UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

DIABETES AND ENDOCRINE CENTER

Phone: 443-643-3200
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Physicians Pavilion II
510 Upper Chesapeake Drive, Suite 510
Bel Air, Maryland 21014

Medicare Eligibility for Diabetes Education Services Certification Form

CMS/PRO Regulations. A comprehensive plan of care must be established by the physician (or qualified non-physician practitioner treating the patient). Completion of this form and retaining a copy in the chart will assist the referring physician in meeting CMS/PRO documentation requirements for his/her office.

Medicare beneficiaries who have been diagnosed with diabetes are eligible for Diabetes Self-Management Education. Eligible Medicare beneficiaries may receive initial training of up to 10 hours and follow-up training of up to 2 hours in each calendar year after initial training is completed. Education can be authorized in the following ways: (Please check one)

- ❑ **Initial Comprehensive Education Program:** To be eligible, the Medicare beneficiary must never have received comprehensive diabetes education under the new Medicare Regulations beginning 2/27/01. Comprehensive Diabetes Education is a "once in a lifetime" benefit and must be completed within 12 months of this order and not to exceed 10 hours total. The Initial Education and Skills Assessment is done in a 1:1 one hour session as allowed under Medicare rules. The individual will be offered the next available class reservation. The class series is composed of 4 classes over 4 weeks.
- ❑ **Follow-up Education:** Available beginning in the calendar year following completed Comprehensive Education Program. Follow-up education limited to no more than 2 hours in each calendar year. The referring physician must specify the specific medical condition/subjects that the education should address: _____
- ❑ **Insulin initiation:** CMS **allows** one additional hour to instruct the individual beginning to use insulin.

Education must be provided in group sessions unless:

1. The individual has special needs resulting from conditions that hinder effective group participation (e.g. severe vision, hearing or language limitations) Individual sessions are required because _____.
2. No group sessions are available within 2 months of the order (to be determined by the Diabetes & Endocrine Center)

►►When this form is completed and the labs below are attached, send the form to the Diabetes & Endocrine Center. If an insurance referral is necessary, please attach it.

Note: The lab results below **MUST** be received, *before* the individual will be given an appointment.

►**HbA1c's** (done within 3 months of this order) required by CMS
►**Lipid panel** (done within last year) required by CMS
►**Urine microalbumin creatinine ratio** is appreciated so we may explain their risk of kidney failure.

►►When the completed eligibility form and labs noted above are received by the Diabetes & Endocrine Center, the individual will be contacted and appointments for an initial assessment visit and classes per CMS guidelines will be made.

Plan of Care **The Initial Comprehensive Education Program of the Diabetes & Endocrine Center for Medicare eligible individuals consists of an initial one hour 1:1 assessment and four group sessions of 2-3 hours over 4 weeks**. Each session builds on the prior session so it is best for the individual to attend all sessions in order. The education includes: disease process and treatment options; nutrition and individualized meal plan; medications; monitoring; preventing detecting and treating acute complications; preventing detecting and treating chronic complications; behavioral goal setting, problem-solving; psychosocial adjustment to daily life with diabetes.

Follow-up Education consists of up to 2 hours of education in specific subjects listed above per Primary Care Physician's orders.

I am managing the diabetes care for (Individual's Name)_____and he/she has diabetes. I feel that the education described in the plan of care is needed to ensure therapy compliance and/or to provide the individual with the skills and knowledge to help him/her manage his/her diabetes.

Patient's Address _____ Patient's Phone _____

Provider's Signature _____ Date_____

Print Providers Name _____ Phone _____ Fax _____

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