



**MEDICAL NUTRITION THERAPY REFERRAL FORM FOR MEDICARE PATIENTS**

Please note, that medicare ONLY covers medical nutrition therapy (MNT) for diabetes and chronic kidney disease. Medicare ONLY accepts referrals from physicians for MNT – Referrals from a PA or ARNP will be rejected by Medicare.

<b>Date:</b>	<b>Patient Name:</b>
<b>Patient DOB:</b>	<b>Address:</b>
<b>Phone:</b>	<b>Insurance:</b>

Please place a check “✓” next to all applicable diagnoses for the patient listed above

✓	ICD-10	ICD-10 DESCRIPTION	✓	ICD-10	ICD-10 DESCRIPTION
	<b>Type 1 Diabetes Mellitus</b>			<b>Type 2 Diabetes Mellitus Cont.</b>	
	E10.1	Type 1 diabetes mellitus with ketoacidosis		E11.5	Type 2 diabetes mellitus with circulatory complications
	E10.2	Type 1 diabetes mellitus with kidney complications		E11.6	Type 2 diabetes mellitus with other specified complications
	E10.3	Type 1 diabetes mellitus with ophthalmic complications		E11.9	Type 2 diabetes mellitus without other specified complications
	E10.4	Type 1 diabetes mellitus with neurological complications		Z79.4	Long term (current) use of insulin
	E10.5	Type 1 diabetes mellitus with circulatory complications		<b>Chronic Kidney Disease</b>	
	E10.6	Type 1 diabetes mellitus with other specified complications		N18.31	Chronic kidney disease, stage 3a
	E10.9	Type 1 diabetes mellitus without complications		N18.32	Chronic kidney disease, stage 3b
	<b>Type 2 Diabetes Mellitus</b>			N18.4	Chronic kidney disease, stage 4
	E11.0	Type 2 diabetes mellitus with hyperosmolarity		N18.5	Chronic kidney disease, stage 5
	E11.2	Type 2 diabetes mellitus with kidney complications			
	E11.3	Type 2 diabetes mellitus with ophthalmic complications			
	E11.4	Type 2 diabetes mellitus with neurological complications			

The above patient is referred for **medical nutrition therapy** as a necessary part of medical treatment and prevention for the diagnoses listed.

<b>Date</b>		<b>Physician Name</b>	
<b>Office Phone</b>		<b>Physician Signature</b>	
<b>Office Fax</b>		<b>Physician NPI #</b>	

**Please fax this completed form to 844-640-0743**