**Health care provider, please select the ICD-10 code(s) that indicate your patient’s need for Medical Nutrition Therapy from the Registered Dietitian noted above. Place a √ in the box that best describes the patient’s diagnosis. Please securely fax this form to the number above.**

**YOUR CLIENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **√** | **ICD -10** | **ICD – 10 Description** |
|  |  | **No Specific Diagnosis** |
|  | Z71.3 | Dietary counseling and surveillance |
|  |  | **Pregnancy** |
|  | O21.0 | Mild hyperemesis gravidarum |
|  | O21.2 | Late vomiting of pregnancy |
|  | O26.10 | Low weight gain in pregnancy, unspecified trimester |
|  | O99210 | Obesity complicating pregnancy, unspecified trimester |
|  | O24.410 | Gestational diabetes mellitus, diet controlled |
|  | O24.414 | Gestational diabetes mellitus, insulin-controlled |
|  | O26.00 | Excessive weight gain in pregnancy |
|  |  | **Diabetes** |
|  | E10.9 | Type 1 diabetes |
|  | E11.8 | Type 2 diabetes |
|  | R73.03 | Pre-Diabetes |
|  |  | **Weight Management** |
|  | E66.3 | Overweight |
|  | E66.9 | Obesity, unspecified |
|  | R63.4 | Abnormal weight loss |
|  | R63.6 | Underweight |
|  |  | **Gastrointestinal** |
|  | K59 | Constipation |
|  | K90 | Celiac Disease |
|  | R14.0 | Bloating |
|  | K58 | Irritable bowel syndrome |
|  |  | **Other** |
|  | D50.9 | Iron deficiency anemia, unspecified |
|  | E78.2 | Mixed hyperlipidemia |
|  | E78.5 | Hyperlipidemia, unspecified |
|  |  |  |

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

Physician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print MD name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD’s NPI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIPPA compliant fax # where our correspondence to you should be sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_