

Central Plains Area Agency on Aging's Diabetes Self-Management Education Referral Form

Patient Information

Patient's Last Name	First Name	Middle
Date of Birth ____ / ____ / ____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address	City	State Zip Code
Home Phone	Other Phone	E-mail address

Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

- Initial group DSME/T: 10 hours or ____ no. hrs. requested
 Follow-up DSME/T: 2 hours or ____ no. hrs. requested

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

- Vision Hearing Physical
 Cognitive Impairment Language Limitations
 Additional training additional hrs requested _____

DSME/T Content

- Monitoring diabetes Diabetes as disease process
 Psychological adjustment Physical activity
 Nutritional management Goal setting, problem solving
 Medications Prevent, detect and treat acute complications
 Prevent, detect and treat chronic complications
 All of the above

DIAGNOSIS

Please send recent labs for patient eligibility & outcomes monitoring

- Type 1** **Type 2** Diagnosis code _____

Complications/Comorbidities

Check all that apply:

- Hypertension Dyslipidemia Stroke
 Neuropathy PVD Dental Disease
 Kidney disease Retinopathy CHD Non-healing
 wound Pregnancy Obesity
 Mental/affective disorder Other _____

Signature and NPI # _____ Date ____ / ____ / ____

Group/practice name, address: _____

Phone: _____

Please send the following labs with referral if available - A1c, fasting blood glucose, lipid profile

***Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit plus 2 hrs follow-up annually.**

Definition of Diabetes (Medicare)

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

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

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register.

Other payors may have other coverage requirements.

Contact Information

**Central Plains Area Agency on Aging's
Take Charge of Your Health:
Diabetes Education for Seniors**

Questions or Referrals?

DSME@cpaaa.org, Phone: 316-660-7298 Fax: 316-660-1936