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**DIABETES LIFECARE PLAN OF CARE**

**Service order form for Diabetes Self Management Training (DSMT),  
 Diabetic Management and Medical Nutrition Therapy (MNT)**

85 Jefferson Street, (Room 113), Hartford, CT 06102 • Office: 860-545-3526; Fax: 860-545-3184

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Language:  English  Spanish  Other: \_\_\_\_\_

**Please send a copy of most recent labs: A1c, lipid profile, ALT/AST, creatinine, urine microalbumin/creat.**

**\* DIAGNOSIS:**

- Type 1 250. \_\_\_\_\_  Impaired Glucose 790. \_\_\_\_\_  Hypertension  CAD  Hyperlipidemia  
 Type 2 250. \_\_\_\_\_  Other: \_\_\_\_\_  CKD stage: \_\_\_\_\_  Other: \_\_\_\_\_

**Co-morbidities/Complications:**

Non-Diabetic Medications: \_\_\_\_\_

Diabetic Medications: \_\_\_\_\_

**\*CHECK THE TYPE OF REFERRAL DESIRED BELOW:**

1. I have chosen the Plan of Care for DSMT, and/or MNT for my patient. (Please check the box(es) for the type of referral desired and complete the signature section below.)  
 2. I recommend that the Diabetes Life Care evaluates and chooses the Plan of Care for my patient.

\* Print Provider Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

\* Provider Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_ Fax number: \_\_\_\_\_

**Medicare allows:**

Diabetes Self Management Training (DSMT)	Medical Nutrition Therapy (MNT)
1. 10 hours of DSMT completed in a 12 month period as a one time benefit	1. 3 hours of MNT for the first calendar year as a one time benefit
2. Plus 2 hours follow up annually thereafter <i>(DSMT requires a Dx of DM and must be ordered by the provider who is managing the patient's diabetes)</i>	2. Plus 2 hours follow up annually thereafter. <i>(MNT must be ordered by a physician and requires a Dx of DM or CKD)</i>

- Group Class (2 or more people)  Individual Class (patient with special or specific needs)  
 Diabetes Self Management Training  DSMT Topics  Medical Nutrition Therapy

**(DSMT) Classes 10 hours**

	# hours requested
Diabetes Overview	2 hours
Nutritional Mgmt	3 hours
Exercise/Activity	1 hour
Medications	1 hour
Self Glucose Monitoring	½ hour
Acute Complications	½ hour
Chronic Complications	½ hour
Foot, Skin, Dental Care	½ hour
Psychosocial/Lifestyle Changes	½ hour
Health Community Resources	½ hour

	# hours requested
Diabetes Overview	<input type="checkbox"/>
Nutritional Mgmt.	<input type="checkbox"/>
Exercise/Activity	<input type="checkbox"/>
Medications	<input type="checkbox"/>
Self Glucose Monitoring	<input type="checkbox"/>
Acute Complications	<input type="checkbox"/>
Chronic Complications	<input type="checkbox"/>
Foot, Skin, Dental Care	<input type="checkbox"/>
Psychosocial/LS Change	<input type="checkbox"/>
Health Community Resources	

	# hours requested
Initial MNT (up to 3 hrs)	<input type="checkbox"/>
Annual Follow-up MNT (up to 2 hrs)	<input type="checkbox"/>
Additional MNT for change in medical condition: (specify)	<input type="checkbox"/>

- Insulin/Injectable initiation:**  Diabetes LifeCare to teach injection technique only  
 Diabetes LifeCare to initiate and titrate doses over 4 month period with education

Other Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Research indicates MNT combines with DSMT improves outcomes. Both DSMT and MNT can be ordered in the same year.)*