

Professional Nutrition Services LLC

P.O. Box 825, Belzoni, MS 39038

662-836-4450

### Referral for Medical Nutrition Therapy (MNT)

Date:	Patient name:
Day time phone number:	Insurance: (Attach copy of front & back of card)
DOB:	Home address: <span style="float: right;">Zip:</span>

Above is referred for *medical nutrition therapy as a necessary part of medical treatment* and prevention of complications for diagnoses listed.

- Referral Needs:**  New Diagnosis  New treatment plan  New complication  
**Special Needs:**  Language  Hearing/Speech/Vision  Learning/Processing  
 Other:

**Check all diagnoses that apply to this referral**

ICD-10	ICD-10 Description	ICD-10	ICD-10 Description

**Lab work** (Please attach or complete) BP \_\_\_\_ / \_\_\_\_

Hct/ Hgb	FBS &/or pc	Hgb A1c	Total Chol	HDL LDL	Non HDL	Trig	Ua Micro Albumin/Cr	BUN/ Cr	EGFR	Na/K	Phos/ PTH	Vit D

**Exercise/Activity Plan**  
 **Release:** may walk 20-30 min 5-7 x/week or \_\_\_\_\_  
 **Not Released:** \_\_\_\_\_

**Medications** - Please attach list

Physician signature **X** \_\_\_\_\_ MD/DO Phone \_\_\_\_\_  
NPI: \_\_\_\_\_ Print MD/DO Name \_\_\_\_\_ Fax \_\_\_\_\_

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.

# Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form

## Patient Information

Patient's Last Name _____	First Name _____	Middle _____
Date of Birth ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address _____	City _____	State _____ Zip Code _____
Home Phone _____	Other Phone _____	E-mail address _____

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

### Diabetes Self-Management Education/Training (DSME/T)

*Check type of training services and number of hours requested*

- |  |  |
|--|--|
| <input type="checkbox"/> Initial group DSME/T: | <input type="checkbox"/> 10 hours or ____ no. hrs. requested |
| <input type="checkbox"/> Follow-up DSME/T:     | <input type="checkbox"/> 2 hours or ____ no. hrs. requested  |
| <input type="checkbox"/> Telehealth            |  |

### Patients with special needs requiring individual (1 on 1) DSME/T

*Check all special needs that apply:*

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> Vision               | <input type="checkbox"/> Hearing                        | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Language Limitations           |                                   |
| <input type="checkbox"/> Additional training  | <input type="checkbox"/> additional hrs requested _____ |                                   |
| <input type="checkbox"/> Telehealth           | Other _____   |                                   |

### DSME/T Content

- |  |  |
|--|--|
| <input type="checkbox"/> Monitoring diabetes                             | <input type="checkbox"/> Diabetes as disease process                   |
| <input type="checkbox"/> Psychological adjustment                        | <input type="checkbox"/> Physical activity                             |
| <input type="checkbox"/> Nutritional management                          | <input type="checkbox"/> Goal setting, problem solving                 |
| <input type="checkbox"/> Medications                                     | <input type="checkbox"/> Prevent, detect and treat acute complications |
| <input type="checkbox"/> Preconception/pregnancy management or GDM       |  |
| <input type="checkbox"/> Prevent, detect and treat chronic complications |  |

Medicare coverage: 10 hrs initial DSMT in 12 month period from the date of first class or visit

### DIAGNOSIS

*Please send recent labs for patient eligibility & outcomes monitoring*

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Type 1      | <input type="checkbox"/> Type 2 |
| <input type="checkbox"/> Gestational | Diagnosis code _____            |

### Complications/Comorbidities

*Check all that apply:*

- |  |                                       |                                  |
|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Hypertension              | <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Stroke  |
| <input type="checkbox"/> Neuropathy                | <input type="checkbox"/> PVD          |                                  |
| <input type="checkbox"/> Kidney disease            | <input type="checkbox"/> Retinopathy  | <input type="checkbox"/> CHD     |
| <input type="checkbox"/> Non-healing wound         | <input type="checkbox"/> Pregnancy    | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Mental/affective disorder | Other _____                           |                                  |

### Medical Nutrition Therapy (MNT)

*Check the type of MNT and/or number of additional hours requested*

- |   |  |
|---|--|
| <input type="checkbox"/> Initial MNT          | <input type="checkbox"/> 3 hours or ____ no. hrs. requested                        |
| <input type="checkbox"/> Annual follow-up MNT | <input type="checkbox"/> 2 hours or ____ no. hrs. requested                        |
| <input type="checkbox"/> Telehealth           | <input type="checkbox"/> Additional MNT services in the same calendar year, per RD |

Additional hrs. requested \_\_\_\_\_

*Please specify change in medical condition, treatment and/or diagnosis:*

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Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis.

