



**Medical Provider Order for Diabetes Self-Management Education (DSME) and Training**

\*please check & fill in applicable data

Diagnosis Date: \_\_\_\_\_ Diagnosis Code \_\_\_\_\_

\_\_\_\_\_ ADULT \_\_\_\_\_ PEDIATRIC \_\_\_\_\_ Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_ Atypical \_\_\_\_\_ Gestational

Patient's Last Name			First Name			Middle					
Date of Birth ____/____/____			Gender:			_____ Male _____ Female					
Address			City			State			Zip Code		
Home Phone			Other Phone/ Cell			E-mail Address					

**Need for Diabetes Education** *please check applicable:*

- New Onset/New Diagnosis of Diabetes       Change in treatment regimen  
 Acute episodes of severe hypoglycemia/hyperglycemia       Inadequate glycemic control  
 Pump/ Continuous Glucose Monitoring (CGM) Training

**PLAN OF CARE for DIABETES SELF-MANAGEMENT EDUCATION** *please check desired services for the standard initial year or follow up:*

**\*Initial Year-** Medicare guidelines specify that the 8 of 10 hours of initial education must be given in a group setting unless the patient has special needs for learning. If recommending individual education, select the barrier to group education below.

**Patients with special needs for learning requiring only individual education**  
 Please check all special needs for learning that apply:

<input type="checkbox"/> Visual/hearing impairment	<input type="checkbox"/> Impaired mobility	<input type="checkbox"/> Cognitive Impairment
<input type="checkbox"/> Language Limitations	<input type="checkbox"/> Multiple Family Units/Members	<input type="checkbox"/> School setting coordination
<input type="checkbox"/> Additional training	<input type="checkbox"/> Child <2yrs/diluted insulin	<input type="checkbox"/> Impaired dexterity
<input type="checkbox"/> Class unavailable in next 60 days	<input type="checkbox"/> Other	<input type="checkbox"/> Learning disability

**Select**

10 Hours of Comprehensive Diabetes Self-Management Education *(includes standard content during initial year)*  
      Group Education  
      Individual Education  
 Follow-up Diabetes Self- Management Education *(after initial – f/u year of Diabetes Self-Management Education)*  
      2 hours *(2 hours annually for follow up individual or group education as the standard Medicare covered benefit)*  
      # hours requested

**\*Standard Content Provided Includes:**

Monitoring diabetes	Diabetes disease process	Physical activity
Psychological adjustment	Nutritional management	Medication management
Goal settings, problem solving	Acute complication risk reduction	Foot care
Chronic long-term complication risk reduction		

**Other Optional Educational Content: (if appropriate)**

Preconception/pregnancy management or Gestational Diabetes Management	Developmentally specific education for patient <18 yrs
Technology related education: pump/CGM	Daycare/ School environment

**I certify that DSME and DSM Support services are needed under a comprehensive plan for this patient's diabetes care.**

Signature of provider \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Printed Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Group/practice name, address and phone \_\_\_\_\_

\*\*\*FAX completed form to 410-225-8395/send recent labs, notes/Call 443-682-6800 for assistance\*\*\*