Medical Nutrition Therapy (MNT) Order Form (Dietitian Services)

(Mercy Medical Center, Nampa, ID 83686)

Medicare patients: MNT is covered under part B for patients referred by a physician who have diabetes or renal disease (non dialysis) diagnosis. First year of diagnosis 3 hours of MNT, 2 hours in each subsequent years; additional hours can be considered medically necessary.

Patient Information

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*Patient's Last Name *Patient's First Name Parent name (if child)

*Date of Birth___/___/___ Medicare HICN#_____ Gender []Male [] Female

_____

Address City State Zip Code

_____

Home Phone Work Phone Other Contact Phone

***Physician's Signature**_____Date_____

Physician's Address_____Phone #_____

Diet Prescriptions: check one

[] RD to determine (If number of visits is **not** checked referral is good for one year.)

Visit Numbers []4 [] 3 [] 2 [] 1

***Reason for referral**: Check or Write-in Diagnosis.

[] Type 1 uncontrolled diabetes/new (250.03)
[] Type 2 uncontrolled diabetes/new (250.02)
[] Insulin Resistance (790.99)
[] Impaired glucose tolerance (790.2)
[] Impaired fasting glucose (790.2)
[] Reactive or Fasting hypoglycemia (251.2)
[] Polycystic Ovarian Syndrome (256.4)

[] Crohn's Disease (555.9)
[] Ulcerative Colitis (556.0)
[] Dumping Syndrome (564.2)
[] Celiac Disease; Gluten Intolerance (579.0)

[] Hyperlipidemia (272.2)
[] Hypercholesterolemia (272.0)
[] Hypertriglyderidemia (272.1)

[] Gestational Diabetes (248.8)

[] Morbid Obesity (278.01)
[] Obesity, unspecified (278.00)
[] Anorexia (783.0)
[] Abnormal weight gain (783.41)
[] Weight Loss (unintentional or undesirable) (783.41)
[] Failure to thrive-child (783.41)
[] Failure to thrive-adult (783.7)
[] Food allergies (693.1)

[]Other_____

* Item's Required

Comments:

Fax form along with appropriate labs and last PCP visit to 208-463-5725
If questions call April @ 208-463-5732