

Leominster Campus  
 60 Hospital Road  
 Leominster, MA 01453  
**FAX #: 978-466-4745**

**Outpatient Nutrition Services  
 Referral / Order Form**

**Legend**  
 > = greater than  
 < = less than

**To make a referral to Outpatient Nutrition Services, complete this form and FAX to the Leominster campus. Central Scheduling will contact the patient for an appointment.**

<p><b>▶ PATIENT DATA</b></p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Phone: _____</p> <p>Insurance plan: _____</p> <p>Policy ID #: _____</p> <p>Pre-authorization attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Patient allowed to exercise: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____</p>	<p><b>▶ PHYSICIAN DATA</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____ Fax: _____</p> <p><b>Signature:</b> _____</p> <p><b>NPI:</b> _____</p> <p><b>Referral Date:</b> _____ <b>Time:</b> _____</p>
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**▶ ORDERED SERVICES**       Initial Medical Nutrition Therapy (MNT)       Follow-Up Medical Nutrition Therapy

**▶ REQUIRED DIAGNOSTIC CRITERIA**       Glomerular Filtration Rate 13-50 ml/min/1.73m<sup>2</sup>

Fasting Blood Glucose ≥ 126 mg/dl       Random BG greater than 200 (Actual: \_\_\_\_\_)      **OR**       2 hr GTT ≥ 200

**▶ OTHER PERTINENT LABS**

A1c: \_\_\_\_\_ Trig: \_\_\_\_\_ Chol: \_\_\_\_\_ LDL-C: \_\_\_\_\_ HDL-C: \_\_\_\_\_ Other: \_\_\_\_\_

**▶ DIAGNOSES (REASON FOR REFERRAL) Check ALL That Apply For Reimbursement and Medical Necessity**

	ICD-9	ENDOCRINE:		ICD-9	RENAL:
	250.01	Type 1 diabetes		585.1	CKD, Stage 1
	250.03	Type 1 diabetes, uncontrolled		585.2	CKD, Stage II (mild)
	250.00	Type 2 diabetes		585.3	CKD, Stage III (moderate)
	250.02	Type 2 diabetes, uncontrolled		585.4	CKD, Stage IV (severe)
	648.83	Gestational diabetes mellitus		585.5	CKD, Stage V
	277.7	Syndrome X, dysmetabolic		585.6	CKD, End Stage Renal Disease
		<b>CARDIOVASCULAR:</b>		585.9	CKD, Unspecified
	401.9	Hypertension			<b>CARCINOMA:</b>
	272.0	Hypercholesterolemia			Please specify:
	272.1	Hypertriglyceridemia			<b>WEIGHT CONTROL:</b>
	272.4	Hyperlipidemia		278.00	Obesity, unspecified (BMI 30-39.9)
		<b>GASTROINTESTINAL:</b>		278.01	Obesity, morbid (BMI ≥ 40)
	562.10	Diverticulosis		278.02	Overweight (BMI 25-29.9)
	562.11	Diverticulitis		783.22	Underweight (BMI ≤ 19)
	555.9	Crohn's disease		783.21	Abnormal wt loss/Loss of weight
	556.9	Ulcerative colitis		263.9	Malnutrition
	564.0	Constipation		783.7	Adult
	575.9	Gallbladder disease		783.41	Childhood/Adolescent
	579.0	Celiac disease		779.34	Newborn (up to 28 days of life)
	271.3	Lactose intolerance			<b>DISORDERED EATING PATTERNS:</b>
	V15.01	Allergy to peanuts		783.0	Anorexia (Loss of appetite)
	V15.05	Allergy to foods, food additives, Nuts other than peanuts		307.1	Anorexia Nervosa
				783.6	Bulimia excessive eating hyperalimentionation non-organic
				304.51	Bulimia Nervosa overeating of non organic origins
					<b>OTHER:</b>