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MEDICAL NUTRITION THERAPY REFERRAL FOR MEDICARE

Please note: Medicare only covers medical nutrition therapy (MNT) for diabetes and chronic kidney disease. Medicare does **not** cover pre-diabetes. Referral must be signed by MD or DO only.

Patient Name:	DOB:
Phone:	Insurance:
Address:	

Please check all applicable diagnoses:

✓	ICD-10	ICD DESCRIPTION	✓	ICD 10	ICD-10 DESCRIPTION
		Type 1 DM			Type 2 DM Continued
	E10.1	Type 1 diabetes mellitus with ketoacidosis		E11.5	Type 2 diabetes mellitus with circulatory complications
	E10.2	Type 1 diabetes mellitus with kidney complications		E11.6	Type 2 diabetes mellitus with other specified complications
	E10.3	Type 1 diabetes mellitus with ophthalmic complications		E11.9	Type 2 diabetes mellitus without other specified complications
	E10.4	Type 1 diabetes mellitus with neurological complications			
	E10.5	Type 1 diabetes mellitus with circulatory complications			
	E10.6	Type 1 diabetes mellitus with other specified complications			
	E10.9	Type 1 diabetes mellitus without complications			
		TYPE 2 DM			CHRONIC KIDNEY DISEASE
	E11.0	Type 2 diabetes mellitus with hyperosmolarity		N18.3	Chronic kidney disease, stage 3
	E11.2	Type 2 diabetes mellitus with kidney complications		N18.4	Chronic kidney disease, stage 4
	E11.3	Type 2 diabetes mellitus with ophthalmic complications		N18.5	Chronic kidney disease, stage 5
	E11.4	Type 2 diabetes mellitus with neurological complications			

The above patient is referred for medical nutrition therapy as a necessary part of the medical treatment and prevention for the diagnoses listed.

Physician Name	
Physician Signature	
Date	
Physician NPI	

PLEASE FAX COMPLETED FORM TO 786-901-8333

The information requested above is Protected Health Information (PHI) and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust," all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.