



**DIABETES AND NUTRITION CARE PROGRAM  
 PHYSICIAN ORDER for DIABETES SELF MANAGEMENT EDUCATION (DSME/T)  
 OR MEDICAL NUTRITION THERAPY SERVICES (MNT)**

**Referral good for 6 months**

**PLEASE FAX COMPLETED / SIGNED ORDER TO: 502-210-4204  
 IF QUESTIONS, CALL: 502-210-4203**

PATIENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 MALE  FEMALE DOB: \_\_\_\_\_  
 INSURANCE: \_\_\_\_\_ (attach copy of card & photo ID)  
 CHECK HERE IF SELF-PAY:  If pre-authorization is required, physician office is to complete. PLEASE ATTACH APPROPRIATE LAB WORK AND LAST PHYSICIAN NOTE

**DIAGNOSIS: PLACE CHECK TO THE LEFT OF THE APPROPRIATE CODE(s) (write in code & DX for Other)**

DIABETES SELF MANAGEMENT (DSME/T)		MEDICAL NUTRITION THERAPY (MNT)	
<i>Type 2 Diabetes: (see back for other codes)</i> A1C _____%		<i>Nutrition needs: (see back for other codes)</i> Height ____ Weight ____ BMI ____	
E11.9	Controlled without complications	E66.9	Obese due to excess calories
E11.65	Uncontrolled with hyperglycemia	E66.01	Morbid obesity due to excess calories
E11.8	Uncontrolled with unspecific complications	E66.3	Overweight
R73.09	Other abnormal fasting glucose	E78	Hyperlipidemia code: _____
R73.03	Prediabetes	R63.4	Abnormal weight loss
O24.419	Gestational Diabetes	K90.0	Celiac
	Other: _____	N18	CKD code _____
<i>Type 1 Diabetes: (see back for other codes)</i> A1C _____%		Z68	Add BMI adult code: _____
E10.9	Type 1 Diabetes, controlled	K31.84	Gastroparesis
E10.65	Type 1 Diabetes, uncontrolled	K50.9	Crohn's Disease, unspecified
	Other: _____	K58.0	Irritable Bowel Syndrome code: _____
	Other: _____	Z91.0	Food Allergy code: _____
			Other: _____
<b>SEE BACK FOR OTHER CODES</b>			
<input type="checkbox"/> <b>Diabetes Self-Management Education/Training (DSME/T):</b> (with MNT - up to 10 hrs) Medicare coverage: 10 hours initial and 2 hours each year thereafter. Education based on patient preference & location.  <input type="checkbox"/> <b>Annual Diabetes Refresher</b> (1-2 hrs; if attended class before)		<b>INITIAL MNT EDUCATION</b> (education based on diagnosis checked above, provided as individual session (30" - 3 hrs) <b>CPT 97802</b>	

If group class not appropriate, check reason below for individual session (**Individual diabetes CPT G0108**):  
 Vision  Hearing  Physical  Cognitive impairment  Language  OTHER: \_\_\_\_\_

**Based on Medicare DSMT and MNT ELIGIBILITY CRITERIA**, must have ONE of diabetes diagnostic criteria as: FBG > 126 mg/dl on 2 tests; OR 2-hr post OGTT >200mg/dl on 2 tests; **OR**  
 Random glucose >200mg/dl with symptoms of uncontrolled diabetes. GFR provided for Renal.  
 Obesity is >30BMI required for Medicare eligibility.

**PLEASE ATTACH APPROPRIATE LAB WORK AND LAST PHYSICIAN NOTE**

Physician Printed Name: \_\_\_\_\_ NPI#: \_\_\_\_\_  
 Physician Signature/credential: \_\_\_\_\_ Date: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Physicians Orders

