Community Nutrition
And
Medical Nutrition Therapy

Kentucky Public Health
Prevent. Promote. Protect.

Nutrition Program
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NUTRITION SERVICES IN KENTUCKY

Nutrition is vital to health, disease prevention in all age groups, and essential for healthy growth and development of newborns, children and adolescents.

In the Kentucky Public Health Department system, reimbursement is received for each level of nutrition services. Nutrition Services include nutrition counseling provided per specific program requirements, basic nutrition education provided in the clinic or in the community one on one or in a group setting, as well as individual or group Medical Nutrition Therapy (MNT) provided in the clinic. Medical Nutrition Therapy may only be provided by Registered Dietitians (RD/RDN) and Certified Nutritionists (CN). Medical Nutrition Therapy is a core public health service; see the Administrative Reference, Public Health Foundational Package of Local Public Health Services (Core Functions) and Community Health Planning and Reporting Section.

The federal and state laws and regulations that support the assignment of providers for the specific nutrition services are provided in the Administrative Reference. The levels of services, sources of reimbursement, and the appropriate provider of these services are included in the following table.

Type of Nutrition Service	Reimbursement Source (s)	Appropriate Provider(s)
Nursing Office Visit – • See nutrition counseling guidelines for Family Planning, Prenatal, Pediatric, etc.	Appropriate Program Cost Center	Nurse
Basic Nutrition – Individual Service *Note: Cannot Code for Individual basic if the education provided is included in a service provided under another program such as WIC, Family Planning, Prenatal, Well Child, etc.*	MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, or self pay.	Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) Nutritionist Nurse Health Educator
Basic Nutrition – Group Class	MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, or self pay.	Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) Nutritionist Nurse Health Educator
Medical Nutrition Therapy (MNT) – Individual Service Note: Must establish Medicare Providership for Medicare reimbursement, http://www.cms.hhs.gov/MedicalNutritionTherapy/	MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, Medicare, private insurance, or self pay.	Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) *see each payer source for reimbursement
Medical Nutrition Therapy (MNT) – Group Class	MCH Block Grant/Cost Center 805 (Nutrition), Medicaid, Medicare, private insurance, or self pay.	Registered Dietitian/Registered Dietitian Nutritionist/Licensed Dietitian (RD/RDN, LD) Certified Nutritionist (CN) *see each payor source for reimbursement

REIMBURSEMENT OF MEDICAL NUTRITION THERAPY (MNT)

Registered Dietitians/Registered Dietitian Nutritionists (RD/RDN) employed by health departments with the credential of Licensed Dietitian (LD) by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists are recognized as individual health care providers who can bill Third Party payers such as Medicare, Medicaid, private insurance plans, HMO's and PPO's for medical nutrition therapy (MNT) services they provide for patients. Master degree level nutritionists with the credential of Certified Nutritionists (CN) by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists may be recognized to bill third party payors, however, not all third party payors will reimburse for services provided by the Certified Nutritionist. Medicaid and other private insurance companies each have their individual policies and procedures to become credentialed providers to bill for MNT services. In order to provide and be reimbursed for MNT services, the RD/RDN must be a D9 provider and the Certified Nutritionist (CN) must be a DA provider. Not all MNT services are reimbursable.

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REQUESTING PRIOR AUTHORIZATION FOR MNT SERVICES

The Health Department must assure that they are providing MNT services according to each Medicaid MCO company Provider handbook of policies and procedures to secure reimbursement for MNT services. It is recommended to verify the client's eligibility for the services prior to the provision of MNT services and follow the payer guidelines for billing and edits. This process involves teamwork and communication between the RD/RDN, the health department billing/financial staff, referring physicians and the specific carrier billed for the services.

The following are general steps for requesting an authorization for Medical Nutrition Therapy Services:

1. Contact the MCO responsible for the client's medical coverage.
2. Verify if the provider must complete the process to become an approved provider for the MCO.
3. Follow policies and procedures as outlined by each MCO to request reimbursement for MNT services.
4. Complete the MCO authorization form with the appropriate client information to receive authorization MNT services, if required.
5. Submit all necessary information and follow all instructions as outlined by each MCO for the prior authorization letter, if needed. Include copies of the client's WIC-75 and growth chart to document clinical information to support the medical necessity for the MNT service.
6. Be aware, that problem visits and MNT cannot be billed together. Preventive visits and MNT can be billed together. These are national edits that were adopted from the Centers for Medicare and Medicaid Services (CMS) National Coding Initiative (NCCI) standard payment methodologies. These methodologies prevent reimbursement for services that cannot be billed simultaneously. An example of a problem visit that cannot be billed with MNT is an Evaluation Management (EM) visit. Therefore, these visits will have to be scheduled on different days in order to receive reimbursement for both services. A preventive visit such as WIC can be scheduled with MNT.
7. Bill according to each MCO's policies and procedures.

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NUTRITION SERVICES PROGRAM PLANNING

A comprehensive nutrition program provides community and clinical nutrition services including preventative health nutrition services and Medical Nutrition Therapy to improve the health, nutrition, growth, and development of individuals and groups.

Comprehensive nutrition services include:

- Promotion of healthy eating that follows national dietary guidance policy;
- Policy that improves access to healthy foods;
- Support to increase the incidence and duration of breastfeeding to meet Healthy People 2020 Guidelines;
- Assure that medical nutrition therapy is available in each local agency or community;
- Promote healthy weight among adults and children;
- Promotion of moderate and vigorous physical activity from childhood through adolescence into adulthood;
- Policy that improves access to physical activity; and
- Activities to eliminate disparities in nutrition and physical activity.

Nutrition (Cost Center 805)

The following national recommendations for interventions to increase nutrition are based on the strength of the evidence of effectiveness found during systematic reviews. Consider these evidence-based recommendations and local needs, goals, and constraints when choosing appropriate interventions.

