OU Physicians

HAROLD HAMM DIABETES CENTER
THE UNIVERSITY OF OKLAHOMA

DIABETES EDUCATION / MEDICAL NUTRITION THERAPY SERVICES

Certificate of Medical Necessity | OU Physicians Diabetes Life Clinic at Harold Hamm Diabetes Center

PATIENT INFORMATION

Patient's Name _____ ☐ Male ☐ Female DOB _____

Address _____ City _____ Zip _____

Social Security # _____ Phone (Day) _____ (Mobile) _____

REQUIRED: Include all patient demographics above & copies of lab work, insurance & visit notes

Medicare definition of diabetes — Medicare coverage of DSME 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 (Not covered under Medicare)

☐ Pre-existing diabetes with pregnancy ☐ Hypertension ☐ Dyslipidemia

☐ Obesity ☐ Renal Disease ☐ Stroke ☐ CHD

☐ Other: _____

ORDERS

Diabetes Self-Management Education (DSME) *Medicare covers DSME; 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 Physicians Diabetes Life Clinic, 1000 N. Lincoln Blvd., Ste. 3200, Oklahoma City, OK 73104

P (405) 271-3455 **F (405) 271-7014**

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