

Patient Referral for Outpatient Diabetes Education Non-Pregnant

Direct patients to call us at **(626) 857-3477** for an appointment. Patients with HMO insurance require pre-authorization. Please fax referral form and authorization (if required) to **(626) 857-3138**. Please give patient a copy of referral.

Patient's Name _____

Home Phone Number _____ Work Phone Number _____

Language: English Spanish Other _____

Name of Patient's insurance _____; HMO/PPO _____

If HMO, name of IPA or HMO Medical Group _____

Diagnosis	ICD 9 Code (s)
<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Pre-diabetes (metabolic syndrome, hypoglycemia) <input type="checkbox"/> Other (Specify) _____	Indicate ICD-9 codes _____ <i>Please see the back of this form for a list of codes.</i> Clinical Hx / findings: _____

Most recent A1C result: _____

The comprehensive outpatient diabetes education program is ADA-recognized. The following content is covered in three 2-hour classes and one 1-hour follow-up appointment.

<input checked="" type="checkbox"/> General Diabetes Facts <input checked="" type="checkbox"/> Home Monitoring (patient will receive a meter, if not already monitoring) <input checked="" type="checkbox"/> Medication Management o Insulin: Include prescription <input checked="" type="checkbox"/> Hyperglycemia and Hypoglycemia <input checked="" type="checkbox"/> Illness <input checked="" type="checkbox"/> Chronic Complications	<input checked="" type="checkbox"/> Foot, Skin and Dental Care <input checked="" type="checkbox"/> Health maintenance recommendations <input checked="" type="checkbox"/> Nutrition: <input type="checkbox"/> Dietitian prescribe or (Specify order) _____ <input checked="" type="checkbox"/> Exercise and activity (Specify any restrictions _____) <input checked="" type="checkbox"/> Stress management <input checked="" type="checkbox"/> Psychosocial adjustment, family and social support <input type="checkbox"/> Pre-conception Care
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Physician Signature

Date

Order effective from _____ through _____ (six months preferred).
 May attend 3 classes the first month and return for follow-up within 6 weeks of last class.

Stamp with Physician Name, Address & Phone Number

ICD-9 Codes

Non-Pregnant Outpatient Diabetes Education Codes

Code	Description
250.00	Diabetes Mellitus Without Complications, type 2 or unspecified type, not uncontrolled
250.01	Diab Mell WO Comp, type 1, not uncontrolled
250.02	Diab Mell WO Comp, type 2 or unspec type, uncontrolled
250.03	Diab Mell WO comp, type 1, uncontrolled
251.2	Hypoglycemia, hyperinsulinemia
277.7	Dysmetabolic syndrome X, unspec
790.21	Impaired fasting glucose
790.22	Impaired glucose tolerance test (oral)
790.29	Other abnormal glucose (Abnormal glucose NOS, Abnormal non-fasting glucose, Pre-diabetes NOS)

Pregnant Outpatient Diabetes Education Codes

646.13	Edema, excessive weight gain during pregnancy WO mention of hypertension
646.83	Under weight, complication of pregnancy
648.83	Abnormal glucose tolerance in mother complicating pregnancy, antepartum
648.83 + 251.5	Abnormal glucose toler, antepartum, hypoglycemia
648.84	Abnormal glucose tolerance in mother, post partum
648.93	Pregnancy with complications

Additional Codes

Code	Description
250.40	Diab W Renal Manifestations , type 2 or unspec type, not uncontrolled
250.41	Diab W Renal Manifest, type 1, not uncontrolled
250.42	Diab W Renal Manifest, type 2 or unspec type, uncontrolled
250.43	Diab W Renal Manifest, type 1, uncontrolled
250.50	Diab W Ophthalmic Manifestations , type 2 or unspec type, not uncontrolled
250.51	Diab W Ophthal Manifest, type 1, not uncontrolled
250.52	Diab W Ophthal Manifest, type 2 or unspec type, uncontrolled
250.53	Diab W Ophthal Manifest, type 1, uncontrolled
250.60	Diab W Neurological Manifestations , type 2 or unspec, not uncontrolled
250.61	Diab W Neuro Manifest, type 1, not uncontrolled
250.62	Diab W Neuro Manifest, type 2 or unspec, uncontrolled
250.63	Diab W Neuro Manifet, type 1, uncontrolled
250.70	Diab W Peripheral Circulatory Disorders , type 2 or unspec type, not uncontrolled
250.71	Diab W Periph Circ Dis, type 1, not uncontrolled
250.72	Diab W Periph Circ Dis, type 2 or unspec type, uncontrolled
250.73	Diab W Periph Circ Dis, type 1, uncontrolled
250.80	Diab W Other Spec Manifest, type 2 or unspec type, not uncontrolled
251.8	Steroid induced diabetes