Informational Approaches

- Community-wide campaigns (e.g., Choose 1% or Less) – Strongly Recommended
- "Point-of-decision" prompts (e.g., Choose 1% or Less) – Recommended
- Classroom-based health education focused on information provision (e.g., Wellness Winner.) – Insufficient Evidence*
- Mass media campaigns – Insufficient Evidence*

Behavioral and Social Approaches

- School-based nutrition education (e.g., Wellness Winners, Cumberland Valley Nutrition and Physical Activity Series) – Strongly Recommended
- Social support interventions in community settings (e.g., Weight: The Reality Series) – Strongly Recommended
- Individually-adapted health behavior change programs (e.g., Weight the Reality Series, etc.)– Strongly Recommended
- College-age nutrition throughout the life cycle education (e.g. Health Fairs) – Insufficient Evidence*
- Family-based social support (e.g., Eat Smart, Play Hard) – Insufficient Evidence*

Environmental and Policy Approaches

- Creation of or enhanced access of healthy food choices combined with informational outreach activities (e.g., healthy choices at restaurants, milk vending machines, healthy food choices in school vending machines, grocery store tours, Star Chef Curriculum, Weight the Reality Series, etc.) – Strongly Recommended

Service Providers

- The community component of the Nutrition and Physical Activity Initiative (805 cost center) should be provided by dietitians, certified nutritionists, health educators, nurses, and/or nutritionists.
- The clinical component of Medical Nutrition Therapy (MNT) can only be provided by a Registered Dietitian/Registered Dietitian Nutritionists, Certified Nutritionist or a D-9 or DA designated nutritionist.

References and Resources

1. *Bright Futures in Practice: Nutrition,* second edition, National Center for Education in Maternal and Child Health, Georgetown University, 2011 15th Street, North, Suite 701, Arlington, VA 22201-2617, http://brightfutures.aap.org/nutrition_3rd_Edition.html
2. *Association of State Public Health Nutritionists* http://www.asphn.org/
3. *Mobilizing for Action through Planning and Partnerships (MAPP),* National Association of County and City Health Officials, http://www.nacho.org.
4. Centers for Disease Control and Prevention Status Report Nutrition, Physical Activity and Obesity 2013. http://www.cdc.gov/stltpublichealth/psr/npao/index.html
5. Food and Nutrition Services – United States Department of Agriculture http://www.fns.usda.gov/

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Over-the-Counter Vitamins/Dietary Supplements

Registered Dietitians/Registered Dietitian Nutritionists, Certified Nutritionists, and nutritionists through guidelines in the Core Clinical Service Guide, Family Planning Section, may deliver over-the-counter vitamins and dietary supplements such as prenatal vitamins, folic acid, iron, etc. The vitamins provided must be pre-packaged and include dosage information and instructions. These items may be delivered by the Certified Nutritionist, Nutritionist or Registered Dietitian. Documentation must include the supplement given and counseling provided. All items provided must be included in the agency medication plan and local formulary.

Over-the-counter vitamins and dietary supplements such as prenatal vitamins, folic acid, iron, etc. are not funded by the WIC Program. For more information regarding dietary supplements, see the Clinical Core Services Guide, Family Planning and Prenatal Sections.

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BASIC PREVENTIVE HEALTH NUTRITION
INDIVIDUAL CONTACT

The following information is approved nutrition education counseling information for use in any services provided in the Health Department or in the Community, except WIC. The services can be provided by a Registered Dietitian, Certified Nutritionist, Nutritionist, Nurse or Health Educator. Documentation is to be recorded according to the policies and procedures in the Administrative Reference, Medical Records Section.

Ages/Status	Nutrition Counseling/Education Materials
Birth – 1 Year	Follow Infant Feeding Guidelines established in **Kentucky Infant Feeding Guides** • Encourage exclusive breastfeeding until 6 months of age and continued breastfeeding until at least 12 months; and • Provide age appropriate solid foods based upon development (avoid introduction of solid foods prior to 4 months of age. **Link to Kentucky Infant Feeding Guides** **Kentucky Infant Feeding Guide Birth to 4 Months** http://chfs.ky.gov/NR/rdonlyres/45A92B90-A056-41FF-ACCA-C8A17A858F93/0/04moKYInfantfeedingGuiderev2009.pdf **Kentucky Infant Feeding Guide Four to Eight Months** http://chfs.ky.gov/NR/rdonlyres/E89EC653-4FEA-46BE-88D7-65AADE90830B/0/48moKYInfantFdgGuiderev2009.pdf **Kentucky Infant Feeding Guide Nine to Twelve Months** http://chfs.ky.gov/NR/rdonlyres/E89EC653-4FEA-46BE-88D7-65AADE90830B/0/48moKYInfantFdgGuiderev2009.pdf
Age 1 – 3 Years	Follow guidelines established in the **Kentucky Toddler Feeding Guide age 1-3.** • Encourage breastfeeding as long as mutually desired by mother and child; • Nutritional needs are slightly less due to slower rate of growth than infant; • Introduce new foods and finger foods; • Stress the importance of weaning if still on bottle; • Recognize food jags (child requesting one specific food at each meal); and • Avoid foods that can cause choking. **Link to Kentucky Toddler Feeding Guide** http://chfs.ky.gov/NR/rdonlyres/195D938A-B91E-48D1-B9CA-9F7DB94D6C3E/0/13YearOldToddlerFeedingGuide.pdf
Age 3 – 5 Years	Follow guidelines established in **Kentucky Child Feeding Guide age 3–5** and Kentucky Department for Public Health **5,2,1,0 Campaign.** • Provide low-fat (1%) milk and dairy products; • Continue introduction of new foods; • Avoid foods that can cause choking; • Limit distractions by turning off all screens; and • Encourage physical activity to prevent overweight. **Link to Kentucky Toddler Feeding Guide & 5, 2 ,1, 0 Campaign** Kentucky Toddler Feeding Guide http://chfs.ky.gov/NR/rdonlyres/C4DDC7F0-43C6-41DD-B6B6-8A8E340069B0/0/35YearOldFeedingGuide.pdf 5, 2, 1, 0 Campaign http://chfs.ky.gov/dph/mch/hp/5210/

