ARH
Appalachian Regional Healthcare

Diabetes Self-Management Education
PROVIDER ORDER

PATIENT INFORMATION

Patient's Last Name _____ First Name _____ Middle _____

Date of Birth _____/_____/_____ Gender: ☐ Male ☐ Female

A1C _____ Weight _____ Blood Pressure _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____ Email Address _____

DIABETES SELF-MANAGEMENT EDUCATION/TRAINING (DSME/T)

Check type of training services and number of hours requested.

☐ Initial group DSME/T: ☐ 8 – 10 hours
☐ Follow-up DSME/T: ☐ 2 hours

Medicare Coverage: 10 hours initial DSME/T in 12-month period from the date of first class.

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 Hours Requested

DSME/T Content

Check all that apply.

☐ Monitoring Diabetes ☐ Diabetes as Disease Process
☐ Psychological Adjustment ☐ Physical Activity
☐ Nutritional Management ☐ Goal Setting, Problem Solving
☐ Medications ☐ Prevent, Detect and Treat Acute Complications
☐ Prevent, Detect and Treat Chronic Complications
☐ Preconception/Pregnancy Management or GDM

DIAGNOSIS

Diagnosis Code _____

☐ Type 1 ☐ Type 2
☐ Gestational

DEFINITION OF DIABETES (MEDICARE)

Medicare coverage of DSME/T 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/ml 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.

APPOINTMENTS AVAILABLE VIRTUALLY OR IN-PERSON AT HAZARD CLINIC OR PAINTSVILLE ARH HOSPITAL.

Additional Comments: _____

Signature and NPI # _____ Date/Time_____/_____

Group/practice name, address and phone number: _____

For patient eligibility and outcomes monitoring, scan into patient chart and fax form to 859-225-6761.
For questions or more information, feel free to contact Ashley Webb, RN, LDE • 606-789-3511 ext. 1229