

Patient Name _____ DOB _____
 Address _____ City _____ State _____ Zip _____
 Telephone Number (H) _____ (C) _____ (W) _____
 Primary Insurance _____ Primary Policy # _____ Group # _____
 Secondary Insurance _____ Secondary Policy # _____ Group # _____
 Ordering Provider Signature _____ Provider's Printed Name _____ Provider NPI _____

I hereby certify that I am managing this beneficiary's Diabetes condition and that the prescribed training is a necessary part of management.

DIAGNOSIS – please complete referral/order before faxing to 574-537-1225

Medicare coverage: 10 hours initial DSMT in a 12 month period from the date of first class or visit, plus 2 hours follow-up DSMT annually.

<input checked="" type="checkbox"/>	ICD-10	DESCRIPTION	Please mark all content areas you wish to be covered
	E11.9	T2DM w/o complications	<input type="checkbox"/> all 10 content areas, as appropriate OR <input type="checkbox"/> BG monitoring <input type="checkbox"/> diabetes as a disease process <input type="checkbox"/> nutrition/meal planning <input type="checkbox"/> physical activity <input type="checkbox"/> medications <input type="checkbox"/> goal setting/problem solving <input type="checkbox"/> psychological adjustment <input type="checkbox"/> prevent, detect and treat acute complications <input type="checkbox"/> prevent, detect and treat chronic complications <input type="checkbox"/> preconception/pregnancy management or <input type="checkbox"/> gestational diabetes management (if applicable)
	E10.9	T1DM w/o complications	
	E11.65	T2DM w/hyperglycemia	
	E10.65	T1DM w/hyperglycemia	
	R73.09	Other abnormal glucose Pre-DM – FBG 100-125mg/dL OR A1C 5.7-6.4%	
	O24.419	Gestational DM, unspecified control	
	O24.911	Pregnancy complicated by pre-existing DM, 1 st trimester	
	O24.912	Pregnancy complicated by pre-existing DM, 2 nd trimester	
	O24.913	Pregnancy complicated by pre-existing DM, 3 rd trimester	
	E16.2	Hypoglycemia, unspecified	
	E88.81	Metabolic syndrome	
	E28.2	Polycystic Ovarian Syndrome	

Check type of education desired
For description of classes please see back page

Initial Comprehensive Diabetes Self-Management Training (DSMT) (up to 10 hours)
 Group Education Class for Type 2 diabetes
 series of 3 class appointments each 2 hours in length
 Best for patients with new Type 2 diabetes diagnosis,
 >18 years old, no learning barriers, on oral diabetes
 medications/non-insulin injections/or one type of insulin
 Individual appointment
 Best for patients with learning barriers, Type 1 diabetes,
 <18 years old, or patient with two or more
 types of insulin
 Individual DSMT review appointment
 Best for those who are not new to diabetes but would
 benefit from a review (up to 2 hours)
 Insulin Resistance/Metabolic Syndrome – individual appointment
 Pre-diabetes – individual appointment
 Gestational Diabetes – individual appointment
 Insulin instruction – individual appointment
 ___ # of hours requested
 ___ If provider desires insulin adjustment please include
 standing orders.
 Professional Continuous Glucose Sensor – individual appointment
 Personal Continuous Glucose Sensor – patient currently using or
 interested in – individual appointment
 Insulin Pump - patient currently using or interested in – individual
 appointment

Patient with special needs that require individual appointment.

Please check all that apply
 Impaired vision Impaired hearing Impaired mobility
 Impaired dexterity Language Learning disability
 Impaired mental status Other _____

Current Diabetes Medications

Oral: _____

Injectable medication _____
Insulin: _____

Patient to use Pen Needle Pump
Please attach medication list if more space needed.

Current Lab Values

Date _____ **A1C** _____ **FBG(s)** _____
Random BG(s) _____ **Weight** _____ **Height** _____
HDL _____ **LDL** _____ **Triglycerides** _____ **BP** _____