Medical Nutrition Therapy (MNT) Referral Form

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Provided at Blount Discount Diabetes Education Center

131 Montgomery Ln ● Maryville, TN ● 37803 ● (865) 681-9111 (phone) ● (865) 681-8226 (fax)

Patient Name:_____ DOB:_____/_____/_____ Gender: ☐ Male ☐ Female

Address:_____

Home Phone:_____ Other Phone:_____ Social Security #:_____

Medicare provides coverage for Medical Nutrition Therapy (MNT) services for beneficiaries with a diagnosis of diabetes or renal disease (GFR 15-50 ml/min/1.73 m^2, excluding dialysis). This service includes individual lifestyle assessment and nutrition counseling. Eligible beneficiaries are able to receive 3 hours for initial calendar year and 2 follow-up hours every year thereafter.

Medical Nutrition Therapy (MNT)

Initial group MNT: ☐ 3 hours
Annual Follow-up MNT: ☐ 2 hours

Medicare covers 3 hours of initial MNT for eligible patients and 2 hours of follow-up MNT every year thereafter

Diagnosis

Type 1: ☐ Type 2: ☐ Renal insufficiency: ☐

Diagnosis Code (ICD-10):_____

DSME Content

Please specify in which area patient needs the most education

- ☐ Monitoring Diabetes
- ☐ Diabetes as disease process
- ☐ Psychological Adjustment
- ☐ Physical Activity
- ☐ Nutritional Management
- ☐ Goal Setting, Problem Solving
- ☐ Medications (Cost/Adherence)
- ☐ Managing Acute Complications
- ☐ Preventing Chronic Complications

Complications and Comorbidities

Please specify any complications and/or comorbidities

- ☐ Hypertension
- ☐ Dyslipidemia
- ☐ Stroke
- ☐ Neuropathy
- ☐ PVD
- ☐ CHF
- ☐ CKD
- ☐ Retinopathy
- ☐ Obesity
- ☐ Non-healing wound
- ☐ Pregnancy
- ☐ Mental/affective d/o
- ☐ Other:

Please complete form and fax to **(865) 681-8226** along with **recent labs** for patient eligibility and outcomes monitoring.

Signature:_____ NPI:_____ Date:_____/_____/_____

Group/Practice name, address and phone:_____