### Definition of Diabetes (Medicare)

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register.

Other payors may have other coverage requirements.

Signature and NPI # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Group/practice name, address and phone: \_\_\_\_\_

## Referrals to MNT... As Easy as 1-2-3

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Medical Nutrition Therapy (MNT) improves patient outcomes, quality of life and lowers health-care costs.

Medicare covers outpatient MNT provided by registered dietitians (RDs) for beneficiaries with diabetes, chronic renal insufficiency/end-stage renal disease (non-dialysis renal disease) and/or post kidney transplant. Many other private insurance companies also cover MNT services for a variety of conditions and diseases.

MNT includes nutritional diagnostic, therapeutic and counseling services for the purpose of disease management. Qualifying patients generally receive three hours of MNT in the first year and two hours of MNT in subsequent years. For changes in medical diagnosis, condition or treatment, Medicare covers additional hours of MNT.

Please take these few easy steps to ensure your patients are eligible to receive MNT:

1. Medicare requires a physician order for patients to see an RD for MNT. When making a referral be sure to:
  - Include the diagnosis and diagnosis code(s) for diabetes or non-dialysis kidney disease.
  - Send recent lab data and medications with the referral form.
  - Document the medical necessity for MNT in the patient's medical chart.
2. Encourage your patients, or have your nurse make an appointment with an RD at your local hospital out-patient clinic, physician clinic or the registered dietitian's private practice office.
3. When additional hours of MNT are needed for your patient, another referral and medical record documentation is needed.

Registered dietitians are health-care professionals who provide medical nutrition therapy and preventive nutrition counseling. RDs have:

- A bachelor's degree; most have advanced degrees
- Completed an accredited practice/training program in nutrition
- Certification and a nationally recognized credential
- Professional education requirements

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To Find an RD in Your Area, go to the "Find a Nutrition Professional" section of the American Dietetic Association Web site, [www.eatright.org](http://www.eatright.org).

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## Medical Nutrition Therapy Services

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Medical Nutrition Therapy is covered by a variety of insurance plans. Under the Medicare Part B Program, you can receive nutrition services to help improve your health. Medicare Part B covers medical nutrition therapy for certain conditions including diabetes and kidney disease. You may be eligible for at least 3 hours of medical nutrition therapy services in the first year of care and 2 hours each additional year. Check with your insurance plan for specific medical nutrition therapy coverage details.

Health professionals agree that nutrition services are one of the first treatments that individuals should receive to improve conditions such as diabetes, heart disease and hypertension.

**Together with the Registered Dietitian (RD), you will set nutrition goals to improve your health.**

Medical nutrition therapy provided by a Registered Dietitian includes:

- a review of what you eat and your eating habits
- thorough review of your nutritional health, and
- a personalized nutrition treatment plan.

The first visit with the Registered Dietitian will take approximately one hour. After the first session, the RD will schedule follow-up appointments to check on your progress and see if changes are needed in your nutrition goals and treatment plan.

Ask your doctor if a referral for medical nutrition therapy provided by a Registered Dietitian is right for you. With a physician referral, you can make an appointment to see the RD at your local hospital outpatient department, physician clinic or an RD's practice near your home.

**To find a registered dietitian in your area, visit [www.eatright.org](http://www.eatright.org) and click on "Find a Registered Dietitian" in the upper right.**

**Registered Dietitians are health care professionals** who provide medical nutrition therapy and preventive nutrition counseling. RDs have:

- at least a bachelor's degree
- completed an accredited practice/training program in nutrition
- certification and a recognized credential
- ongoing education