CHI Health

P00010

DIABETES EDUCATION

CERTIFICATE OF MEDICAL NECESSITY FOR OUTPATIENT MEDICAL NUTRITION THERAPY

Name			Date of Birth	
Home / Cell Phone	Work Phone			
Address	City		State	Zip + 4
Insurance	Age	Sex ☐ M ☐ F	Ht	Wt
Physician	Physician Phone		Physician Fax	

Medical Nutrition Therapy (MNT)

☐ Initial MNT
☐ Annual followup MNT
☐ Additional MNT services in the same calendar year, per RD recommendations. Please specify change in diagnosis, medical condition, or treatment regimen.

Diagnosis / ICD-10 Code:

☐ Type I controlled/uncontrolled	☐ Obesity	☐ CKD III IV V	☐ Dysphagia
☐ Type 2 controlled/uncontrolled	☐ Underweight	☐ IBS	☐ Gastroparesis
☐ Gestational Diabetes	☐ Hypertension	☐ Celiac	☐ Liver Disease
☐ Pre Diabetes	☐ Hyperlipidemia	☐ GERD	☐ Food Allergy

Special Needs (check all that apply)

☐ Language ☐ Vision ☐ Hearing ☐ Cognitive Impairment ☐ Physical/Exercise Limitations

Other Notes:

Please fax copy of labs and recent office visit notes.

Provider Signature	Provider NPI Number	Order Date

MNT for Medicare patients can only be ordered by a physician.

Suggested expiration date one year from initial order date.

Please FAX to (402) 818-1917
For Scheduling: (402) 717-9115

Comments: _____

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