



Referral for Medical Nutrition Therapy

Better Health Nutrition LLC

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To Schedule, Either: (1) Have patient call office (929) 486-2981;
Or (2) have patient schedule online: www.bhnutrition.org .
Or (3) Provide patient phone number and I will call them to schedule.

Patient Name: _____ Patient Date of Birth: _____
Patient's Phone Number: _____

Above patient is referred for medical nutrition therapy for treatment and prevention of the diagnoses listed below. CPT Codes for Nutrition Assessments: 97802, 97803, 99401

✓ Check all diagnoses that apply to this referral or write in any additional diagnoses that apply in the empty boxes below.

- | | | |
|--|--|---|
| <input type="checkbox"/> E10.8 Type 1 diabetes mellitus with unspecified complications | <input type="checkbox"/> E66.01 Morbid (severe) obesity due to excess calories | <input type="checkbox"/> O26.00 Excessive weight gain in pregnancy, unspecified trimester |
| <input type="checkbox"/> E11.8 Type 2 diabetes mellitus with unspecified complications | <input type="checkbox"/> E66.3 Overweight | <input type="checkbox"/> O26.10 Low weight gain in pregnancy, unspecified trimester |
| <input type="checkbox"/> R73.03 Pre-diabetes | <input type="checkbox"/> E66.9 Obesity, unspecified - obesity NOS | <input type="checkbox"/> O99210 Obesity complicating pregnancy, unspecified trimester |
| <input type="checkbox"/> N18.5 Chronic kidney disease, stage 5 | <input type="checkbox"/> R63.4 Abnormal weight loss | <input type="checkbox"/> O24.410 Gestational diabetes mellitus, diet controlled |
| <input type="checkbox"/> N18.4 Chronic kidney disease, stage 4 | <input type="checkbox"/> R63.6 Underweight | <input type="checkbox"/> O24.414 Gestational diabetes mellitus, insulin-controlled |
| <input type="checkbox"/> N18.32 Chronic kidney disease, stage 3b | <input type="checkbox"/> I10 Essential (primary) hypertension | <input type="checkbox"/> E03.9 Hypothyroidism, unspecified |
| <input type="checkbox"/> N18.31 Chronic kidney disease, stage 3a | <input type="checkbox"/> E78.5 Hyperlipidemia, unspecified | <input type="checkbox"/> E28.2 Polycystic Ovarian Syndrome |
| <input type="checkbox"/> N18.2 Chronic kidney disease, stage 2 | <input type="checkbox"/> E88.81 Metabolic syndrome | <input type="checkbox"/> D50.9 Iron deficiency anemia, unspecified |
| <input type="checkbox"/> N18.1 Chronic kidney disease, stage 1 | <input type="checkbox"/> K58 Irritable bowel syndrome | |
| | <input type="checkbox"/> K90.0 Celiac disease | |
| | <input type="checkbox"/> K75.8 Nonalcoholic steatohepatitis (NASH) | |

*****Please attach labs and any other information you would like the Dietitian to have*****
Independence Blue Cross patients submit referral to PEAR portal

Physician Signature _____ Physician Print Name _____

NPI# _____ FAX _____ Date _____

The information requested above is Protected Health Information required for a referral to a specialist under this patient's health care plan. All information will remain confidential and compliant with HIPAA health care practices.