Ages 5 – 10 Years	Follow nutrition guidelines for the **5 to 10 year old in Bright Futures Nutrition 3rd Edition** and Kentucky Department for Public Health **5,2,1,0 Campaign.** • Recognize the importance of peers' influence on eating habits; • Stress importance of adults as a positive influence on eating behaviors; • Aim for at least 5 servings of fruits and/or vegetables every day by including them in meals and snacks; • Limit high fat and low-nutrient foods and drinks such as candy, salty snacks, fast foods and sugary drinks; • Provide 2 cups of low-fat (1%) milk and dairy products each day for calcium and vitamin D; and • Encourage physical activity and limit screen time. **Link to Bright Futures & 5, 2 ,1, 0 Campaign** Bright Futures Nutrition, 3rd Edition http://brightfutures.aap.org/pdfs/BFNutrition3rdEditionSupervision.pdf 5, 2, 1, 0 Campaign http://chfs.ky.gov/dph/mch/hp/5210/
Ages 11 – 21 Years	Follow nutrition guidelines for the **11 – 21 year old in Bright Futures Nutrition 3ed Edition** and Kentucky Department for Public Health **5,2,1,0 Campaign.** • Nutrition needs are greater than any other time in life cycle; • Provide 3 cups of low-fat (1%) milk and dairy products each day for calcium and vitamin D; • Recognize strong influence of peers, sports and media on eating habits and self-image; • Skipping meals is common at this age; most commonly eaten meal is evening meal; • Recognize this age group begins to follow strict dietary regimens such as vegan diets as a part of independence; and • Folic acid supplement stressed for all women of childbearing age. **Link to Bright Futures & 5, 2 ,1, 0 Campaign** Bright Futures Nutrition, 3rd Edition http://brightfutures.aap.org/pdfs/BFNutrition3rdEditionSupervision.pdf 5, 2, 1, 0 Campaign http://chfs.ky.gov/dph/mch/hp/5210/
Adult Wellness	Follow nutrition guidelines for Adults in USDA's Dietary Guidelines for Americans, Center for Disease Control Healthy Weight Recommendations, and **Choose MyPlate** materials**.** • Encourage healthy weight; • Make at least half of your grains, whole grains ie: breads, cereals, and pasta; • Folic acid supplement stressed for all women of childbearing age; • Choose nonfat or low fat dairy products daily for calcium and Vitamin D; and • Stress importance of physical activity and weight maintenance or loss as appropriate. **Link to MyPlate** Choose Myplate http://www.choosemyplate.gov/supertracker-tools/daily-food-plans.html Center for Disease Control http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html?s_cid=tw_ob064 **and** http://www.cdc.gov/healthyweight/healthy_eating/index.html

*References: Dennison BA, Rockwell HL, Baker SL. Excess fruit juice consumption by preschool-aged children is associated with short stature and obesity. *Pediatrics*. 1997; 99:15-22. 2010 USDA Dietary Guidelines for Americans, Choose Myplate.gov

NUTRITION EDUCATION MATERIALS

Nutrition education materials may be ordered by sending a fax to Frankfort Habilitation (502) 227-7191 or can be accessed at http://chfs.ky.gov/dph/mch/ns/Nutrition+Education+Materials.htm

BASIC NUTRITION SERVICES PREVENTATIVE HEALTH GROUP CLASSES

Nutrition Education may be provided in group settings in clinic or in the community to provide a common nutrition education and health promotion message in a cost effective manner. The classes can be provided by a Registered Dietitian, Certified Nutritionist, Nutritionist, Nurse or Health Educator. Documentation is to be recorded according to the policies and procedures in the Administrative Reference, Medical Records Section.

Approved Basic Nutrition Preventative Health Group Classes

Class Name	Source/Target Audience	Class Information
Breastfeeding and Infant Feeding	Pregnant women, families and caregivers of infants	Contact State Office
Serving up MyPlate: A Yummy Curriculum	United States Department of Agriculture/ Elementary School http://www.choosemyplate.gov/kids/ParentsEducators.html	Level 1, 2 & 3 Serving Up MyPlate: A Yummy Curriculum. Eat Smart to Play Hard with MyPlate Poster and Mini Poster My Plate at Home Nutrition Facts Label
Food Safety	Food and Drug Administration/ Grades K-3; Grades 4-8; Grades 9-12 http://www.fda.gov/Food/FoodborneIllnessContaminants/BuyStoreServeSafeFood/ucm117296.htm	Clean, separate, cook, chill, Fight BAC!
FIT WIC	FIT WIC Activity Kit/ Preschool children http://chfs.ky.gov/NR/rdonlyres/63C291AA-500E-4378-9DCD-BC2861DE9169/0/FITWIC2011.pdf	This resource provides physical activity lesson plan ideas for preschoolers and their families.
Physical Activity Nutrition & Tobacco & Asthma (PANTA) (KDE) Units of Study	Kentucky Department of Education/parents or Wellness Councils http://chfs.ky.gov/nr/rdonlyres/d905a60d-2b89-46d0-95c4-fd015e66bb95/0/pantaplus2011.pdf	Materials designed to assist parents and Wellness Councils in developing policies and procedures to impact the physical activity, nutrition and tobacco issues in the school setting.
Portion Distortion	National Heart Lung and Blood Institute/middle-school through adult http://www.nhlbi.nih.gov/health/educational/wecan/eat-right/portion-distortion.htm	Calories, physical activity, portion sizes (Part 1 and Part 2). Each part will take about 30 minutes.
Food Safety for Mom-to-Be	Food and Drug Administration Food Safety for Mom-to-Be http://www.fda.gov/Food/FoodborneIllnessContaminants/PeopleAtRisk/ucm094783.htm	Food safety for Pregnant women. Educator's tool includes a power point, handouts and posters.
Let's Move Initiative	First Lady Michele Obama has created "Let's Move– Americas move to raise a healthier generation http://www.letsmove.gov/	Website provides facts on child health, eating healthy, & getting active.
USDA Team Nutrition	USDA Food and Nutrition Services has "Team Nutrition" that provides ideas to enhance families and children's healthy nutrition choices, physical activity and healthy lifestyles through fun and creative way.	Download handouts, posters and class ideas.
Go With Whole Grains for Kids	Bell Institute of Health and Nutrition (General Mills);Whole Grains Council/grades K-2, grades 3-5 http://www.bellinstitute.com/Heart_Disease.aspx	Grades K-5 – identify grains, benefits of whole grains, increase whole grain intake, refined vs. whole grains. Encourages physical activity.
Weight The Reality Series	University of Kentucky Cooperative Extension Service/adults http://wtrs.ca.uky.edu/files/content/WTRS_Program_Overview.pdf http://wtrs.ca.uky.edu/	10 week of self-discovery, education, skill building to help adults learn to control their weight

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REFERRAL GUIDELINES FOR MEDICAL NUTRITION THERAPY

Medical Nutrition Therapy (MNT) is individualized dietary instruction and counseling for a nutrition-related problem. This level of specialized instruction is above basic nutrition counseling and includes an individualized dietary assessment. MNT may be offered to any person in need without regard to income. MNT services may only be provided by a Registered Dietitian (RD/RDN, LD). A Certified Nutritionist may provide MNT, but the services may not be reimbursed by all third party payors. Reimbursement for service varies based on the MNT condition, service provider and Managed Care Organization (MCO) or third party payor.

The table below indicates conditions that should be referred for MNT Services. MNT Services may be offered for a variety of health and feeding conditions and is not limited to this information.

