

**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.**

<b>PATIENT DATA:</b> Name: _____ Phone: _____ > Insurance type: _____ > Does patient have clearance to exercise?    YES    NO	<b>PROVIDER DATA:</b> Name: _____ Address: _____ > NPI: _____                      Phone: _____                      Fax: _____ > Email: _____ > Signature _____                      > Date: _____
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**SERVICES TO BE PERFORMED**

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

\_\_\_ Initial DSMT

10 DSMT topics taught as needed\* as 1 hour individual + 9 hours group UNLESS **Special Need** checked below, then all individual.

**Special Need:** \_\_\_ Vision \_\_\_ Non-Ambulatory \_\_\_ Physical disability \_\_\_ Hearing \_\_\_ Cognitive \_\_\_ Language \_\_\_ Other: \_\_\_\_\_

\* OR 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: \_\_\_\_\_

\_\_\_ Additional Insulin Training

\_\_\_ 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

\_\_\_ Subsequent Year MNT

**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 <span style="color: blue;">◆</span>	Type 1 DM w ketoacidosis	E11.0 <span style="color: blue;">◆</span>	Type 2 DM w hyperosmolarity	E11.69 <span style="color: blue;">■</span>	Type 2 w other specified complic	Z68.3 <span style="color: blue;">■</span> *	BMI 30.0 - 30.9, adult, ≥15 y/o
E10.2 <span style="color: blue;">◆</span>	Type 1 w kidney complicat	E11.2 <span style="color: blue;">◆</span>	Type 2 w kidney complications	E11.8 <span style="color: blue;">◆</span>	Type 2 w unspecified complic	N18.3	CKD, stage 3
E10.3 <span style="color: blue;">◆</span>	Type 1 w ophthalmic complic	E11.3 <span style="color: blue;">◆</span>	Type 2 w ophthalmic complicat	E11.9 <span style="color: blue;">◆</span>	Type 2 w/o complications	N18.4	CKD, stage 4
E10.4 <span style="color: blue;">◆</span>	Type 1 w neurologic complic	E11.4 <span style="color: blue;">◆</span>	Type 2 w neurological complicat	E13 <span style="color: red;">■</span>	Other specified diabetes	N18.5	CKD, stage 5
E10.5 <span style="color: blue;">◆</span>	Type 1 w circulatory complic	E11.5 <span style="color: blue;">◆</span>	Type 2 w circulatory complicat	E15 <span style="color: red;">■</span>	Non-DM hypoglycemic coma	E66.0 <span style="color: blue;">◆</span>	Obesity due to excess calories
E10.6 <span style="color: blue;">◆</span>	T1 w other specified complic	E11.6 <span style="color: blue;">◆</span>	Type 2 w other specified complic	E16 <span style="color: red;">■</span>	Other disorders of pancreatic internal secretion	E66.01	Morbid obesity due to excess cal
E10.7 <span style="color: blue;">◆</span>	T1 w unspecified complicat	E11.64 <span style="color: blue;">■</span>	Type 2 w hypoglycemia	E16.65 <span style="color: blue;">■</span>	Type 2 w hyperglycemia	E66.3	Overweight
E10.8 <span style="color: blue;">◆</span>	T1 w unspecified complicat	Z79.4	Long term/current insulin use	O24.410	GDM in pregn, diet controlled	T85 <span style="color: blue;">◆</span> *	Complications, internal prosthetic devices, implants, grafts
E10.9 <span style="color: blue;">◆</span>	Type 1 w/o complications	O24.41 <span style="color: blue;">■</span>	Type 2 w hyperglycemia	O24.01 <span style="color: blue;">■</span>	GDM in pregnancy	Z3A <span style="color: blue;">◆</span>	Gestation, pregnancy: wks = _____
		O24.11 <span style="color: blue;">■</span>	Type 2 w hyperglycemia	O24.01 <span style="color: blue;">■</span>	Pre-existing DM, T1, in pregn	Z71.3 <span style="color: blue;">*</span>	Dietary counseling & surveillance
				O24.01 <span style="color: blue;">■</span>	Pre-existing DM, T2, in pregn	Z94.0 <span style="color: blue;">*</span>	Kidney transplant status

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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