



Dear Providers,

Our pediatric registered dietitian (RD) at Peyton Manning Children's Hospital Center for Children in Evansville is available to children with a physician's referral as part of our outpatient nutrition services. We offer services for newborns to age 18 years.

- Adolescent Medicine – food allergies, failure to thrive, overweight and obesity
- Developmental-Pediatric Behavior Clinic – picky eaters
- Endocrinology and Diabetes – nutrition management and education
- Gastroenterology – digestive disorders and feeding management
- Weight Management – overweight, obesity, underweight, and failure to thrive
- *We are unable to accept a referral for eating disorders at this time and recommend considering a referral to pediatric psychology.*

A physician referral is needed before scheduling an outpatient consult.

Please review the following steps to refer your patient to our service:

1. Complete the attached referral form and fax to 812-485-1812.
2. If you are within the Ascension St. Vincent network, you may submit a referral by ordering a "Nutritionist/Dietitian referral." Please include the prior authorization number or otherwise indicate that "no prior authorization is required" in the action notes.
3. Please confirm that the patient's insurance coverage includes dietary services before submitting a referral. Additional information which may be necessary to obtain a prior authorization is included below:

CPT Code: 97802 Medical Nutrition Therapy, Initial Consult

97803 Medical Nutrition Therapy, Follow up

Group NPI#: 1427082957

Tax ID: 35-0869065

4. Please inform families that an appointment with a dietitian is a separate service and they will receive a separate statement from Ascension St. Vincent. Additionally, please inform

Thank you for referring your patients to Pediatric Nutrition Services at Peyton Manning Children's Hospital in Evansville. We strive to provide excellent patient care and are committed to continuously improving the patient experience.



Peyton Manning Children's Hospital

Ascension St. Vincent

Medical Nutrition Therapy (Pediatric) Order
Pediatric Nutrition Services
3700 Washington Avenue
Evansville, IN 47714
Phone: 812-485-1474 Fax: 812-485-1812

families they may choose to pay out of pocket should insurance not pay for nutrition services.

Patient's Name (First and Last): _____

Patient's DOB: _____ Patient's Sex: Male Female

Patient's Telephone Number: _____

Parent/Guardian Name(s) if minor: _____

Interpreter Needed: Yes No If yes, what language: _____

Primary Insurance: _____

Member ID: _____ Group Number: _____

Name: _____ Date of Birth: _____

Relationship to patient: _____

Secondary Insurance: _____

Member ID: _____ Group Number: _____

Name: _____ Date of Birth: _____

Relationship to patient: _____

Diagnosis:

Type 1 Diabetes E10.9 Type 1 Diabetes E10.65 Type 2 Diabetes E11.9 Type 2 Diabetes E11.65

Poor Weight Gain/ FTT R62.51 Obesity E66.9 Morbid Obesity E66.01 Overweight E66.3

Hyperlipidemia E78.5 Celiac Disease K90.0 Ulcerative Colitis K51.90 Ulcerative Colitis K51.91

Crohn's Disease K50.90

Other Diagnosis _____ ICD-10 code (s): _____

Other Diagnosis _____ ICD-10 code (s): _____

Special Diet order and/or instructions: Initial Dietary Assessment Follow-up Visit

Referring Provider Signature: _____ **Date:** _____

Referring Provider Name: _____

Please include the last clinic note, demographic, copy of insurance card(s), labs, medications, and growth charts.



**Peyton Manning
Children's Hospital**

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Referring Provider Telephone: _____ Fax: _____

Prior Authorization Required: YES Auth #: _____ NO authorization is required