Ages/Status	Problem/Condition for Medical Nutrition Therapy

Infants – Adult
Pregnant Women
	Weight Management
	• Underweight = Pre-pregnancy Body Mass Index (BMI) < 18.5
	• Overweight = Pre-pregnancy BMI ≥ 25.0
	• Low maternal weight gain, 2nd or 3rd trimesters, single pregnancy
	  ○ Underweight women who gain <4 pounds/month
	  ○ Normal weight women who gain <3.2 pounds/month
	  ○ Overweight women who gain <2 pounds/month
	  ○ Obese women who gain <1.6 pounds/month
	• Weight loss during pregnancy
	  ○ Any weight loss below pregravid weight during 1st trimester (0 – 13 weeks)
	  ○ ≥2 pounds during 2nd or 3rd trimesters
	• High maternal weight gain, all trimesters, singleton pregnancy
	  ○ Underweight women who gain >5.2 pounds/month
	  ○ Normal weight women who gain >4 pounds/month
	  ○ Overweight women who gain >2.8 pounds/month
	  ○ Obese women who gain >2.4 pounds/month

Postpartum & Breastfeeding Women	• Underweight = Pre-pregnancy BMI or Current BMI < 18.5 **(within 6 months of delivery)**
	• Underweight = Current BMI < 18.5 **(≥ 6 months of delivery)**
	• Overweight = Pre-pregnancy BMI or Current BMI ≥ 25.0 **(within 6 months of delivery)**
	• Overweight = Current BMI ≥ 25.0 **(≥ 6 months of delivery)**
	• High maternal weight gain last pregnancy
	  ○ Underweight Postpartum Woman and gained 40 pounds
	  ○ Normal weight PP Woman and gained > 35 pounds
	  ○ Overweight PP Woman and gained > 25 pounds
	  ○ Obese PP Woman and gained > 15 pounds

Infants, Children	• Low Birth Weight (LBW) ≤5 pounds, eight ounces • Failure to Thrive (FTT) • Obesity ≥ 95th percentile weight for height/length
All Adults	• Unexplained weight loss • Any patient requesting weight management • Underweight = BMI < 18.5 • Overweight = BMI ≥ 25.0
All Adolescent	**Hyperlipidemia** • Total cholesterol ≥ 200 mg/dl • LDL ≥ 130 mg./dL.
Adult	• Total cholesterol ≥ 240 mg./dL. • HDL < 40 mg./dL. • LDL ≥ 160 mg./dL. • TG ≥ 200 mg./dL.

American Academy of Pediatrics http://brightfutures.aap.org/materials.html
American Heart Association http://my.americanheart.org/professional/ScienceNews/Clinical-Practice-Guidelines-for-Prevention_UCM_457211_Article.jsp
Academy of Nutrition and Dietetics Nutrition Care Manual 2014 http://www.nutritioncaremanual.org/
Academy of Nutrition and Dietetics Pediatric Nutrition Care Manual 2014 http://www.nutritioncaremanual.org/about-pncm Rev 10/15

REFERRAL GUIDELINES FOR MEDICAL NUTRITION THERAPY
(continued)

Ages	Problem/Condition for Medical Nutrition Therapy
All	Elevated Blood Lead
Pregnant Women	Pregnancy Induced Conditions • Hyperemesis Gravidarum • Gestation diabetes (this pregnancy)
All	Nutrition/Metabolic such as: • Nutrient Deficiency Diseases • Gastro-Intestinal Disorders • Glucose Disorders • Thyroid Disorders • Hypertension • Renal Disease • Cancer/treatment for cancer • Central Nervous System Disorders • Genetic/Congenital Disorders • Inborn Errors of Metabolism • Infectious Diseases (present in the last 6 months) • Celiac Disease • Drug/Nutrient Interactions • Recent Major Surgery, Trauma, Burns • Other Medical Conditions
Pregnant/Postpartum/Breastfeeding Women/Child	Inappropriate Nutrient Intake/Nutritional Concerns • Vegan • Highly restrictive diet in calories or specific nutrients Complications which Impair Nutrition • Delays/disorders that impair chewing/swallowing/require tube feeding
Pregnant/Postpartum/Breastfeeding Women/Adolescents/Children	Eating Disorders
Infants	Nutrition/Metabolic Conditions • Pyloric Stenosis • Baby Bottle Tooth Decay

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MEDICAL NUTRITION THERAPY DOCUMENTATION GUIDELINES

MNT providers must develop a nutrition care plan appropriate for each client or client group according to Academy of Nutrition and Dietetics Nutrition Care Manual and based on the guidance below. Contact the Nutrition Services Branch to request access to the Nutrition Care Manual for Registered Dietitians/Registered Dietitian Nutritionists and Certified Nutritionists.

The below required elements are recorded on the MNT Forms on the following pages. This information is required for reimbursement of MNT services.

Medical Nutrition Therapy documentation shall contain the following elements:

A. Date of MNT visit along with Beginning and Ending Time of visit;
B. ICD-9/ICD-10 code – defines type of visit/counseling;
C. Subjective Data:
    1. Client's reason for visit
    2. Primary care physician
    3. History
        a. past and present medical
        b. nutrition including food patterns and intake
        c. weight
        d. medication
        e. exercise
D. Objective Data:
    1. Laboratory results
    2. Height, Weight
    3. BMI
    4. Calorie Needs
    5. Drug/Nutrient Interactions
E. Individual Assessment of Diet/Intake:
    1. individual assessment of diet/intake
F. Plan:
    1. Individualized dietary instruction that incorporates diet therapy counseling and education handouts for a nutrition related problem.
    2. Plan for follow-up.
    3. Documentation of referral for identified needs, as appropriate.
    4. It is recommended to send a letter to the client's physician describing dietary instruction provided. A copy of this letter should be placed in the client's medical record.
H. Date and legible identity of provider:
    1. All entries must be signed and dated by the provider. See the Administrative Reference, Medical Records Management Section.

Approved medical abbreviations can be found in the Administrative Reference, Medical Records Management Section and Marilyn Fuller DeLong's *Medical Acronyms, Eponyms & Abbreviations*. Each local health department should keep a log of non-medical abbreviations that are used in their agency, such as MCHS–Madison County High School, Tues.–Tuesday, etc.

MEDICAL NUTRITION THERAPY ASSESSMENT FORMS
INDIVIDUAL CONTACT

Medical Nutrition Therapy (MNT) Assessment forms are required for documentation of an initial individual contact. The MNT forms are found on the following pages in this section.

