

DIABETES EDUCATION / MEDICAL NUTRITION THERAPY SERVICES

CERTIFICATE OF MEDICAL NECESSITY | OU Health Harold Hamm Diabetes Center - Adult Diabetes & Endocrinology

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) *DSMES services benefit adults and children/adolescents covered under SoonerCare may receive up to ten (10) hours of training that provides the member with the knowledge, skill and ability necessary for diabetes self-care. Services must be ordered by a physician or qualified non-physician provider who is actively managing the member's diabetes.*

- 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

_____ PRINT ARNP/PA name

ⓧ _____ Physician's signature Date

ⓧ _____ ARNP/PA signature Date

NPI: _____

NPI: _____

Phone: _____

Fax: _____

Mail/Fax completed form to OU Health Harold Hamm Diabetes Center - Adult Diabetes & Endocrinology

1000 N. Lincoln Blvd., Ste. 3400, Oklahoma City, OK 73104

P (405) 271-1000

F (405) 271-1002