Patient Referral for Outpatient Diabetes Education
Pregnant: Sweet Success Program

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 _____

❑ **English**   ❑ **Spanish**   ❑ **Other** _____

Name of Patient's insurance_____; **HMO/PPO**_____ _____

If HMO, name of IPA or HMO Medical Group_____

Diagnosis	ICD 9 Code (s)
❑ **Gestational Diabetes** ❑ **Type 2** ❑ **Type 1** ❑ **Rapid Wt. Gain / Inappropriate Wt. Gain** ❑ **Hyperemesis** ❑ **Hypoglycemia** ❑ **Other (Specify)**	**Indicate ICD-9 codes** _____ *Please see the back of this form for a list of codes.* **Clinical Hx / findings:** _____

Please send a copy of the patient's 1-hour and/or 3- hour GTT result!
Most recent A1C result (if available): _____

❑   Sweet Success Meal Plan: Calorie level _____   ❑ Dietitian prescribes

❑   Exercise: _____

❑   Self Blood Glucose Monitoring (Plasma-referenced)

        Times to Test Blood Glucose: _____   ❑ Staff prescribes

❑   Instruct on insulin administration. **Send copy of insulin and syringe prescriptions**!

_____   _____
Physicians' signature   Date

❑ **Order effective from** _____ **through** _____ **(six months preferred).**
❑ **May attend 3 classes the first month and return for follow-up in 2 weeks, then monthly until delivery.**

Stamp with Physician Name, Address, Phone Number

427 West Carroll Avenue ? Glendora, CA 91741   1115 South Sunset Avenue ? West Covina, CA 91790
626.857.3477 ? Fax 626.857.3138

Citrus Valley Medical Center – Inter-Community Campus & Queen of the Valley Campus,
Foothill Presbyterian Hospital and Citrus Valley Hospice

ICD-9 Codes

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