A. All initial individual MNT visits are to be documented on the forms. These forms were developed to collect the required information for reimbursement.
B. An entry must be included on the Service Record/Progress Notes (CH-3) referencing the MNT form.
C. Per medical documentation and registration/licensure requirements, all entries must contain a goal for the patient and/or the progress toward a goal. See Administrative Reference, Medical Records Management Section.
D. The following MNT Assessment forms are to be utilized as appropriate:
    1. MNT – Adult
    2. MNT – Pediatric
    3. MNT – Diabetes
    4. MNT – Gestational Diabetes
    5. MNT – Renal
    6. MNT – Follow Up (optional)

Medical Nutrition Therapy (Adult)

Begin Time:_____ End Time:_____

Primary ICD9/10: **V653- /Z71.3** Secondary ICD9/10:_____

Name:_____ ID Number:_____

or

Place PEF label here

S: Reason for visit:			MD/Where do you receive medical care?		
Medical history:					
Present treatment:	Education level:	Language barrier:	Support systems:	Smoking: No ☐ Yes ☐ ☐ cigarettes ☐ pipe ☐ cigars #/day	
Medications: OTC medications:				Drug allergies:	
Herbal remedies/Vitamin mineral supplements:					
Job: Work schedule:			Schedule changes/weekends/school schedule		
Rate your appetite: Good ☐ Fair ☐ Poor ☐			Past/present eating disorder? ☐ Yes ☐ No Type:		
Do you have any eating or digestion problems? Chewing ☐ Swallowing ☐ GERD ☐ Diarrhea ☐ Constipation ☐ Food allergy/intolerance ☐ Other:					
Has your weight changed in the last year? ☐ Yes ☐ No By how much:	Highest weight?	Wt. Loss methods tried:			
What would you like to know more about? ☐ Weight loss ☐ Exercise ☐ Eating out ☐ Label reading ☐ Alcohol use ☐ Sweeteners Patient requested topics/questions:					
What eating concerns do you have?			Who prepares the meals? ☐ Self ☐ Spouse ☐ Roommate ☐ Other		
Do you have a meal plan? Yes ☐ No ☐ If yes, how many calories?	Eating out frequency: Breakfast ___/week Lunch____/week Dinner____/week Type(s) of restaurant(s):				
Are there any special considerations in meal planning?	Have you had previous diet instruction? ☐ Yes ☐ No Date/Who:	How often are you able to follow it? never ☐ same ☐ always ☐			
Have you been told to follow any other diet restrictions? Yes ☐ No ☐ If yes, please check which restrictions: ☐ Low calorie ☐ Low cholesterol ☐ Low salt/sodium ☐ Low protein ☐ Low fat ☐ High fiber ☐ Other:					
Food frequency: Whole grains _____ Grains _____ Vegetables _____ Fruit _____ Milk _____ Meats _____ Other:					
Do you drink alcohol? ☐ No ☐ Beer ☐ Wine ☐ Liquor How often? How much?			Do you exercise now? ☐ Yes ☐ No How often? How long? Type?		

PRENATALS ONLY	Problems during previous pregnancy:						
	Prepregnancy weight:	Gestational Age:	EDC:	Vomiting? ☐ Yes ☐ No	Heartburn? ☐ Yes ☐ No	Constipation ☐ Yes ☐ No	Nausea ☐ Yes ☐ No
	Weight gain last pregnancy:	Weight gain to date:		Birth weight of Children (if any):			Feeding method planned: ☐ Breast ☐ Formula

Time:	**Breakfast or first meal:**
Time:	**Snack:**
Time:	**Lunch or second meal:**
Time:	**Snack:**
Time:	**Dinner or third meal:**
Time:	**Snack:**

Patient comments:

O:	See CH-12 and available lab reports, growth charts.	Age:	☐ Male ☐ Female	Ethnicity:
Calorie Needs:		Medical clearance for exercise: ☐ Yes ☐ No		Exercise limitations:
Drug/Nutrient Interactions:				

MNT - Adult

Name:_____ ID Number:_____

or

Place PEF label here

A:	
Assessment of Diet - Adequate Intake:	
Weight: ☐ WNL ☐ Overweight ☐ Underweight Weight gain (Prenatal only): ☐ Normal ☐ Above ☐ Below	Recommended Weight:
Readiness to change: Precontemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance ☐	
Other:	

Women EER = 354 – (6.91 X age) + PA X [9.36 X (wt. in lb./2.2) + (726 X ht. In inches/39.4)] PA levels: Sedentary = 1 Low activity = 1.12 Active = 1.27 Very active = 1.45	Men EER = 662 – (9.53 X age) + PA X [15.91 X (wt in lb/2.2) + 539.6 X (ht in inch/39.4)] PA levels: Sedentary = 1 Low activity = 1.11 Active = 1.25 Very active = 1.48

P:	Next Primary Care Physician Appointment:	Follow-up Nutrition Appointment:
Exercise:		Referral: ☐ MD ☐ RN ☐ Social Services ☐ Medicaid
Goals/Instructions:		
Follow-up:		
Handouts used:		
Identified Barriers:		
Signature:		Date:

MNT - Adult

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Medical Nutrition Therapy (Pediatric)
MNT-Pediatric

Begin Time:_____ End Time:_____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10:_____

Name:_____
ID Number:_____
or
Place PEF label here

S:	Reason for visit:	MD/Where does the child receive medical care?		
Medical history:				
Present treatment:	Language barrier:	second hand smoke exposure:	Drug Allergies:	
Medications: OTC medications: Herbal remedies/Vitamin mineral supplements:			Drug/Nutrient Interactions:	
Child Digestive Problems ☐ Chewing ☐ Swallowing ☐ GERD ☐ Diarrhea ☐ Constipation ☐ Food allergy/intolerance ☐ Other:				
Rate your child's appetite: Good ☐ Fair ☐ Poor ☐	Past/present eating disorder ☐ Yes ☐ No Type:			
Weaned from bottle:	Is your child breastfed? How many times in 24 hours?			
Child eat nonfood items such as dirt, paper, paint chips ☐ Yes ☐ No				
Parent/care giver concerns about child's diet:	Fluoride Source ☐ Yes ☐ No	family meals ☐Daily ☐ Couple times per week ☐ No meals eaten as family		
Special Considerations in meal planning:				
Foods or food groups avoided:	Number of Meals/Snacks per day:			
Eating out frequency: Breakfast _____/week Lunch_____/week Dinner_____/week Type(s) of restaurant(s):	Food frequency: Whole grains _____ Grains _____ Vegetables _____ Fruit _____ Milk _____ Meats _____ Type of Milk _____ Other liquids _____ Breastmilk_____ Other:			
Food Insecurity in the home:	Previous diet instruction received: ☐ Yes ☐ No Date/Who:	Previous diet instruction followed: never ☐ same ☐ always ☐		
Hours per day child watches TV, DVD's or playing computer games:	Physical activity received daily: ☐ Yes ☐ No Type and duration of activity:			
Time:	**Breakfast or first meal:**			
Time:	**Snack:** **Nighttime Feedings:**			
Time:	**Lunch or second meal:**			
Time:	**Snack:**			
Time:	**Dinner or third meal:**			
Time:	**Snack:**			
O:	See CH-12, available lab reports and growth charts.	Age:	☐ Male ☐ Female	Ethnicity:

