

Medical Nutrition Therapy (MNT) Referral Form

TurnWheel, LLC
Phone: 817-751-7001
Fax: 817-887-4246
Email: Info@Turn-Wheel.com
www.Turn-Wheel.com

Instructions: Please complete this form and fax signed copy along with all pertinent labs, medication list, H&P and other supporting documents to TurnWheel, LLC via secure efax at 817-887-4246. Please also have your patient **book an appointment at Turn-Wheel.com/Plans and select Medical Nutrition Therapy Initial Visit**. The patient will have additional forms to complete before the first appointment. Please call with any questions or if you need assistance in coordinating care. Thank you for your business!

Patient Name:

Date of birth:

Gender

Male/Female

Patient Representative:

Email:

Home Address:

Daytime Phone Number:

Special Needs:

Language

Hearing/Speech/Vision

Learning

Other

**MNT is a Medicare Part B benefit for diabetes, pre-dialysis chronic kidney disease (GFR 13-50 mL/min/1.73 m²) and for the period of 36 months following a kidney transplant. Eligible beneficiaries may receive 3 hours for the first calendar year and 2 follow-up hours every year after.

Primary Diagnosis and reason for referral:

Common MNT ICD-10 Codes

Circle all that apply

E66.0 Obesity due to excess calories

Z68.3 BMI 30 and up

Z68.4 BMI 40 and up

Z68.1 BMI 19 or less

Z98.84 Bariatric surgery status

E88.81 Metabolic syndrome

R73.9 Hyperglycemia, unspecified

E78.1 Pure hyperglyceridemia

E78.0 Hypercholesterolemia

E78.2 Mixed hyperlipidemia

R73.03 Pre-diabetes

E10 Type 1 diabetes mellitus

E11 Type 2 diabetes mellitus

O24.1 Pre-existing Type 2 diabetes with pregnancy

O24.4 Gestational diabetes mellitus

O21 Excessive vomiting with pregnancy

I10 Essential (primary) hypertension

I15 Secondary hypertension

G47.3 Sleep apnea

Z72.4 Inappropriate diet and eating habits

R63.4 Abnormal weight loss

K29.6 Other gastritis

K21 Gastroesophageal reflux disease

K50 Crohn's disease

K51 Ulcerative colitis

K58 Irritable bowel syndrome

K59 Constipation

K90.0 Celiac disease

K86.1 Other chronic pancreatitis

O21 Coronary bypass surgery

N18 Chronic kidney disease

K75.81 Nonalcoholic steatohepatitis (NASH)

Z94.4 Liver transplant status

Z94.0 Kidney transplant

Z93.1 Gastrostomy status

M1A Chronic gout

N91.2 Amenorrhea, unspecified

E55 Vitamin D deficiency

D50 Iron deficiency anemia

Physician Signature:

Office Phone Number :

Printed Name:

Office Fax:

Group Practice Name:

NPI/State License Number

Address:

City / Province :

Notice of Confidentiality

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Tips for completing the (MNT) Referral Form

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- This form may be used for all clients/individuals who the physician refers to TurnWheel, LLC for MNT, including Medicare Part B beneficiaries.
- For the Medicare Part B benefit, the diagnosis must be diabetes, gestational diabetes, chronic kidney disease (GFR 13-50) or up to 36 months post kidney transplant. Kidney transplant patients with a GFR 13-50 may receive additional MNT, past 36 months with an MD referral.
- Please indicate diagnosis code(s) to the highest level of specificity such as E13:21 "Other specified diabetes mellitus with diabetic nephropathy".
- The principle diagnosis is the reason to provide MNT.
- Patients with Type 2 diabetes who are insulin dependent are still coded as Type 2.
- Diabetes can only be coded as "controlled" or "uncontrolled".
- Late or chronic complications of diabetes such as nephropathy, foot ulcers or neuropathy must be identified as having a diabetic origin to have a causal relationship. Examples: "diabetic neuropathy" or "nephropathy due to diabetes".
- Supporting documentation for the diagnoses includes written progress notes, transfer forms, hospital documentation (H&P, discharge summary), consultation reports signed by the MD. RD's cannot diagnose or determine a more specific diagnosis without MD supporting documentation.
- MD's do not need to indicate a therapeutic diet or calorie level for the order. This will be determined by the RD during the MNT assessment based on practice guidelines.
- When a physician changes an order that is currently in place, the original order must be discontinued first and a new order written that reflects the change.

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