LITTLETON REGIONAL HEALTHCARE

Patient Identification
Name:
DOB:
MRN:
FIN:

Diabetes Self-Management Education & Support (DSMES)

Patient Name: _____ Date of Birth: _____/_____/_____

Patient Phone Number: _____ Referral Date: _____/_____/_____

Referral Diagnosis: _____

DSMES and DSMT are the same thing: Diabetes Self-Management Training (DSMT) is the name of the Medicare Benefits.

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

DIABETES DIAGNOSIS:

☐ Type 1 ☐ Type 2 ☐ Gestational

Diagnosis Code: _____

DSMES ORDERS:

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

☐ Initial DSMES _____ hours ☐ Follow-up DSMES _____ hours

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 NEEDS (OPTIONAL)/ MEDICARE BENEFICIARIES:

Please check if more than 1 of 10 hours of INITIAL DSMT are being requested individually instead of in a group setting.

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

_____ _____/_____/_____

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

_____

Practice name and contact information

Forms Committee Approved 1/15/2026