Name:_____ ID Number:_____

or

Place PEF label here

Calorie Needs:	Medical clearance for exercise: ☐ Yes ☐ No	Exercise limitations:

A: Assessment of Diet - Adequate Intake:

Infants/Children	Appropriate Weight for Height ☐ Yes ☐ No	Range:
Height/Age: %	Weight/Age: %	Height/Weight: %

_____ X _____ = _____
calories pounds total calories ☐ Maintain ☐ Lose ☐ Gain weight

Infant Calorie needs

0-6 months = 49 cal./lb. body weight

6 – 12 months = 45 cal./lb. body weight

FTT/Low Birth Weight = 55 cal./lb. body weight

Child Calorie needs

Child	Sedentary	Moderately Active	Active
2-3 yrs	1000 kcal	1000-1400 kcal	1000-1400 kcal
Female			
4-8 yrs	1200 kcal	1400-1600	1400-1800
9-13 yrs	1600	1600-2000	1800-2000
14-18 yrs	1800	2000	2400
19+yrs	2000	2000-2200	2400
Male			
4-8 yrs	1400 kcal	1400-1600	1600-2000
9-13 yrs	1800	1800-2200	2000-2600
14-18 yrs	2200	2400-2800	2800-3200
19+yrs	2400	2600-2800	3000

P: Next Pediatrician Appointment: | Follow-up Nutrition Appointment:

Exercise: | Referral: ☐ MD ☐ RN ☐ Social Services ☐ Medicaid

Goals/Instructions:

Handouts used:

Follow-up:

Parents readiness to learn/Comprehension of education: Identified barriers:

Signature: | Date:

*Calorie Levels for Children taken from IOM: Dietary Guidelines and Dietary Reference Intakes 2002.

MNT-Pediatric
Rev. 10/2018

Medical Nutrition Therapy Assessment

MNT-Diabetes

Begin Time:_____ End Time:_____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10:_____

Name:_____

ID Number:_____

or

Place PEF label here

S:	Patient reason for visit:	MD/Where do you receive medical care?			
Medical History:					
Present diabetes treatment:	Education level:	Language barrier:	Support systems:	Smoking: No ☐ Yes ☐ ☐ cigarettes ☐ pipe ☐ cigars #/day	
Medications: OTC medications:	Drug allergies:				
Herbal remedies/ Vitamin-mineral supplements:					
Job: Work schedule:	Schedule changes/weekends/school schedule				
Year of diagnosis:	Hypoglycemia: ☐ Yes ☐ No ☐ None experienced Frequency:	Rate your appetite: Good ☐ Fair ☐ Poor ☐			
Do you have any eating or digestion problems? Chewing ☐ Swallowing ☐ GERD ☐ Diarrhea ☐ Constipation ☐ Food allergy/intolerance ☐ Other:					
Has your weight changed in the last year? ☐ Yes ☐ No By how much:	Highest weight?	Wt. Loss methods tried:			
What eating concerns do you have?	Who prepares the meals? ☐ Self ☐ Spouse ☐ Roommate ☐ Other				
Do you have a meal plan? Yes ☐ No ☐ If yes, how many calories?	Eating out frequency: Breakfast ___/week Lunch____/week Dinner____/week Type(s) of restaurant(s):				
Are there any special considerations in meal planning?	How much of the time are you able to follow it? never ☐ same ☐ always ☐				
Have you been told to follow any other diet restrictions? Yes ☐ No ☐ If yes, please check which restrictions: ☐ Low calorie ☐ Low cholesterol ☐ Low salt/sodium ☐ Low protein ☐ Low fat ☐ High fiber ☐ Other: Date/Who:					
Food frequency: Whole grains _____ Grains _____ Veggies _____ Fruit _____ Milk _____ Meats _____ Other:					
Do you drink alcohol? ☐ No ☐ Beer ☐ Wine ☐ Liquor How often? How much?	Do you exercise now? ☐ Yes ☐ No How often? How long? Type?				

Time:	**Breakfast or first meal:**
Time:	**Snack:**
Time:	**Lunch or second meal:**
Time:	**Snack:**
Time:	**Dinner or third meal:**
Time:	**Snack:**
Patient comments:	

O:	See CH-12 and available lab reports, growth charts.	☐ Male ☐ Female	Ethnicity:								
Lab Data:	Diagnosis of diabetes: Type 1☐ Type 2 ☐	A1C	BG Fasting BG Post Meal	Chol.	HDL	LDL	Triglycerides	BP	Microalbumin GFR:	Other	
Target Goals:	Target BG: _____ mg/dL to _____ mg/dL	Fasting 2hr PP:	Target A1C < 7%	Target LDL <100mg/dl	Target HDL >40 mg/dl men >50 mg/dl women	Target BP <130/80	Target chol. <200 mg/dl	Target TG <150 mg/dl	Target Microalbumin <30 mcg/mg		
SMBG:	Frequency	Times of Day	Machine:	Medical clearance for exercise: ☐ Yes ☐ No							
Drug nutrient interactions:	Exercise Limitations:										
Other:											

Name:_____ ID Number:_____

or

Place PEF label here

A:	Readiness to change: Precontemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance ☐
Weight assessment: ☐ WNL ☐ Overweight ☐ Underweight ☐ Recommended Wt. change ☐ N/A _____ lbs. loss/gain	
Women EER = 354 – (6.91 X age) + PA X [9.36 X (wt. in lb./2.2) + (726 X ht. In inches/39.4)] PA levels: Sedentary = 1 Low activity = 1.12 Active = 1.27 Very active = 1.45	Men EER = 662 – (9.53 X age) + PA X [15.91 X (wt in lb/2.2) + 539.6 X (ht in inches/39.4)] PA levels: Sedentary = 1 Low activity = 1.11 Active = 1.25 Very active = 1.48

P:	1 starch = 15 g. CHO, 3 g. protein, 1 fat, 80 calories 1 fruit = 15 g. CHO, 60 calories 1 milk = 12 g. CHO, 8 g. protein, 1 fat, 90 calories				1 veggie = 5 g. CHO, 2 g. protein, 25 calories 1 meat(subst.) = 7 g. protein, 5(3) fat, 75 (55) calories 1 fat = 5 fat, 45 calories						
Time	Breakfast	Snack	Lunch	Snack	Dinner	Snack	Total servings/day	CHO (g)	Protein (g)	Fat	Calories
Starch											
Fruit											
Milk											
Vegetables											
Meat/Subst.											
Fat											
								X4	X4	X9	Total calories

