

Certification to Provide Diabetes Self-Management Training (DSMT)

Eligible provider type applying to render DSMT: Clinic Group Practice Sole Practitioner
 Initial Notification to the Medicaid Program
 Notification to the Medicaid Program of Updated Expiration Date

Provider Name: _____ NPI: _____

Use a separate form for each NPI

Complete ALL of Sections 1 AND 2

Section 1-Proof of DSMT Program Accreditation/Recognition: All DSMT billing providers (Article 28 clinics, provider group practices, and individual practitioners) must obtain programmatic recognition from a CMS-approved National Accreditation Organization (NAO) to be eligible to deliver and be paid for DSMT services delivered to Medicaid members. Check the box below that indicates which organization the provider billing Medicaid received their DSMT program accreditation/recognition from. The provider must comply with all Medicaid record-keeping requirements and shall maintain and promptly provide/furnish any/all DSMT accreditation, recognition, and or certification documentation to the Department of Health at any time, upon request.

- American Diabetes Association (ADA)** **Association of Diabetes Care & Education Specialists (ADCES)**
 Indian Health Services (IHS)

The individual rendering/attending providers that are delivering the DSMT services to the member do not need to obtain CMS programmatic recognition unless the rendering provider is also the provider seeking reimbursement from Medicaid.

Section 2: Clinic or group practice providers must provide the requested information below for each Certified Diabetes Educator (CDE) certified by the Certification Board for Diabetes Care and Education (CBDCE) and/or each New York State (NYS) licensed, registered, or certified professional who will deliver DSMT services as an employee, agent, or contractor on their behalf. The clinic or group practice must affiliate the NPI of the CDE or practitioner rendering DSMT services to the clinic or group NPI number. Clinic facilities click [HERE](#) to affiliate DSMT practitioners, and group practices click [HERE](#).

Sole practitioners must complete the requested information below as the practitioner who will render DSMT services, or for any CDE or NYS licensed, registered, or certified professional that they will supervise and who will deliver DSMT services on their behalf.

Name NPI#	Profession Code**	License #	CDE Certification #	CDE Cert. Begin Date	CDE Cert. End Date

** Profession Codes for NYS licensed, registered, or certified professionals**

Note: Registered Dietitians (Profession Code 048) are only recognized by the Medicaid program for the purpose of rendering DSMT services.

Pharmacist - 020	Nurse Practitioner - Gerontology - 034	Nurse Practitioner - School Health - 041	Optometrists - 056
Registered Nurse - 022	Nurse Practitioner - Neonatology - 035	Nurse Practitioner - Women's Health - 042	Physician - 060
Registered Physician Assistant - 023	Nurse Practitioner - OB-GYN - 036	Nurse Practitioner - Acute Care - 043	Medicine - Limited Practice - 061
Nurse Practitioner - Adult Health - 030	Nurse Practitioner - Oncology - 037	Nurse Practitioner - Palliative Care - 044	Physical Therapist - 062
Nurse Practitioner - College Health - 031	Nurse Practitioner - Pediatrics - 038	Nurse Practitioner - Holistic Nursing - 045	Occupational Therapist - 063
Nurse Practitioner - Community Health - 032	Nurse Practitioner - Perinatology - 039	Nurse Practitioner - Anesthesiology - 046	Podiatrists - 065
Nurse Practitioner - Family Health - 033	Nurse Practitioner - Psychiatry - 040	Registered Dietitian - 048	Psychologist - 068

CERTIFICATION STATEMENT: By signing below, I certify that the appropriate DSMT programmatic and/or practitioner credentials have been confirmed, are accurately listed above, and that all statements made herein are true, accurate and complete to the best of my knowledge. I further certify that I and/or the clinic, group practice, or sole practitioner recognizes that the Medicaid Program must be notified within 30 days of any changes to the information listed above.

 Print Name and Title of the Sole Practitioner or the Clinic or Group Authorized Representative

 Signature of Sole Practitioner or the Clinic or Group Authorized Representative

 Telephone No. of the Sole practitioner or the Clinic or Group Authorized Representative

 E-mail Address of the Sole Practitioner or the Clinic or Group Authorized Representative