

The MNT Referral Process

Referring a patient for MNT should be as simple as one, two three.

- Request your patient to contact MNT Northwest for an appointment,
- Complete a referral form, and
- Fax it to MNT Northwest (503-652-5080) with supporting diagnostic lab results.

Instructions for completing The MNT Physician Referral Form

Complete the referral form with the following information:

- Patients name, ID and contact information
- Diagnosis and diagnosis code (ICD-9 code)
- The Order
- Physician's name, signature, contact information and NPI

Attach a **copy of supporting diagnostic lab results** such as the clinical laboratory report.

(See example below)

Common ICD-9 codes that qualify for Medicare reimbursed MNT

Diabetes mellitus = 250.0

- with: ketoacidosis add .1
 hypersomolarity add .2
 coma add .3
 renal manifestations add .4
 ophthalmic manifestations add .5
 neurological add .6
 peripheral vascular disease add .7
 other specified manifestation add .8
 unspecified complication add .9
- If type 2 add .00
If type 1 add .01
If type 2 uncontrolled add .02
If type 1 uncontrolled add .03

Chronic renal failure = 585.00

(Medicare does not cover MNT for patients on dialysis)

(example)

Medical Nutrition Therapy Physician Referral Form

Patient's name: John Doe

Patient's Date of Birth: 06/22/77 Patient's Phone: 555-555-5555

Diagnosis and diagnosis code:

(Indicate diagnosis codes to the highest level of specificity)

Diabetes mellitus without mention of complications, type II, uncontrolled: 250.02

Order: RD to provide medical nutrition therapy (episode of care) for uncontrolled

Diabetes

Physician information:

(Written signature and date)

Signature

Date: _____

Print name

NPI: _____ Physician phone: _____

Physician fax: _____

Please print Physician Referral Form, complete and fax to 503-652-5080. Thank You.

Provided by Medical Nutrition Therapy Northwest
Offices: 13568 SE 97th Ave, Suite 100, Clackamas, Oregon, 97015
Phone: 503-652-5070 Fax: 503-652-5080 Email: info@MNTnorthwest.com