

Diabetes Self-Management Training (DSMT) Referral/Order Fax completed referral/order to Diabetes Education at 574-537-1225.

Patient Name	ILLO.	The office will then call the patient directly to schedule.		Υ
Address			DOB	Patient Name
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. ICD-10 DESCRIPTION		State Zip	City	
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		goal setting/problem solving	Gestational DM, unspecified control	024.419
	ions	psychological adjustmentprevent, detect and treat acute complications	Pregnancy complicated by pre-existing DM, 1st trimester	024.911
		prevent, detect and treat chronic complicationspreconception/pregnancy management or	Pregnancy complicated by pre-existing DM, 2 nd trimester	O24.912
		gestational diabetes management (if applicable	Pregnancy complicated by pre-existing DM, 3 rd trimester	024.913
E16.2 Hypoglycemia, unspecified			Hypoglycemia, unspecified	E16.2
E88.81 Metabolic syndrome			Metabolic syndrome	E88.81
E28.2 Polycystic Ovarian Syndrome			Polycystic Ovarian Syndrome	E28.2
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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 applyImpaired visionImpaired hearing Impaired mobilityImpaired dexterityLanguageLearning disability Impaired mental statusOther
Current Diabetes Medications
Oral:
Injectable medication Insulin:
Patient to usePenNeedlePump Please attach medication list if more space needed.
Current Lab Values
Date A1CFBG(s)
Random BG(s)Weight Height
HDLBPBP