BLAIR COMPASS

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Medicare DSMT

Right-the-First-Time Checklist - 2026

6 EVERY TIME

- ☐ **1. Diabetes documented.** State the diabetes type and active complication(s). Use: Patient has [diabetes type] with the following complication(s): [list].
- ☐ **2. Eligible treating practitioner.** Order by the physician or qualified NPP treating the patient's diabetes.
- ☐ **3. Signed certification of need.** Establish that DSMT is medically necessary for therapy adherence and safe self-management skills.

  > Example: I certify that I am the physician or qualified nonphysician practitioner managing this patient's diabetes and that the DSMT described in this plan of care is medically necessary to support adherence to the prescribed therapy and provide the skills and knowledge needed to safely manage diabetes.

- ☐ **4. Specific condition / training need.** State what the training will address, such as new insulin, hyperglycemia, hypoglycemia, CKD, neuropathy, nutrition, monitoring, or treatment-plan implementation.

  > Example: Specific training needs include basal-insulin administration, glucose monitoring and interpretation, hypoglycemia recognition and treatment, nutrition, and medication adherence.

- ☐ **5. Training prescription.** Include initial/follow-up status, hours, topics, sessions, frequency, duration, and group/individual format.

  > Example: Initial DSMT, 10 total hours within a continuous 12-month period: one 60-minute individual assessment plus nine 60-minute group sessions, approximately weekly. Topics: nutrition, activity, medications, monitoring, acute/chronic complications, coping, and problem solving.

- ☐ **6. Plan retained and authenticated.** Keep the order in the medical record. Sign/date the order and any material plan revision.

3 WHEN APPLICABLE

- ☐ **7. Individual DSMT?** Document the covered reason in the referral and record, such as no group session within 2 months or a severe vision, hearing, or language limitation.
- ☐ **8. Follow-up DSMT?** State the specific medical condition the follow-up training must address in both the referral and medical record.
- ☐ **9. Plan changed?** Obtain a signed revised order from the treating physician or qualified NPP.

QUICK BENEFIT AND HANDOFF CHECK

- 10 -> 2: Initial up to 10 hours in a continuous 12-month period; follow-up up to 2 hours per year.
- Routine initial format: generally up to 1 individual hour plus 9 group hours.
- Send to a Medicare-billable DSMT program using a CMS-approved ADA or ADCES pathway.
- Confirm the receiving program can furnish the ordered schedule. Use its form when available.
- DSMT and MNT may both be used, but not on the same service date.

NOT UNIVERSAL NATIONAL MEDICARE ORDER REQUIREMENTS

Special CMS DSMT form; face sheet; automatic latest office note; numeric A1c on the order; MD/DO-only referral; supervising-physician signature specifically. A receiving program may request notes, medications, labs, insurance, or device information for intake.