

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	<b>Please mark all content areas you wish to be covered</b>  ___all 10 content areas,as appropriate  <b>OR</b> ___BG monitoring ___diabetes as a disease process ___nutrition/meal planning ___physical activity ___medications ___goal setting/problem solving ___psychological adjustment ___prevent, detect and treat acute complications ___prevent, detect and treat chronic complications ___preconception/pregnancy management or ___gestational diabetes management (if applicable)
	E11.9	T2DM w/o complications	
	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 <b>OR</b> A1C 5.7-6.4%	
	O24.419	Gestational DM, unspecified control	
	O24.911	Pregnancy complicated by pre-existing DM, 1 <sup>st</sup> trimester	
	O24.912	Pregnancy complicated by pre-existing DM, 2 <sup>nd</sup> trimester	
	O24.913	Pregnancy complicated by pre-existing DM, 3 <sup>rd</sup> 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** \_\_\_\_\_