

**DIABETES EDUCATION / MEDICAL NUTRITION THERAPY SERVICES**

CERTIFICATE OF MEDICAL NECESSITY | OU Physicians Adult Diabetes & Endocrinology Clinic at Harold Hamm Diabetes Center

**PATIENT INFORMATION**

Patient's Name \_\_\_\_\_  Male  Female DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**REQUIRED: Include all patient demographics above & copies of lab work, insurance & visit notes**

Medicare definition of diabetes — Medicare coverage of DSMES 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 two-hour post-glucose challenge greater than or equal to 200 mg/dl on two different occasions
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes

Diagnosis Code: \_\_\_\_\_

- Type 2 Diabetes  Type 1 Diabetes  Gestational Diabetes  Pre-Diabetes
- Pre-existing diabetes with pregnancy  Hypertension  Dyslipidemia
- Obesity  Renal Disease  Stroke  CHD
- Other: \_\_\_\_\_

**ORDERS**

**Diabetes Self-Management Education & Support (DSMES)** *Medicare covers DSMES; Medicaid does not.*

- Healthy eating • Being active • Taking medication • Monitoring • Problem solving • Reducing risks • Healthy coping
- Comprehensive plan includes diet, exercise, education, monitoring, group training and follow-up.*

- Group Classes (10 hours; Medicare covers once per lifetime)
- Individual Instruction or additional training (2 hours) *Please specify:* \_\_\_\_\_
- Insulin Management  Insulin Pump Therapy  Continuous Glucose Monitoring

**Medical Nutrition Therapy (MNT)** *Medicare covers MNT per below. Medicaid covers MNT with a SoonerCare referral.*

- Initial MNT (3 hours)  Follow-up MNT (2 hours)

**SPECIAL NEEDS REQUIRING APPOINTMENTS AS INDIVIDUAL**

- Impaired vision/hearing  Language barrier  Learning disability  Impaired mental status  Additional insulin training

**REFERRING PHYSICIAN INFORMATION**

PRINT physician's name \_\_\_\_\_

\_\_\_\_\_  
Physician's signature Date

NPI: \_\_\_\_\_

Phone: \_\_\_\_\_

PRINT ARNP/PA name \_\_\_\_\_

\_\_\_\_\_  
ARNP/PA signature Date

NPI: \_\_\_\_\_

Fax: \_\_\_\_\_

Mail/Fax completed form to OU Physicians Adult Diabetes & Endocrinology Clinic, 1000 N. Lincoln Blvd., Ste. 3400, Oklahoma City, OK 73104

**P (405) 271-1000 F (405) 271-7014**