



## **OSU HEALTH PLAN NUTRITIONAL SERVICES AUTHORIZATION REQUEST, Registered Dietitian Visits**

OSU Health Plan offers coverage for nutritional counseling by a licensed Registered Dietitian for members who would benefit from services because of a disease, disorder or weight management problem directly related or responsive to food/nutrient intake. The benefit allows for 3 sessions covered in full (no copay by member) without prior authorization and up to 3 additional sessions with physician referral (copay/coinsurance/deductible applies). The referring physician or the RD can provide the following information. It can be faxed or mailed to OSU Health Plan prior to the fourth visit.

Client Name		Member ID #	Client Relationship to Member: Self _____ Wife _____ Husband _____ Son _____ Daughter _____	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Client Address:		
Dietitian's name:			Billing Tax ID:	
Dietitian's Address, Phone, and Fax Number:				
Date of First Service			Preliminary Axis I DX	
Primary Care/Referring Physician Name, Address				
Anticipated date span of visits 4, 5 and 6 _____ to _____				

### **OSU Health Plan Treatment Authorization\***

Authorization number will be sent to RD once completed.

Treatment Authorization Number: \_\_\_\_\_

Number of Visits Authorized: \_\_\_\_\_

Date Span of Authorization: \_\_\_\_\_

NOTE: The Registered Dietitian should provide a summary of findings and recommendations to the referring physician so the physician can continue to work with the member on longer term plans.

<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Case Manager _____</p>
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\*This authorization is for medical necessity only. It is not a guarantee of payment. Approval of benefits is subject to premium payments and coverage limitations, including waiting periods where applicable.

This form can be found at <http://www.osuhealthplan.com/providers/medical-forms.php>.