DIABETES & NUTRITION CENTER | 875 OAK STREET SE, SALEM, OR 97301 • **PHONE:** 503-814-6990 • **FAX:** 503-814-6992

Salem Health

Diabetes & Nutrition Education Referral Form

Salem Health® Hospitals & Clinics

APPOINTMENT AT: ☐ **SALEM HOSPITAL** ☐ **WEST VALLEY HOSPITAL** ☐ ROUTINE ☐ ASAP ☐ URGENT

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Language: _____ Interpreter needed? ☐ Yes ☐ No

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____ Group Number: _____
Subscriber Name: _____ Subscriber's Date of Birth: _____

DIAGNOSIS AND EDUCATION

☐	Diagnosis Code:		Narrative:	
☐	Diagnosis Code:		Narrative:	
☐	Diagnosis Code:		Narrative:	

Diabetes Related Services

☐ Individual Medical Nutrition Therapy (CPT 97803 & 97804) (Medicare - 3 hours MNT in the first calendar year, MD or DO signature is REQUIRED.)
☐ Gestational Diabetes Program (CPT 97803, 97804 & G0108) (Includes Individual DSMES & MNT)
☐ Diabetes Self-Management Education and Support (DSMES) (CPT G0108 & G0109) APPs are eligible to order this service
(Type of DSMES provided is determined by insurance benefits. Potential services include the following:

- Diabetes Education Group Classes Per Medicare, this service must be completed within the initial year of DSME service
(10 Hours of comprehensive classes divided over 6 visits, Continuous Glucose Monitor sample may be provided for educational purposes)

EDUCATIONAL NEEDS:
☐**All content identified by DSMES team** OR check all that apply:
☐Healthy coping ☐Monitoring ☐Healthy Eating ☐Reducing Risk ☐Being Active ☐Insulin Pump ☐Connected Insulin Delivery ☐Continuous Blood Glucose Monitor ☐Other

- Individual Diabetes Education Second year benefit based on patient needs and goals.

SPECIAL NEEDS: Medicare will cover individual Diabetes Education in the initial year only if one of the listed special needs is documented by the referring provider:
☐Vision ☐Hearing ☐Language ☐Cognitive ☐Physical ☐Insulin Training

Medical Nutrition Therapy (MNT) (CPT 97803 & 97804) Medicare-MD or DO signature is REQUIRED.
If the # of hours are not specified, will defer to the number of hours allowed per insurance benefit.
☐Individual Medical Nutrition Therapy (Medicare - 3 hours MNT in the first calendar year, MD or DO signature is REQUIRED)
☐Medical Nutrition Therapy Group Classes (CPT 97804) ☐Weight Loss ☐MNT in Pregnancy

Provider Comments: _____

PLEASE INCLUDE RECENT CHART NOTES, LABS AND MEDICATION LIST

Signature of healthcare provider certifies that he or she is managing the patient's care, and the training indicated above is needed to ensure therapy compliance and provide the necessary skills and knowledge to enable the patient to manage their condition.

REFERRING PROVIDER: *Medicare guidelines require Medical Nutrition Therapy (MNT) orders to be signed by a physician (MD/DO)*

Physician/Provider *(Printed)*: _____
Physician/Provider Signature: _____ Date: _____
Primary Care Provider (If Different): _____ Phone: _____

PATIENT LABEL

DSC 457539 (10/25)