

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):*

- | | |
|---|---|
| <input type="checkbox"/> E66.01: Morbid (severe) obesity (<i>BMI</i> \geq 40) | <input type="checkbox"/> E78.0: Pure hypercholesterolemia |
| <input type="checkbox"/> E66.9: Obesity, unspecified (<i>BMI</i> 30-39.9) | <input type="checkbox"/> E78.1 Pure hyperglyceridemia |
| <input type="checkbox"/> E66.3: Overweight (<i>BMI</i> 25-29.9) | <input type="checkbox"/> E78.2: Mixed hyperlipidemia |
| <input type="checkbox"/> E88.81: Metabolic syndrome | <input type="checkbox"/> E78.5: Hyperlipidemia, unspecified |
| <input type="checkbox"/> R63.4: Abnormal weight loss | <input type="checkbox"/> I10: Hypertension |
| <input type="checkbox"/> R63.6 Underweight | <input type="checkbox"/> I50.9: Heart failure, unspecified |
| <input type="checkbox"/> E43: Unspecified severe protein-calorie malnutrition | <input type="checkbox"/> K50.90: Crohn's disease, unspecified |
| <input type="checkbox"/> E44.0 Moderate protein-calorie malnutrition | <input type="checkbox"/> K51.90: Ulcerative colitis, unspecified |
| <input type="checkbox"/> R13.10: Dysphagia, unspecified | <input type="checkbox"/> K52.2: Allergic and dietetic gastroenteritis and colitis |
| <input type="checkbox"/> R73.03: Prediabetes | <input type="checkbox"/> K58.9: Irritable bowel syndrome, unspecified |
| <input type="checkbox"/> E11.9: Type 2 diabetes mellitus (DM) without complications | <input type="checkbox"/> K59.00 Constipation, unspecified |
| <input type="checkbox"/> E11.8: Type 2 DM with unspecified complications | <input type="checkbox"/> K90.0 Celiac disease |
| <input type="checkbox"/> O24.410: Gestational DM, diet-controlled | <input type="checkbox"/> N18.31: Chronic kidney disease, Stage 3a |
| <input type="checkbox"/> E28.2: Polycystic ovarian syndrome | <input type="checkbox"/> N18.32: Chronic kidney disease, Stage 3b |
| <input type="checkbox"/> E03.9 Hypothyroidism, unspecified | <input type="checkbox"/> N18.4: Chronic kidney disease, Stage IV |
| <input type="checkbox"/> 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
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

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: SJNMNT@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

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.

