



7116 Stinson Ave. Suite A206, Gig Harbor 98335

Physician Referral Form for Medical Nutrition Therapy by a Registered Dietitian
Physicians, please send to LNW's private fax (253) 559-5118

Patient's name: _____

D.O.B.: _____ Patient Phone Number: _____

Insurance Name/Policy No/Group: _____

Diagnosis and diagnosis code (please use ICD-10):

(Indicate diagnosis codes to the highest level of specificity)

For ex: Diabetes mellitus w/out mention of complication, type II, uncontrolled; 250.02

Example: To provide medical nutrition therapy for uncontrolled Diabetes

Physician:

(Written signature and date)

Printed Name

_____ Date: _____

NPI: _____ Physician phone/fax: _____

Tips for completing the physician referral form

♦ This form may be used for all clients/individuals who the physician refers to the RD for MNT, including Medicare Part B beneficiaries.

♦ For the Medicare Part B MNT benefit, the diagnosis must be diabetes, gestational diabetes, non-dialysis kidney disease, or post-transplant kidney disease.

♦ Indicate diagnosis code(s) to the highest level of specificity, e.g. the fifth digit such as 250.02 (diabetes mellitus without mention of complications, type II, uncontrolled).

♦ There is a difference between treating 2 conditions, and 2 conditions being present at the time of the referral. The principle diagnosis is the reason to provide MNT.

- ♦ Type 2 patients/clients using insulin are still coded as Type 2.
- ♦ Diabetes can be coded as controlled or uncontrolled. The statement “poor control” would be coded to “controlled.” For diabetes to be coded as “uncontrolled” the physician order and documentation must specifically state “uncontrolled.”
- ♦ Late or chronic complications of diabetes, such as nephropathy, foot ulcers or neuropathy, must be identified as having a diabetic origin in order to be coded as such. Documenting only “diabetes and nephropathy,” or “diabetes with nephropathy” does not establish a causal relationship. Instead, document as “diabetic neuropathy,” or “nephropathy due to diabetes”.
- ♦ Supporting Documentation for Diagnoses. The diagnoses recorded in the patient’s medical record must be supported by physician documentation. Supporting documentation includes written progress notes, transfer forms, hospital documentation (i.e. history & physical (H&P), discharge summary), consultation reports, etc. that have been signed by the physician. If a more specific diagnosis is needed, the physician must be consulted and provide supporting documentation.
- ♦ RD’s cannot diagnosis or determine a more specific diagnosis without consulting with the physician and obtaining supporting documentation.
- ♦ For Medicare Part B MNT, the MD indicates MNT for an ‘episode of care’. If the number of visits in the episode of care are exhausted, and based on medical necessity additional visits are needed, the physician should complete another written physician referral form for the extra visits.
- ♦ MDs do not need to indicate a prescriptive diet or calorie level for the order. This will be determined by the RD during the MNT assessment and based on the national protocol/guides for practice.
- ♦ Discontinuing an order when a new order is obtained. When a physician changes a physician order that is currently in place, the original order must be discontinued first and a new order written that reflects the change.
- ♦ Telephone Orders. Orders received by telephone should be countersigned by the physician within the required time frame as defined by state law. In absence of a state law, facility policy should define the time frame for countersignature (e.g. 14 days). Federal regulations do not specify a timeframe for countersignature by the physician.
- ♦ Fax Orders. Orders received and signed via fax may be accepted until the original is provided. At that time, the fax copy may be destroyed. When fax is used as a means of communication with the physician, both the physician’s office and the facility should retain the fax documents as part of the patient’s medical record. The physician's office should be able to produce the order with the original signature upon request. All faxed information must be clearly identified with the patient’s name and medical record number.
- ♦ Authentication / Obtaining Signatures. Orders must be countersigned within the required period of time usually determined by state law or facility policy. Federal regulations do not define a time period in which telephone orders are to be authenticated. All orders must be signed by the authorizing physician. No physician will authorize through their signature an order that was given / written by another physician.



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