de atención médica que lo remita** a servicios de educación y apoyo para el automanejo de la diabetes (DSMES, por sus siglas en inglés) o comuníquese con un programa en su área para obtener más información.



## SERVICIOS DE DSMES EN SU COMUNIDAD

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