

# DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT

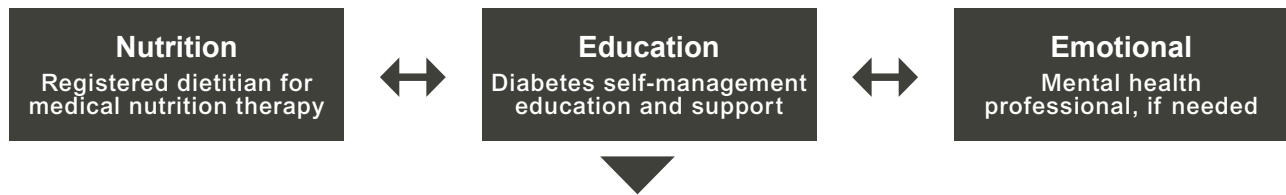
## How and when it can empower your patients with diabetes:

Diabetes education works. But less than 60 percent of people with diabetes have had formal diabetes education. Increasing that number must be a priority. Research shows that people who have received diabetes education are more likely to:

- Use primary care and preventive services
- Take medications as prescribed
- Control their blood glucose, blood pressure, and cholesterol levels
- Have lower health costs

Diabetes self-management education is a benefit covered by Medicare and most health plans when provided by a diabetes educator within an accredited/recognized program.

The American Diabetes Association (ADA), American Association of Diabetes Educators (AADE), and Academy of Nutrition and Dietetics have adopted a joint position statement to endorse diabetes self-management education and support (DSME/S) for individuals with diabetes, as shown in the following algorithm.



FOUR CRITICAL TIMES TO ASSESS, PROVIDE, AND ADJUST DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT			
1 <i>At diagnosis</i>	2 <i>Annual</i> assessment of education, nutrition, and emotional needs	3 When new <i>complicating factors</i> influence self-management	4 When <i>transitions</i> in care occur
WHEN PRIMARY CARE PROVIDER OR SPECIALIST SHOULD CONSIDER REFERRAL:			
<input type="checkbox"/> Newly diagnosed. All newly diagnosed individuals with type 2 diabetes should receive DSME/S  <input type="checkbox"/> Ensure that both nutrition and emotional health are appropriately addressed in education or make separate referrals	<input type="checkbox"/> Needs review of knowledge, skills, and behaviors <input type="checkbox"/> Long-standing diabetes with limited prior education <input type="checkbox"/> Change in medication, activity, or nutritional intake <input type="checkbox"/> HbA1c out of target <input type="checkbox"/> Maintain positive health outcomes <input type="checkbox"/> Unexplained hypoglycemia or hyperglycemia <input type="checkbox"/> Planning pregnancy or pregnant <input type="checkbox"/> For support to attain and sustain behavior change(s) <input type="checkbox"/> Weight or other nutrition concerns <input type="checkbox"/> New life situations and competing demands	Change in: <input type="checkbox"/> Health conditions such as renal disease and stroke, need for steroid or complicated medication regimen <input type="checkbox"/> Physical limitations such as visual impairment, dexterity issues, movement restrictions <input type="checkbox"/> Emotional factors such as anxiety and clinical depression <input type="checkbox"/> Basic living needs such as access to food, financial limitations	Change in: <input type="checkbox"/> Living situation such as inpatient or outpatient rehabilitation or now living alone <input type="checkbox"/> Medical care team <input type="checkbox"/> Insurance coverage that results in treatment change <input type="checkbox"/> Age-related changes affecting cognition, self-care, etc.

# Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order 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 and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

### 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
- Telehealth

### 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 \_\_\_\_
- Telehealth  Other \_\_\_\_

### 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
- Preconception/pregnancy management or GDM
- Prevent, detect and treat chronic complications

Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

### DIAGNOSIS

Please send recent labs for patient eligibility & outcomes monitoring

- Type 1  Type 2
- Gestational  Diagnosis code \_\_\_\_

### Complications/Comorbidities

Check all that apply:

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

### Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

- Initial MNT  3 hours or \_\_\_\_ no. hrs. requested
- Annual follow-up MNT  2 hours or \_\_\_\_ no. hrs. requested
- Telehealth  Additional MNT services in the same calendar year, per RD

Additional hrs. requested \_\_\_\_

Please specify change in medical condition, treatment and/or diagnosis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

### 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.

Signature and NPI # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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