



SCRIPPS DIABETES CARE AND PREVENTION PROGRAMS
TEL 858-678-7050 FAX 858-678-7090
REFERRAL FORM

Patient Label

Patient Name: _____
DOB: _____
Phone #: _____
Address: _____
Insurance: _____

Step 1: Populate Diagnosis:

ICD-10 Diagnosis Code:

Step 2: Please select services requested:

Prevention Services

Diabetes Prevention Program (year-long lifestyle intervention)

Diabetes Services - Diabetes Self-Management Education/Training (DSMT) and Diabetes Medical Nutrition Therapy (MNT) **Covered by most insurances**

- DSMT and MNT
- DSMT only
- MNT only
- Add **Behavioral Health Services to any of the above services** (*Behavioral Health Services through the Diabetes Behavioral Health Integration Program (BeHIP) are subject to insurance authorization of services*).

Special Instructions: _____

Non Diabetes Nutrition Services - Medical Nutrition Therapy

Step 3: Complete the required contact information below:

Referring Physician Name (please print): _____

Signature: _____

Date: _____

Office Phone Number: _____

FAX: _____

Step 4: PLEASE FAX - Labs, Progress Note and Insurance card copy with this referral form. Thank You!

Diabetes Self-Management Program Guidelines

Medicare covers 10 initial hours in the first year: plus 2 hours of follow-up annually
Initial DSMT – provides training on self-care behaviors for the successful management of diabetes

Medical Nutrition Therapy Program Guidelines

Medicare covers 3 hours of individual visits in the first year and 2 hours of follow-up thereafter includes evaluation counseling and meal planning with Registered Dietitian Nutritionist (RDN)