

# DIABETES HEALTHSOURCE

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## MEDICARE REFERRAL FORM

Please fax to: 585.341.7945

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Insurance \_\_\_\_\_ Interpreter/Language \_\_\_\_\_ Phone \_\_\_\_\_  
Physician Name/Practice \_\_\_\_\_  
Physician Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_  
**the HCP provider above manages the patient's diabetes and certifies the plan of care below is necessary**

**DIAGNOSIS**  Type 1  Type 2  Gestational

### DIABETES SELF MANAGEMENT EDUCATION/TRAINING (DSMT)

### MEDICAL NUTRITION THERAPY (MNT)

*Check type of training services and number of hours requested*  
 Initial DSMT  10 hours or \_\_\_\_\_ no. hrs. requested  
 Follow-up DSMT  2 hours or \_\_\_\_\_ no. hrs. requested

*Check the type of MNT and/or number of additional hrs. requested*  
 Initial MNT  3 hours or \_\_\_\_\_ no. hrs. requested  
 follow-up MNT  2 hours or \_\_\_\_\_ no. hrs. requested

**Group DSMT provided unless 1 or more Individual reason below:**

Additional MNT hrs. requested in the same calendar year \_\_\_\_\_

*Check all special needs that apply:*

*Please specify change in medical condition, treatment and/or diagnosis*

Vision loss  Hearing loss  
 Cognitive Impairment  Language Limitations  
 Insulin/injection training  Physical Limitations  
 Psychiatric illness explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DSMT Content

Medications  Diabetes as disease process  
 Monitoring diabetes  Physical activity  
 Psychological adjustment  Goal setting, problem solving  
 All above topics

Nutritional management  
 Prevent, detect and treat acute complications  
 Prevent, detect and treat chronic complications

**Additional DSMT hours requested** \_\_\_\_\_  
*Please specify change in medical condition, treatment and/or diagnosis:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**72 hr continuous glucose monitor-**  
 A1C >7%  
 A1c <7%  
 hypoglycemia unawareness  
 nocturnal hypoglycemia

**DHS Office use only: MCR benefit verified on** \_\_\_\_\_ **Initials** \_\_\_\_\_ **scheduled:** \_\_\_\_\_

DSMT: Initial year \_\_\_\_\_ hrs. Start \_\_\_\_\_ End date \_\_\_\_\_  
MNT: Initial year \_\_\_\_\_ hrs. Calendar year \_\_\_\_\_  
Follow-up year \_\_\_\_\_ hrs. Calendar year \_\_\_\_\_  
Follow-up year \_\_\_\_\_ hrs. Calendar year \_\_\_\_\_