

PHYSICIAN REFERRAL FORM

Please fax this form to (949)642-7703 with the following:

- Legible copy of both sides of insurance card
- Copies of current Relevant labs, including metabolic panel, CBC, HbA1c, lipid panel, urine microalbumin, glucose tolerance test

Insurance Plan(s): _____ Authorization # (if required): _____

Patient Name: _____ Sex: M F DOB: _____
 Patient Home Phone: _____ Patient Alternate Phone: _____
 Physician Phone: _____ Physician Fax: _____

ORDER FOR SERVICE (please check):

HCPC CODE

Diabetes Self Management Education Series with HbA1c
 (1 initial assessment, 4 group classes, follow-up class)

G0108, 97802, G0109

Individual Diabetes Education Visit with HbA1c*

G0108

MEDICAL NUTRITION THERAPY (MNT) (please check):

MNT Education Series (3 one hour group classes)

97802 + 97804

MNT Initial Visit, Individual

97802

MNT Follow Up Visit, Individual (reassessment second year)

97803

MNT Additional Group Class (due to change in Dx, including renal)

G0271

MNT Reassessment and Intervention, Individual

G0270

(after second referral in same year due to change in Dx, medical condition or treatment, including renal)

Insulin Pump Instruction

- Pump Start (Includes pre-pump assessment, pre-pump carbohydrate counting, Pump Start, pump management classes).
 Follow-up Insulin Pump Assessment and Management.
 Continuous Glucose Monitoring Sensor Training - Individual sensor start (includes one sensor start and one follow-up sensor assessment and management appointment)

*Reason(s) for referral to **Individual** Diabetes Education:

- Cognitive Impairment Hearing Loss Language: (please specify) _____
 Vision Impairment Insulin Start/Adjustment Other: (please specify) _____

DIABETES DIAGNOSIS ICD-9 CODES

- | | |
|--|---|
| <input type="checkbox"/> 250.00 DM, type 2 | <input type="checkbox"/> 250.70 Type 2 with Peripheral Vascular Disease |
| <input type="checkbox"/> 250.01 DM, type 1 | <input type="checkbox"/> 250.71 Type 1 with Peripheral Vascular Disease |
| <input type="checkbox"/> 250.02 DM, type 2, uncontrolled | <input type="checkbox"/> 250.80 Type 2 with other specific manifestation |
| <input type="checkbox"/> 250.03 DM, type 1, uncontrolled | <input type="checkbox"/> 250.90 Type 2 with unspecific complication |
| <input type="checkbox"/> 250.40 Type 2 Nephropathy | <input type="checkbox"/> 250.92 Type 2 uncontrolled with unspecific complications |
| <input type="checkbox"/> 250.41 Type 1 Nephropathy | <input type="checkbox"/> 251.80 Steroid Induced Diabetes Mellitus |
| <input type="checkbox"/> 250.50 Type 2 Retinopathy | <input type="checkbox"/> 790.21 Impaired Fasting Glucose |
| <input type="checkbox"/> 250.51 Type 1 Retinopathy | <input type="checkbox"/> 790.22 Abnormal Glucose Tolerance |
| <input type="checkbox"/> 250.60 Type 2 Neuropathy | <input type="checkbox"/> 790.29 Abnormal Glucose, Non-fasting |
| <input type="checkbox"/> 250.61 Type 1 Neuropathy | <input type="checkbox"/> 277.70 Dysmetabolic Syndrome |

Other Comments/Instructions:

 [Print Physician Name]

 [Specialty]

 [Physician Signature]

 [Date]

DIABETES PHYSICIAN REFERRAL ORDER
 PS 3364 04/01/09



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