

**OUTPATIENT DIABETES SKILLS AND
MANAGEMENT TRAINING ORDERS**

P2661 – Revised 11/02/17

Check boxes for services you wish to order and fill in the blank where indicated. Unchecked boxes and unfilled blanks will be considered NOT ordered. Draw a line through any unwanted orders.

Status: Outpatient, Recurring Account.

Certified Diabetes Education

- Diabetes skills and management training
- Insulin instruction
- Insulin titration

Reason for referral:

- Newly diagnosed diabetes
- Inadequate glucose control
- Change in treatment regimens
- Insulin pump referral
- Complication management
- Other: _____

Diagnosis Code: REQUIRED

- E11.8 Diabetes Type II with unspecified complications
- E11.9 Diabetes Type II without complications
- E11.65 Diabetes Type II with hyperglycemia
- E10.8 Diabetes Type I with unspecified complications
- E10.9 Diabetes Type I without complications
- E10.65 Diabetes Type I with hyperglycemia
- O24.41 Gestational Diabetes in pregnancy
- R73.09 Pre-Diabetes
- Other: _____

Laboratory Data: Please include all labs that are required for reimbursement.

***Please attach all labs obtained in the last 6 months and last clinical visit note. Please attach GTT for gestational patients.**

Medications:

***Please attach a current medication list.**

Referrals:

- Dietician
- Wound Ostomy Continence Nurse
- Other: _____

Time: _____ **Date:** _____ **Provider Signature:** _____