



**Diabetes Self-Management
Education & Support (DSMES)**

REFERRAL FORM

Patient Sticker

MEDICARE COVERAGE: Diabetes self-management education and support/training (DSMES/T) and medical nutrition therapy (MNT) are separate and complementary services to improve diabetes self-care. Individuals may be eligible for both services in the same year. Research indicates MNT combined with DSMES/T improves outcomes. DSMES and DSMT are the same thing: DSMT is the name of the Medicare Benefit.

DSMT: 10 hours initial DSMES in 12-month period from the date of first encounter, plus 2 hours follow-up per calendar year with signed referral from the treating qualified provider (MD/DO, APRN, NP or PA) each year.

Please fax referral to MHSC

Fax: 307-352-5313 Phone: 307-362-6472

PATIENT INFORMATION:

Last Name First Name Middle Date of Birth

Address City State Zip Code

Home Phone Cell Phone Email Address

Lab Data: Please fill in pertinent data below or attach lab reports

A1C _____ Chol _____ Other _____

DIABETES DIAGNOSIS:

☐ Type 1 ☐ Type 2 ☐ Diagnosis Code: _____

DSMES ORDERS:

If # of hours are not specified, DSMES team will default to number of hours allowed per benefit.

☐ Initial DSMES _____ hours ☐ Follow-up DSMES _____ hours ☐ Group therapy session unavailable

DSMES CONTENT AREAS:

☐ ALL content as related to diabetes care plan and agreed upon by the Patient and DSMES team

OR only specific content areas:

☐ Healthy Coping ☐ Monitoring ☐ Taking Medication
☐ Healthy Eating ☐ Reducing Risk ☐ Injection Training
☐ Being Active ☐ Problem Solving ☐ Other: _____

SPECIAL CONSIDERATIONS

☐ Vision ☐ Hearing ☐ Language ☐ Cognitive
☐ Physical ☐ Psychosocial ☐ Transportation ☐ Other: _____

SIGNATURE OF QUALIFIED PHYSICIAN OR ADVANCED PRACTICE PROFESSIONAL:

Signature and NPI# of qualified provider certify that they are managing the beneficiary's diabetes care for DSMT referrals.

Date of signature

MUST BE HAND SIGNED: Medicare will not accept stamped signature.

Practice Name and Contact Info

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