Diabetes Services Order Form

Diabetes Services Order Form that's designed to increase physician referrals

Nearly one-fifth of persons over the age of 60 have diabetes. While this number is disturbing in and of itself, it's particularly alarming when you look at numbers showing underutilization of the diabetes service benefits – diabetes self-management training (DSMT) and medical nutrition therapy (MNT) – by Medicare beneficiaries. Data from the Medicare Quality Improvement Organizations (QIOs) reveals the root causes of this under utilization are confusion or limited awareness of the benefits and how to order the benefits for a patient.

Responding to a request from the American Health Quality Association (AHQA) and the QIOs, AADE and the American Dietetic Association (ADA) joined forces to develop the *Diabetes Services Order Form*, which is designed to be an easy and convenient way for a physician to refer their Medicare patients with diabetes to a diabetes educator for DSMT and a registered dietitian for MNT.

The *Diabetes Services Order Form* is a standardized referral form that can be used by any facility or healthcare professional. It includes the key referral information required to meet Medicare regulatory requirements for MNT and/or DSMT referrals. It is streamlined on one page for physician and/or qualified non-physician practitioners' ease in completing the necessary components to initiate the diabetes referral.

The form has been reviewed by the Centers for Medicare and Medicaid (CMS) and field tested with diabetes educators, registered dietitians and physicians. The field test results were positive, with the most frequent comments acknowledging the concise one-page format that allowed sufficient space for adding written physician instructions or comments.

"It is hoped that by providing one consistent order form for two diabetes-related services, and providing education about the services at the time this order form is released will result in an increase in orders and consequently enhanced access to diabetes services," said AADE President Mary M. Austin, RD, MA, CDE.

While the *Diabetes Services Order Form* is going to be widely distributed by the QIOs to doctors within their network, we also need all of you to disseminate it to physicians in your area. Get it out there, let them know you're there to help them care for their Medicare patients with diabetes, give them an easy way to make a referral to you.

Source: American Association of Diabetes Educators Newsletter, May 2005.

Print Form

DIABETES SERVICES ORDER FORM (DSMT AND MNT SERVICES)

Patient Information:

Patient's Last Name | First Name | Middle

Gender: ☐ male ☐ female DOB: ___ / ___ / ___ Medicare HICN #:

Address | City | State | Zip

Home Number | Work Number | Other Contact Number

Diabetes self-management training (DSMT) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes.

Diagnosis:

(Please send recent labs for outcomes evaluation)

- ☐ Type 1 controlled
- ☐ Type 1 uncontrolled
- ☐ Type 2 controlled
- ☐ Type 2 uncontrolled
- ☐ Gestational diabetes
- ☐ Other:

Diabetes Self Management Training (DSMT):

(Check type of education services being ordered)

☐ Initial training

Patient has special need(s) to receive individual instruction *(check all special needs that apply)*

- ☐ Vision
- ☐ Hearing
- ☐ Physical
- ☐ Cognitive Impairment
- ☐ Language Limitations
- ☐ Other:

☐ Follow-up training

Complications/Comorbidities: *(Check all that apply)*

- ☐ Hypertension
- ☐ Dyslipidemia
- ☐ Stroke
- ☐ Neuropathy
- ☐ Nephropathy
- ☐ PVD
- ☐ Renal Disease
- ☐ Retinopathy
- ☐ CHD
- ☐ Non Healing wound
- ☐ Pregnancy
- ☐ Obesity
- ☐ Mental/Affective Disorder
- ☐ Other

Medical Nutrition Therapy (MNT): *(Check services being ordered)*

(Provided by a registered dietitian)

- ☐ Initial MNT
- ☐ Annual follow-up MNT
- ☐ Additional MNT services in the same calendar year, per RD recommendations

Please specify change in diagnosis, medical condition or treatment regimen:

Diabetes Medications:

(Specify type, dose, frequency):

Oral: | Insulin:

Desired Outcomes:

Clinical Outcomes:

☐ A1C ___ ☐ B/P ___ ☐ LDL ___

Patient Behavioral Goals:

Signature and UPIN#: Date: ___ / ___ / ___

Group/Practice Name, Address and Phone :

Referring patient for services to:

© 2005 by the American Association of Diabetes Educators and the American Dietetic Association, Chicago, IL. (4/05)

The American Dietetic Association