Rhode Island Hospital
A Lifespan Partner

MEDICAL NUTRITION THERAPY REFERRAL

Date: ____/____/____

Patient Name: ____

Address: ____

____

Telephone: ____ D.O.B.: ________________________

Primary Language: ___________________________________
Interpreter Required Yes: ________ No: _____________

Referring Physician: ____

Address: ____

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Telephone #: _________________________ Fax #: _____________________________

Contact person if applicable and phone #: ____

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Insurance: *(Include policy number below. Check all that apply)*:

☐ NHPRI RIte Care ☐ UHPNE RIte Care ☐ Tuft's ☐ Harvard Pilgrim ☐ Aetna	☐ BCBSRI Product: _____________ ☐ BlueChip ☐ BlueChip RIte Care ☐ Lifespan Blue ☐ Health Mate Coast to Coast	☐ Cigna ☐ HealthNet ☐ Medicaid/SSI- Rhode Island ☐ Medicaid/SSI- Massachusetts	☐ Katie Beckett ☐ No Coverage ☐ Other Insurer/Info (policy/auth #) ______________________________

Policy Number: _____________________ Guarantor: _____________________ Referral Number: ________________
Number of Visits: _________ Expiration Date: ___________

Reason for Referral (Specify the ICD-10 Diagnosis – check all that apply):

☐ Abnormal Glucose (Other) (Not covered by Medicare)	R73.09	☐ Dermatitis due to ingested food	L27.2	☐ Nutritional deficiency, unspecified E63.9 There are codes for individual nutrient deficiencies
☐ Abnormal Wt Gain	R63.5	☐ Gastrointestinal Food Allergy	K52.2	☐ Obesity (Unspecified)/Overweight E66.9
☐ Abnormal Wt Loss	R63.4	☐ Hypercholesterolemia	E78.0	☐ Obesity (morbid/severe) E66.01
☐ CKD, stage 3 (moderate)	N18.3	☐ Hyperlipidemia, Mixed	E78.2	☐ Underweight R63.6
☐ CKD, stage 4 (severe)	N18.4	☐ Hyperglyceridemia	E78.1	☐ Other (Specify **ICD-10** code):
☐ DM Type 2 or unspecified	E11.9	☐ Impaired Glucose Tolerance	R73.02	
☐ DM, Type 1, w/o complications	E10.9	☐ Iron deficiency anemia, unspecified	D50.9	
***Pre DM** (not covered by Medicare)*		☐ Irritable bowel synd w/ diarrhea	K58.0	
☐ Elevated BP w/o HTN	R03.0	☐ Irritable bowel synd w/o diarrhea	K58.9	
☐ Essential (Primary) HTN	I10	☐ Malnutrition	E46	
☐ Failure to Thrive – Adult	R62.7	☐ Metabolic Syndrome	E88.81	

Additional Information: ____
Physician Signature: ____

Please check with insurance plan prior to referring patient for nutrition counseling to verify patient's plan covers nutrition visits. Insurance coverage varies based on individualized plans. Medicare Medical Nutrition Therapy Benefit covers Diabetes and CKD (non-dialysis) only.

Please fax referral to (401)444-6360

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