



Above Diabetes, PLLC
MEDICARE ORDER FOR ADDITIONAL DSMES / MNT HOURS
 Physician Referral / Order (MD/DO Required)

REFERRAL FROM:	REFERRAL TO: Above Diabetes LLC NPI: 1023723079 8970 County Road 512, Anna, TX, 75409 Tel: (435)-339-0220 Fax: (435)-339-0330
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1. Patient Information (or attach demo sheet):

Patient Name:	
DOB:	
Contact Phone Number:	

2. Reason(s) for Additional DSMES / MNT Hours - Medical Necessity Documentation (per Medicare Guidelines). Check all that apply:

<input type="checkbox"/> A1c increased \geq 0.5% since last referral
<input type="checkbox"/> New insulin initiation or dose adjustment
<input type="checkbox"/> Change in diabetes medication impacting glycemic control
<input type="checkbox"/> New or worsening diabetes-related complication (e.g., neuropathy, retinopathy, nephropathy, foot ulcer, cardiovascular event)
<input type="checkbox"/> Hospital admission or discharge related to diabetes
<input type="checkbox"/> Significant weight change affecting blood sugar or insulin (>5 lbs)
<input type="checkbox"/> Change in kidney status (CKD progression or post-transplant)
<input type="checkbox"/> Other significant medical or treatment change impacting glycemic control or diabetes self-management (please specify): _____

3. Prescribing/Ordering MD/DO (required for Medicare authorization):

By signing, I attest that the patient meets Medicare criteria for additional DSMES/MNT hours due to medical necessity as indicated above.

Printed Name of MD/DO: _____ NPI: _____

Signature of MD/DO: _____ Date: _____

4. FAX COMPLETED FORM TO 435-339-0330 or EFAX to support@abovediabetes.com:

Unsigned or incomplete forms cannot be processed.