



1400000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

ORDER FOR UVA DIABETES EDUCATION & MANAGEMENT PROGRAM SERVICES FOR OUTSIDE FACILITIES

Date: _____

Inpatient to Outpatient follow-up

PATIENT HISTORY/REASON FOR SERVICE:

- New Onset Diabetes
- Inadequate glycemic control (A1c > 8.5% x 2)
- Change in Diabetes Medication
- High risk for complications (documented severe hypo/hyperglycemia in the past year with ER visits or hospitalization)
- High Risk: (Neuropathy, Nephropathy, or Retinopathy)
- Special needs for 1:1 sessions due to impairments of: Visual Hearing Language Other: _____
- Other: _____

REQUESTED DIABETES SERVICES (CHECK ALL THAT APPLY):

Diabetes Self-Management Education Comprehensive: Individual and/or group visits covering the core education content identified by ADA, necessary to achieve Self-Management Skills required to manage blood glucose in order to prevent diabetes complications.

Medical Nutrition Therapy: _____

Insulin injection training (type, dose, & schedule) _____

*Please give patient insulin and insulin syringe prescriptions.

Foot Care for: At risk due to vascular insufficiency or neuropathy Onychomycosis Other: _____

CGMS (7 Day Continuous Glucose Monitoring System)

DIABETES CARE MANAGEMENT BY PROTOCOL (CHECK ALL THAT APPLY):

THE FOLLOWING ARE AVAILABLE ONLY TO THOSE PRACTICES WITH PRE-SIGNED PROTOCOLS:

Carbohydrate counting and short-acting insulin adjustment Insulin initiation in Type 2 Diabetes Glargine Protocol

Insulin Pump Initiation. (Insulin Pump Plan of Care Orders must accompany this order)

Must include ICD-9 Code(s).

PRIMARY DIAGNOSIS CODE:

SECONDARY DIAGNOSIS CODES:

Description	ICD-9	ICD-10	Description	ICD-9	ICD-10
Type 1 diabetes w/o complications	250.0x	E10.9	Hyperlipidemia	272.4	E78.5
Type 1 diabetes with ketoacidosis	250.1x	E10.10	Non-diabetic hypoglycemia, unspecified	251.2	E16.2
Type 1 diabetes with hypersmolarity	250.2x	E11.00	CHF	428	I50.9
Type 1 diabetes gastroparesis	250.6x	E10.43	Hypercholesterolemia	272	E78.0
Type 1 diabetic nephropathy	250.4x	E10.21	Hypertriglyceridemia	272.1	E78.1
Type 1 diabetic neuropathy - Autonomic	250.6x	E10.43	Cardiomyopathy	425.x	I42.9
Type 1 diabetic neuropathy	250.6x	E10.40	Coronary Atherosclerosis	414.0x	I25.10
Type 1 diabetic peripheral angiopathy	250.7x	E10.51	Coronary Atherosclerosis - native		I25.811
Type 1 diabetic retinopathy	250.5x	E10.319	Coronary Atherosclerosis - bypass		I25.812
Type 1 diabetes w/other specified complications	250.8x	E10.69	Hypertensive Heart Disease	402.9	I11.9
Type 1 diabetes with unspecified complications	250.9x	E10.8	Ischemic Cardiomyopathy	414.8	I25.5
Type 2 diabetes w/o complications	250.0x	E11.9	Hyperparathyroidism, Unspecified	252.00	E21.3
Type 2 diabetes with ketoacidosis	250.1x	E13.10	Hyperthyroidism	242.9	E05.90
Type 2 diabetes with hypersmolarity	250.2x	E11.00	Hypoglycemia, unspecified	251.2	E16.2
Type 2 diabetes gastroparesis	250.6x	E11.43	Depression, recurrent	296.3	F33.9
Type 2 diabetic nephropathy	250.4x	E11.21	Depression, reactive	300.4	F32.9
Type 2 diabetic neuropathy - autonomic	250.6x	E11.43	Depression, neurotic		F34.1
Type 2 diabetic neuropathy	250.6x	E11.40	Alcohol Dependence, uncomplicated		F10.20
Type 2 diabetic peripheral angiopathy	250.7x	E11.51	Alcohol Dependence, remission		F10.21
Type 2 diabetic retinopathy	250.5x	E11.319	Alcohol USE, unspecified		F10.9
Type 2 diabetes w/other specified complications	250.8x	E11.69	Sleep Apnea	780.57	G47.30
Type 2 diabetes with unspecified complications	250.9x	E11.8	Obesity, unspecified	278	E66.9
Diabetes complicated by pregnancy	648.00	O24.319	Neuropathy	355.9	G52.9
Gestation Diabetes	648.8	O24.419	Peripheral Autonomic Neuropathy	337.9	G90.9
Polycystic Ovarian Syndrome	256.4	E28.2	Peripheral Neuropathy	256.9	G62.9
Accelerated/malignant HTN	401	I10	Nephropathy Diabetic, TYPE 1	581.81	E10.21
Benign HTN	401.1	I10	Nephropathy Diabetic, TYPE 2		E11.21
Essential/unspecified HTN	401.9	I10			

ATTENDING/PRIMARY Physician _____ PRINT NAME SIGNATURE DATE/TIME

FAX TO 434-243-4619 AND MAIL ORIGINAL SIGNED ORDER (REQUIRED)

Mail to: DIABETES EDUCATION & MANAGEMENT PROGRAM, 415 RAY C. HUNT DRIVE, 2ND FLOOR, BOX 800873, CHARLOTTESVILLE, VA 22908-0873