OR

Total calories:			
Time	**Meal**	**# CHO choices**	CHO grams
	Breakfast		
	Snack		
	Lunch		
	Snack		
	Dinner		
	Snack		
	Totals		

Goals/Instructions:	
Follow-up:	
Handouts used:	
Identified Barriers:	
Signature:	Date:

MNT-Diabetes

Medical Nutrition Therapy Assessment

MNT-Gestational Diabetes

Name:_____

Begin Time:_____ End Time:_____

ID Number:_____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10:_____

or

Place PEF label here

S:	EDD:	Medical History:
Name of doctor/Where do you receive medical care?		Obstetric History:
Medications/Herbal remedies/ Vitamin-mineral supplements:		
Present MNT Therapy:	Insulin Therapy: Date started:	
Occupation	Hours worked? What are your usual work hours?	Schedule changes/weekends/school schedule
Psychosocial/economic	Hypoglycemia: Yes ☐ No ☐	Rate your appetite: Good ☐ Fair ☐ Poor ☐
Any eating/digestion problems? Chewing ☐ Swallowing ☐ Stomach ache ☐ Diarrhea ☐ Constipation ☐ Other:		
What eating concerns do you have?	Who prepares the meals? ☐ Self ☐ Spouse ☐ Roommate ☐ Other	Eating out: What type of restaurant(s)?
How often each week do you eat in restaurants, cafeterias, or away from home? Breakfast ___/week Lunch____/week Dinner____/week	Do you have a meal plan? Yes ☐ No ☐ If yes, how many calories?	
Are there any special considerations in meal planning?	Have you had previous instruction on diet? ☐ Yes ☐ No If yes, who provided the instruction and date?	
How much of the time are you able to follow it? 0-25% ☐ 25-50% ☐ 50-75% ☐ 75-100% ☐	Have you been told to follow any other diet restrictions? Yes ☐ No ☐ If yes, please check which restrictions: ☐ Low calorie ☐ Low cholesterol ☐ Low salt/sodium ☐ Low protein ☐ Low fat ☐ High fiber ☐ Other:	
What time of day do you eat these foods? Regular soda pop _____ Sweet roll/pastries _____ Cookies _____ Candy, candy bars _____ Ice cream _____ Frozen desserts _____ Pie, Cake _____ Other_____		
Do you drink alcohol? ☐ No ☐ Beer ☐ Wine ☐ Liquor How often? How much?		
If the doctor recommends a change in your current eating habits, would this be difficult? Yes ☐ No ☐ If yes, why?		
Appetite/allergies/intolerances	Food /drug allergies:	
What would you like to know more about? ☐ Weight loss ☐ Exercise ☐ Eating out ☐ Label reading ☐ Alcohol use ☐ Sweeteners Other:		
What would you hope to accomplish or gain from this appointment? ☐ Improve blood glucose ☐ Lose weight ☐ Lower cholesterol/triglycerides ☐ Improve eating habits ☐ Start exercising ☐ Get more information ☐ Other: Are there concerns for gestational diabetes?		
Are you exercising now? ☐ Yes ☐ No If no, what would you consider? Exercise: ☐ Walking ☐ Exercise class Other:		
Patient comments:		
Food frequency: Whole grains _____ Grains _____ Veggies _____ Fruit _____ Milk _____ Meats _____		

Time:	**Breakfast or first meal:**
Time:	**Snack:**
Time:	**Lunch or second meal:**
Time:	**Snack:**
Time:	**Dinner or third meal:**
Time:	**Snack:**

O:	See CH-12 and available lab reports, growth charts.	Pre-pregnancy Weight:	Age:	Pre-pregnancy Weight Category: ☐ Underweight ☐ Normal ☐ Overweight ☐ Obese
Total Weight Gain: Adequate ☐ Inadequate ☐ Excess ☐				Lives with:

OGTT: Date OGTT:	Glucose Meter:	B/P	Hgb	**SMBG:** Frequency:	Testing Times:
Records/log kept: ☐ Yes ☐ No	Medical clearance for exercise: Yes ☐ No ☐			Exercise limitations:	

Name:_____ ID Number:_____

or

Place PEF label here

A:	Readiness to change: Precontemplation ☐ Contemplation ☐ Preparation ☐ Action ☐ Maintenance ☐
EER: 1st trimester = no additional calories 2nd trimester = additional 340 calories/day 3rd trimester = additional 452 calories/day	

P:	1 starch = 15 g. CHO, 3 g. protein, 1 fat, 80 calories 1 fruit = 15 g. CHO, 60 calories 1 milk = 12 g. CHO, 8 g. protein, 1 fat, 90 calories						1 Vegetable = 5 g. CHO, 2 g. protein, 25 calories 1 meat(subst.) = 7 g. protein, 5(3) fat, 75 (55) calories 1 fat = 5 fat, 45 calories				
Time	Breakfast	Snack	Lunch	Snack	Dinner	Snack	Total servings/day	CHO (g)	Protein (g)	Fat	Calories
Starch											
Fruit											
Milk											
Veggie											
Meat/Subst.											
Fat											
								X4	X4	X9	Total calories

OR

Total calories:		**Breakfast**	**Lunch**	**Dinner**
# CHO choices		Time:	Time:	Time:
CHO grams		# CHO choices	# CHO choices	# CHO choices
Protein grams		CHO grams	CHO grams	CHO grams

Snack	**Snack**	**Snack**
Time:	Time:	Time:
# CHO choices	# CHO choices	# CHO choices
CHO grams	CHO grams	CHO grams

Goals/Instructions:		
Follow-up:		
Handouts used:		
Identified Barriers		
Signature:	Date:	Comprehension ☐

Medical Nutrition Therapy Assessment

MNT-Renal

Begin Time:_____ End Time:_____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10:_____

