

## ORDER FORM: DIABETES SELF-MANAGEMENT TRAINING (DSMT), MEDICAL NUTRITION THERAPY (MNT) and OBESITY THERAPY

**PLEASE FAX COMPLETED ORDER to: (888) 800-0000 BEFORE GIVING to PATIENT.**

**PATIENT DATA:**

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 > Insurance type: \_\_\_\_\_  
 > Does patient have clearance to exercise? YES NO

**PROVIDER DATA:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 > NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 > Email: \_\_\_\_\_  
 > Signature \_\_\_\_\_ > Date: \_\_\_\_\_

**SERVICES TO BE PERFORMED**

\_\_\_ **Initial DSMT and Initial MNT (10 hrs DSMT + 3 hrs MNT; Medicare benefits)**

\_\_\_ **Initial DSMT**

10 DSMT topics\*

\* OR teach only these topics: \_\_\_SMBG \_\_\_Nutrition \_\_\_Exercise \_\_\_Medication \_\_\_Goal Setting & Problem-Solving \_\_\_Coping-Stress Control \_\_\_Acute Complications  
 \_\_\_Chronic Complications \_\_\_Pathophysiology \_\_\_Preconception/Pregnancy/GDM Less than 10 initial hours requested: \_\_\_\_\_

\_\_\_ **Initial MNT**

\_\_\_ **Additional MNT** > No. of extra hours = \_\_\_\_\_ Specify change in medical condition, treatment or dx: \_\_\_\_\_

\_\_\_ **Obesity Therapy/Weight Management BMI = \_\_\_\_\_ (Medicare: ≥30 required)**

\_\_\_ **Subsequent Year DSMT (2 hrs)**

\_\_\_ **Subsequent Year MNT (2 hrs)**

**MEDICARE LAB ELIGIBILITY:**

DSMT and diabetes MNT:

- FBG ≥126 mg/dl on 2 tests: FBG: \_\_\_\_\_ and FBG: \_\_\_\_\_
- 2 hr OGTT ≥200 mg/dl on 2 tests: 2 hr OGTT: \_\_\_\_\_ and 2 hr OGTT: \_\_\_\_\_
- Random BG ≥200 mg/dl with symptoms of uncontrolled diabetes: Random BG: \_\_\_\_\_  excessive thirst  excessive urination  excessive hunger  blurry vision  excessive tiredness  unintentional wt loss  tingling in extremities  other: \_\_\_\_\_

Renal MNT: GFR 13 to 50 GFR: \_\_\_\_\_

**OTHER LABS:** A1c: \_\_\_\_\_ T-Chol: \_\_\_\_\_ LDL-C: \_\_\_\_\_ HDL-C: \_\_\_\_\_ TG: \_\_\_\_\_ BP: \_\_\_\_\_ BMI: \_\_\_\_\_ Other: \_\_\_\_\_

**DIAGNOSIS:**

**MEDICARE:** ◆ = Medicare prefers 5 digit T1, T2 diabetes code for diagnosed manifestation, state of disease/condition or other clinical detail.

▪ = If on insulin, must add additional dx code Z79.4 (long term or current insulin use)

\* = Medicare prefers **additional diagnosis code for any associated underlying condition(s).**

E10.1◆	Type 1 DM w ketoacidosis	E11.0◆	Type 2 DM w hyperosmolarity	E11.69■	Type 2 w other specified complic	Z68.3■*	BMI 30.0 - 30.9, adult, ≥15 y/o
E10.2◆	Type 1 w kidney complicat	E11.2◆	Type 2 w kidney complications	E11.8◆	Type 2 w unspecified complic	N18.3	CKD, stage 3
E10.3◆	Type 1 w ophthalmic complic	E11.3◆	Type 2 w ophthalmic complicat	E11.9◆	Type 2 w/o complications	N18.4	CKD, stage 4
E10.4◆	Type 1 w neurologic complic	E11.4◆	Type 2 w neurological complicat	E13◆	Other specified diabetes	N18.5	CKD, stage 5
E10.5◆	Type 1 w circulatory complic	E11.5◆	Type 2 w circulatory complicat	E15◆	Non-DM hypoglycemic coma	E66.0◆	Obesity due to excess calories
E10.6◆	T1 w other specified complic	E11.6◆	Type 2 w other specified complic	E16◆	Other disorders of pancreatic internal secretion	E66.01	Morbid obesity due to excess cal
E10.7◆	T1 w unspecified complicat	E11.7◆	Type 2 w other specified complic	E17◆	Other disorders of pancreatic internal secretion	E66.3	Overweight
E10.8◆	T1 w/o complications	E11.8◆	Type 2 w other specified complic	E18◆	Other disorders of pancreatic internal secretion	T85◆*	Complications, internal prosthetic devices, implants, grafts
E10.9◆	Type 1 w/o complications	E11.9◆	Type 2 w other specified complic	E19◆	Other disorders of pancreatic internal secretion	Z3A◆	Gestation, pregnancy: wks = _____
		E12.0◆	Type 2 w other specified complic	E20.410	GDM in pregn, diet controlled	Z71.3*	Dietary counseling & surveillance
		E12.1◆	Type 2 w other specified complic	O24.41■	GDM in pregnancy	Z94.0*	Kidney transplant status
		E12.2◆	Type 2 w other specified complic	O24.41■	GDM in pregnancy		
		Z79.4	Long term/current insulin use	O24.01■	Pre-existing DM, T1, in pregn		
				O24.11■	Pre-existing DM, T2, in pregn		

DEAR PATIENT:

AN APPOINTMENT IS REQUIRED TO OBTAIN THESE SERVICES.

TO MAKE YOUR APPOINTMENT, CALL THE NUMBER BELOW  
BETWEEN THE HOURS OF 8 AM – 5 PM:

**(888) 800-0000**

PATIENT APPOINTMENTS ARE AVAILABLE **7 DAYS A WEEK**,  
INCLUDING EARLY MORNING AND LATE EVENING.

WE MAKE EVERY EFFORT TO ACCOMMODATE YOUR PERSONAL SCHEDULE.

COMING TO YOUR HOME TO PROVIDE THESE SERVICES IS WHAT WE DO BEST!

**IT IS VERY IMPORTANT THAT YOU GIVE THIS COMPLETED ORDER FORM TO  
YOUR DIABETES CLINICIAN AT YOUR FIRST APPOINTMENT.**

**MY APPOINTMENT DATE IS:** \_\_\_\_\_


**MY APPOINTMENT TIME IS:** \_\_\_\_\_

**MY APPOINTMENT LOCATION IS:** \_\_\_\_\_

PLEASE CALL AT LEAST **24 HOURS** IN ADVANCE IF YOU NEED TO CANCEL THIS  
APPOINTMENT. WE WILL RE-SCHEDULE AS SOON AS POSSIBLE.

**NOTE TO PROVIDER'S OFFICE:** To obtain additional copies of this order form, call  
**Diabetes Connect Clinic**  **(888) 800-0000**

We provide your patients with diabetes with the self-care education and therapy they need.

**Diabetes Connect Clinic**  has Certified Diabetes Educators, Registered Dietitians and other healthcare professionals who provide services to patients with diabetes in a variety of clinical settings and also in their **homes**.

Our staff works closely with physicians, home health nurses and other healthcare professionals to help manage their patients' diabetes care. Our Registered Dietitians allow the patient and family to learn how to eat a healthy diet and how to incorporate other key self-care behaviors in their lives in order to control diabetes and its complications.

MARY ANN HODOROWICZ CONSULTING, LLC  
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