OU Health | Harold Hamm Diabetes Center

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) *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 Health Harold Hamm Diabetes Center - Adult Diabetes & Endocrinology

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