Name:_____

ID Number:_____

or

Place PEF label here

S:	Referring Physician:	Other diagnoses:
Diet Order:		Previous Diet Instruction: Yes ☐ No ☐
Previous diets:		Dentition: ☐ good ☐ missing some teeth ☐ edentulous ☐ dentures ☐ chewing problems
Food Allergies: No ☐ Yes ☐ If yes, list foods:		Appetite: excellent ☐ good ☐ fair ☐ poor ☐
Medications:		
Herbal remedies/Vitamin-mineral supplements:		OTC medications:
Oral nutrition supplement: No ☐ Yes ☐ If yes, list _____		
Time:	**Breakfast or first meal:**	
Time:	**Snack:**	
Time:	**Lunch or second meal:**	
Time:	**Snack:**	
Time:	**Dinner or third meal:**	
Time:	**Snack:**	
Do you have any eating or digestion problems? Swallowing ☐ Stomach ache ☐ Diarrhea ☐ Constipation ☐ Other:		
Activity Level: ☐ Non ambulatory ☐ moderate ☐ active	Vision: good ☐ impaired ☐ blind ☐	Hearing: ☐ good ☐ HOH ☐ deaf
Psychosocial: ☐ lives by self ☐ with others	Language barrier: ☐ Yes ☐ No	Shopping done by:
Occupation:	Education level:	Cooking done by:
Support systems (e.g., food stamps, Meals on Wheels)		
How often each week do you eat in restaurants, cafeterias, or away from home? Breakfast ___/week Lunch____/week Dinner____/week		
Smoking: No ☐ Yes ☐ # packs/day _____	Alcohol: Yes ☐ No ☐	Salt substitute: Yes ☐ No ☐

O:	Height:	Present Weight:	BMI:	IBW:	% IBW:	Usual weight:	% usual weight:
Frame:		Adj. Wt.: (obesity)	Adj. Wt.: (amputees)	% wt. Change: Loss/gain _____ X _____ (time)			
Age:	Male ☐ Female ☐		Marital status: ☐ single ☐ married ☐ widowed ☐ divorced ☐ separated				

Nutrition related medications:	Chemistries:	Date:
Vitamins	Hgb./Hct.	
Non RX vitamins	Fe+/Ferritin	
P04 Binders	% Trans sat	
Vit. D/Vit. D analogs	BUN/Creatine	
Iron supplements	K+/Na+	
Epogen/Procrit	Alk. Phos/Ca+	
Anti-diabetic agents	PO4/PTH	
BP Meds	Glucose/A1C	
Laxatives/stool softeners	Chol./TG	
Anti-hyperlipidemics	GFR/Creat. Clear.	
Other	Other	

Physical exam – Rate as follows: 0 = Normal 1 = Mild 2 = Moderate 3 = Severe
Loss of subcutaneous fat _____ Muscle wasting _____ Ankle edema _____ Sacral edema _____ Ascites _____

Skin condition: intact ☐ open areas ☐ If open areas, describe:

Name:_____ ID Number:_____

Or

Place PEF label here

A:	Nutrient needs: calories_____ protein _____	Current diet order meets dietary needs: Yes ☐ No ☐ If no, review with MD	Current intake: adequate ☐ inadequate ☐ Unable to determine ☐
30 days loss/gain _____%	90 days loss/gain _____%	180 days loss/gain _____%	
Nutritional status: well nourished ☐ at risk ☐ mild malnourished ☐ moderate malnourished ☐ severe malnourished ☐			
Voices understanding of diet instruction: Yes ☐ No ☐	Expresses readiness to learn: Yes ☐ No ☐		
Comments: _____ _____ _____ _____			
Functional Capacity: No dysfunction ☐ Dysfunction ☐ Duration _____ Working sub optimally ☐ Ambulatory ☐ Bedridden ☐			
Is the subject independent in: Bathing? ☐ Yes ☐ No Dressing? ☐ Yes ☐ No Toileting? ☐ Yes ☐ No Transferring? ☐ Yes ☐ No Continence? ☐ Yes ☐ No			
P:	Goals/Instruction:		
Follow-up:			
Handouts used:			
Identified Barriers:			
Signature:	Date:	Comprehension ☐	

MNT-Renal

Name: _____

ID Number_____

Or place PEF label here

Medical Nutrition Therapy
MNT- Follow-Up

Begin Time:_____ End Time:_____ # Units:_____

Primary ICD9/10: **V653-/ Z71.3** Secondary ICD9/10:_____

Type of Meal Plan:	**Date:**
Medication Changes:	**Other Comments:**
Exercise:	

Lab Values/Changes:
Weight Changes: _____
Blood Pressure: _____ **Cholesterol: _____**
Blood Glucose: _____ **Other: _____**

Identified Barriers:

Readiness to Change/Compliance:

24 hour recall Time:	**Breakfast:**
Time:	**Snack:**
Time:	**Lunch:**
Time:	**Snack:**
Time:	**Supper:**
Time:	**Snack:**

Progress Toward Goals/New Goals:

Materials Provided:

Referral: Y or N **Reason: MD RN Social Services Other:**

Follow MNT Visit: **Progress Note Sent to MD: Yes No**

Signature:	**Date:**

Adapted from the Lincoln Trail District Health Department & Laurel County Health Department Nutrition Follow up Medical Nutrition Therapy forms

MNT- Follow UP
DEV10/15

MEDICAL NUTRITION THERAPY GROUP NUTRITION EDUCATION

The following is a list of topics that are appropriate for group nutrition education **in the clinic setting** under the MNT group class code. The lesson plans with pre-and post-test for each class are available from the Nutrition Services Branch. **All MNT group classes must be taught by a Registered Dietitian or Certified Nutritionist.**

Medical Nutrition Therapy Topics	Possible Handouts	Class Information
Diabetes Meal Planning	▪ *Dining Out Made Healthy* ▪ *Read It Before You Eat It/Steps to Reading a Food Label*	Healthy methods to eating out; artificial sweeteners, CHO counting, glycemic index, label reading, portion sizes
Heart Health	▪ *Cholesterol Round-up* ▪ *DASH: The Proven Way to Lower Your Blood Pressure* ▪ *Trans-Fatty Acids: What, another fat?* ▪ *Triglyceride Facts*	Class 1: Cholesterol Class 2: Sodium Class 3: DASH/hypertension Class 4: Triglycerides
Dining with Diabetes	West Virginia Cooperative Extension Program	Lessons, overheads and recipes, pre- and post-test
Weight Loss	▪ *Activity Pyramid* ▪ *Dining Out Made Healthy* ▪ *My Pyramid (specific calorie level)*	Physical activity, portion sizes, label reading, healthy methods of cooking; healthy eating out

Documentation in each class attendees' medical record must include:

A. Class attended
B. Date
C. Outcome expected for the class attendee
D. Follow-up appointment
E. Pre- and post-test data
F. Specific health measures (can be referral information from physician)
    1. Height, weight and Body Mass Index (BMI)
    2. Cholesterol
    3. Triglycerides
    4. LDL
    5. Blood glucose
    6. Blood pressure
    7. Hemoglobin A1C
G. Signature of class provider, title