

Referral for Outpatient Nutrition Services with Registered Dietitian

Complete all sections. FAX this page, recent patient care note, & labs to preferred service location (see page 2).

Patient Name: _____ DOB: _____

Patient Preferred Contact Number: _____

Primary Reason for Medical Nutrition Therapy: (Check all that apply):

E66.01: Morbid (severe) obesity (<i>BMI</i> \geq 40)	E78.0: Pure hypercholesterolemia
E66.9: Obesity, unspecified (<i>BMI</i> 30-39.9)	E78.1 Pure hyperglyceridemia
E66.3: Overweight (<i>BMI</i> 25-29.9)	E78.2: Mixed hyperlipidemia
E88.81: Metabolic syndrome	78.5: Hyperlipidemia, unspecified
R63.4: Abnormal weight loss	I10: Hypertension
R63.6 Underweight	I50.9: Heart failure, unspecified
E43: Unspecified severe protein-calorie malnutrition	K50.90: Crohn's disease, unspecified
E44.0 Moderate protein-calorie malnutrition	K51.90: Ulcerative colitis, unspecified
R13.10: Dysphagia, unspecified	K52.2: Allergic and dietetic gastroenteritis and colitis
R73.03: Prediabetes	K58.9: Irritable bowel syndrome, unspecified
E11.9: Type 2 diabetes mellitus (DM) without complications	K59.00 Constipation, unspecified
E11.8: Type 2 DM with unspecified complications	K90.0 Celiac disease
O24.410: Gestational DM, diet-controlled	N18.31: Chronic kidney disease, Stage 3a
E28.2: Polycystic ovarian syndrome	N18.32: Chronic kidney disease, Stage 3b
E03.9 Hypothyroidism, unspecified	N18.4: Chronic kidney disease, Stage IV
Z71.3 Dietary counseling and surveillance	

Other ICD-10 Diagnosis Code (Please specify): _____

Treatment plan: Initial Consult + _____ number of follow-up visits

Physician Signature: _____ Date: _____

Referring Physician: _____ NPI#: _____

Office Phone: _____ Office Fax: _____

Attach patient's insurance page or provide information below:

Insurance Company: _____

Id Number: _____ Group: _____

Thank you for your referral!

Patients are encouraged to contact their preferred service location to schedule an appointment.



This page is for physician office/patient information only and does not need to be faxed with the referral.
In-person or Telehealth appointments available at these BayCare locations:

Mease Dunedin Hospital

646 Virginia St., Suite 400
Dunedin, FL 34698

Phone: (727) 734-6391 | **Fax: (727) 333-6276**
Email: MDHMNT@baycare.org

Morton Plant Hospital

300 Pinellas St.
Clearwater, FL 33756
Phone: (727) 462-7459 | **Fax: (727) 462-7468**
Email: MPHMNT@baycare.org

Morton Plant North Bay Hospital

6600 Madison St.
New Port Richey, FL 34652
Phone: (727) 843-4516 | **Fax: (727) 859-4885**
Email: NBYMNT@baycare.org

BayCare Hospital Wesley Chapel

4501 Bruce B Downs Blvd
Wesley Chapel, FL 33544
Phone: (813) 914-1752 | **Fax: (813) 605-6235**
Email: BHWCMNT@baycare.org

Bartow Regional Medical Center

2200 Osprey Blvd.
Bartow, FL 33830
Phone: (863) 519-1525 | **Fax: (863) 229-7613**
Email: BRMCMNT@baycare.org

St. Joseph's Hospital

3001 W. Dr. Martin Luther King Jr. Blvd.
Tampa, FL 33607
Phone: (813) 870-4886 | **Fax: (727) 333-6024**
Email: SJHMNT@baycare.org

St. Joseph's Hospital-North

4211 Van Dyke Road
Lutz, FL 33558
Phone: (813) 443-7772 | **Fax: (813) 605-6127**
Email: SNJMNT@baycare.org

St. Joseph's Hospital-South

6901 Simmons Loop
Riverview FL, 33578
Phone: (813) 605-3280 | **Fax: (813) 605-6101**
Email: SJSMNT@baycare.org

South Florida Baptist Hospital

3202 N Park Rd
Plant City, FL 33566
Phone: (813) 757-1207 | **Fax: (813) 605-6082**
Email: SFBMNT@baycare.org

Outpatient Medical Nutrition Therapy: <https://baycare.org/specialties-and-treatments/nutrition-therapy>

Insurance Coverage Guide:

Medical Nutrition Therapy is commonly covered by health insurance, but details vary by provider and plan. Despite medical necessity, not all health insurance plans provide coverage for nutrition treatment. Prior to scheduling appointment(s), we recommend you confirm your coverage for nutrition services with your insurance provider. The CPT codes for this service are 97802 for initial assessment and 97803 for follow-up assessments.

Tips for understanding insurance coverage for Nutrition Therapy. Ask your insurance provider:

Does my policy cover Outpatient Medical Nutrition Therapy?

How many sessions, hours, or units are covered?

Are virtual, in-person, or both types of sessions covered?

For your records, write down the insurance representative's name, date, & time to document your call.

Price Estimates:

Contact the BayCare Central Pricing Office at (813) 852-3116 to obtain an estimate for the cost of this service. A Price Estimator tool is available online at www.myestimator.org.

