



Diabetes Services Order Form

Diabetes Self Management Education (DSME)

DSMT content areas: Monitoring diabetes; psychological adjustment; nutritional management; medications; diabetes as a disease process; physical activity; goal setting; problem solving; prevent, detect and treat acute and chronic complications; (preconception/pregnancy management or diabetes management)

Medical Nutrition Therapy (MNT): Medicare allows 3 hours initial MNT in first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours are available for change in medical condition, treatment and/or diagnosis.

To schedule an appointment, call the
ACCESS CENTER 1-888-569-1000

or fax completed form to (609)484-6419

and an Access Center Member will call to schedule an appointment with the Diabetes TEAM.

| PATIENT INFORMATION | | | |
|--|--|--|---------------------------------|
| Last Name: | | First: | Middle: |
| Date of Birth: / / | Insurance: <input type="checkbox"/> Medicare <input type="checkbox"/> Other: | | |
| Phone: Home: | Cell: | Work: | |
| PLAN OF CARE - DSME | | | |
| DSME (10 hours in 12-month period) 1 hour individual assessment, 8 hours group instruction, 1 hour follow-up education | | <input type="checkbox"/> Patient has special needs that require Individual DSME* | |
| Follow-up DSME 2 hours annual follow-up | | Check all that apply: | |
| Insulin Pump Education | <input type="checkbox"/> Vision* | <input type="checkbox"/> Hearing* | |
| Insulin Preparation and Administration | <input type="checkbox"/> Physical* | <input type="checkbox"/> Cognitive Impairment* | |
| MNT | | <input type="checkbox"/> Language Limitations* <input type="checkbox"/> No group available | |
| MNT 3 hours (Initial Assessment, group education) | | <input type="checkbox"/> Continuous Glucose Monitoring (7 day sensor) | |
| Yearly MNT follow-up (2 hours) | | <input type="checkbox"/> Other*: | |
| *DIAGNOSIS (check all that apply) | | | |
| 250.00 | Type 2 DM | 250.01 | Type 1 DM |
| 250.02 | Type 2 DM, uncontrolled | 250.03 | Type 1 DM, uncontrolled |
| 250.04 | Type 2 DM / renal complications | 250.41 | Type 1 DM / renal complications |
| 401.9 | Hypertension | 272.2 | Hyperperlipidemia |
| 272.0 | Hypercholesterolemia | 272.1 | Hypertriglyceridemia |
| 648.03 | Pregnancy with Pre-existing Diabetes | 648.83 | Gestational Diabetes |
| | Other: | | |
| LABS / OTHER INFORMATION | | | |
| A1C: | Please send recent labs for patient eligibility and outcomes monitoring (Fax: 609- 484-6419) | | |
| | Other information: | | |
| HOSPITAL REFERRAL | | | |
| Hospital: | <input type="checkbox"/> City Campus: unit _____ | <input type="checkbox"/> Mainland Campus: unit _____ | |
| Patient seen by in-patient CDE: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| HEALTH CARE PROVIDER REFERRAL | | | |
| Provider Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Phone: () | Fax: () | | |
| Provider Signature: | NPI: | Date: | / / |