

P: 562.698.0811

TDD: 562.696.9267

12401 Washington Blvd. Whittier, CA 90602

## NUTRITION AND WELLNESS CENTER PHYSICIAN REFERRAL ORDER



# ACT: MR: DOB: ADM: RM:

Please attach a copy of patient's ID, insurance card, labs, list of medications, and the last provider note.

#### FAX COMPLETED FORM TO 562.789.4335

#### PATIENT INFORMATION

Last Name	First Name			DOB			
Address							
City			State			Zip Code	
Phone					Cell		
Preferred Language:	🗌 English	🗆 Spa	anish		Other		

## DIAGNOSIS (reason for referral, check all that apply):

Type 1 Diabetes	
□ Type 2 Diabetes	□ NASH
Chronic Kidney Disease, specify	☐ IBS, specify
Overweight (BMI 25.0-29.9)	□ Other
Obesity (BMI 30.0 or greater)	

#### **REQUESTED SERVICES**

Diabetes Self-Management Education & Support/Training (DSMES/T)	Medical Nutrition Therapy
Medicare coverage: 10 hours initial DSMES/T in the 12-month period from the date of	Medicare coverage: 3
first session, plus 2 hours follow-up per year with a referral from the treating qualified	hours initial MNT in the first
provider (MD/DO, APRN, NP, or PA) each year. For the initial DSMES/T, training is	calendar year, plus 2 hours
usually furnished in a group setting except for 1 hour of individual training, unless the	follow-up MNT annually
need for individual training more than 1 hour is identified by the treating qualified provider	with a <b>referral from any</b>
in the referral. New referral required for follow up hours.	physician (MD/DO). New
Applicable CPT Codes: G0108 – individual, G0109 – group.	referral required each
	calendar year.
DSMES/T – Initial 10 hours. Content: diabetes pathophysiology, healthy eating,	97802 Medical Nutrition
being active, medications, monitoring, prevention/detection of acute/chronic	 Therapy – Initial
complications, lifestyle and healthy coping, diabetes distress and support.	
☐ If more than one hour individual training requested, please check special needs	97803 Medical Nutrition Therapy – Follow Up
that apply (check all that apply):	Therapy – Follow Op
🗌 Vision 🔲 Hearing 🔲 Language 🔲 Cognitive 🔲 Physical	
□ Other:	
□ DSMES/T – Follow Up 2 hours.	

### FOR QUALIFYING PROVIDERS ORDERING DSMES/T

□ I certify that I am managing this patient's diabetic condition and the training described under the plan of care is medically necessary.

Time	Date	Provider Signature	Provider Printed Name			
Phone #						
NUTRITION AND WELLNESS CENTER PHONE NUMBER – 562.698.0811 EXT. 11320						