



# Medicare Coverage of Diabetes Supplies & Services



This is the official government booklet with important information about the following:

- What's covered
- What's not covered
- Helpful tips to keep you healthy
- Where to get more information



## Introduction



This booklet explains Medicare coverage of diabetes supplies and services in the [Original Medicare Plan](#) and with Medicare prescription drug coverage (Part D).

If you have other insurance that supplements the Original Medicare Plan [like a Medigap (Medicare Supplement Insurance) policy], it may pay some of the costs for the services described in this booklet. Contact your plan's benefits administrator for more information.

If you are in a [Medicare Advantage Plan](#) (like an HMO or PPO) or other Medicare health plan, your plan must give you at least the same coverage as the Original Medicare Plan, but it may have different rules. Your costs, rights, protections, and choices for where you get your care might be different if you are in one of these plans. You might also get extra benefits. Read your plan materials, or call your benefits administrator, for more information about your benefits.

This booklet explains your benefits in the Original Medicare Plan. “Medicare Coverage of Diabetes Supplies & Services” isn't a legal document. Official Medicare Program legal guidance is contained in relevant statutes, regulations, and rulings.

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## Medicare Basics

### What Is Medicare?

Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

### The Different Parts of Medicare

You can get the most from your Medicare benefits by learning what Medicare covers and by taking advantage of all that Medicare has to offer. Medicare has the following parts:

**Medicare Part A (Hospital Insurance)** helps cover your inpatient care in hospitals. Part A also helps cover skilled nursing facility, hospice, and home health care if you meet certain conditions.

**Medicare Part B (Medical Insurance)** helps cover [medically-necessary](#) services like doctors' services and outpatient care. Part B also helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse.

**Medicare Part C (Medicare Advantage Plans)** is another way to get your Medicare benefits. It combines Part A, Part B, and, sometimes, Part D (prescription drug) coverage. Medicare Advantage Plans are managed by private insurance companies approved by Medicare. These plans must cover medically-necessary services. However, plans can charge different copayments, [coinsurance](#), or [deductibles](#) for these services.

**Medicare Part D (Medicare prescription drug coverage)** helps cover prescription drugs. This coverage may help lower your prescription drug costs and help protect against higher costs in the future.

For more information about Medicare, you can view or print a copy of the "Medicare & You" handbook by visiting [www.medicare.gov](http://www.medicare.gov) on the web. Under "Search Tools," select "Find a Medicare Publication." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Words in [green](#) are defined on page 29.



# 1

## Section 1: Medicare Coverage for Diabetes At-a-Glance

The chart below and on pages 4–6 provides a quick overview of some of the services and diabetes supplies covered by Medicare (Part B and Part D). Generally, Medicare Part B covers the services that may affect people with Medicare who have diabetes. In addition, Medicare Part B covers some preventive services for people who are at risk for diabetes. Medicare Part D also covers diabetes supplies used for injecting insulin. You must have Medicare Part B and/or Part D to get these covered services and supplies.

Supply/Service	What is covered	You pay
<b>Anti-diabetic drugs</b>	Medicare Part D covers anti-diabetic drugs for maintaining blood sugar (glucose).	Coinsurance or copayment  Part D deductible may also apply
<b>Diabetes screenings</b> (see pages 15–16)	<p>Medicare Part B covers tests to check for diabetes. These screenings are covered if you have any of the following risk factors: high blood pressure (hypertension), dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar. Tests are also covered if you answer “yes” to 2 or more of the following questions:</p> <ul style="list-style-type: none"> <li>• Are you age 65 or older?</li> <li>• Are you overweight?</li> <li>• Do you have a family history of diabetes (parents, siblings)?</li> <li>• Do you have a history of gestational diabetes (diabetes during pregnancy), or did you deliver a baby weighing more than 9 pounds?</li> </ul> <p>Based on the results of these tests, you may be eligible for up to 2 diabetes screenings every year at no cost.</p>	No coinsurance or copayment or Part B deductible

## Section 1: Medicare Coverage for Diabetes At-a-Glance

Supply/Service	What is covered	You pay
<p><b>Diabetes self-management training</b> (see pages 16–18)</p>	<p>Medicare Part B covers outpatient training for people with diabetes or recently diagnosed with diabetes to teach them to manage their diabetes. Your doctor or other health care provider must provide a written order (plan of care) to a certified diabetes self-management education program.</p>	<p>20% of the Medicare-approved amount</p> <p>Coinsurance or copayment and Part B deductible applies</p>
<p><b>Diabetes supplies (Part B)</b> (Blood sugar self-testing equipment and supplies on pages 7–9)</p>	<p>Medicare Part B covers some diabetes supplies, including blood sugar (glucose) testing monitors, blood sugar (glucose) test strips, lancet devices and lancets, and glucose control solution. (Glucose control solutions for checking the accuracy of testing equipment and test strips.) There may be limits on how much or how often you get these supplies.</p>	<p>20% of the Medicare-approved amount</p> <p>Coinsurance or copayment and Part B deductible applies</p>
<p><b>Diabetes supplies (Part D)</b> (see page 14)</p>	<p>Medicare Part D covers certain medical supplies for administration of insulin (like syringes, needles, alcohol swabs, gauze, and inhaled insulin devices).</p>	<p>Coinsurance or copayment</p> <p>Part D deductible may also apply</p>
<p><b>Flu and pneumococcal shots</b> (see page 20)</p>	<p><b>Flu shot</b> To help prevent influenza or flu virus. This is covered once a flu season in the fall or winter. The flu is a serious illness. You need a flu shot for the current virus each year. Medicare Part B covers this shot.</p> <p><b>Pneumococcal shot</b> To help prevent pneumococcal infections (like certain types of pneumonia). Most people only need this preventive shot once in their lifetime. Medicare Part B covers this shot.</p>	<p>No coinsurance or copayment or Part B deductible</p>

## Section 1: Medicare Coverage for Diabetes At-a-Glance

Supply/Service	What is covered	You pay
<b>Foot exams and treatment</b> (see page 20)	Medicare Part B covers a foot exam every 6 months for people with diabetic peripheral neuropathy and loss of protective sensation, as long as they haven't seen a foot care professional for another reason between visits.	20% of the Medicare-approved amount  Coinsurance or copayment and Part B deductible applies
<b>Glaucoma tests</b> (see page 20)	Medicare Part B covers tests to help find the eye disease glaucoma. This is covered once every 12 months for people at high risk for glaucoma. You are considered high risk for glaucoma if you have diabetes, a family history of glaucoma, are African-American and age 50 or older, or are Hispanic and age 65 or older. Tests must be done by an eye doctor legally authorized by the state.	20% of the Medicare-approved amount  Coinsurance or copayment and Part B deductible applies
<b>Insulin</b> (see page 13)	Medicare Part D covers insulin that isn't administered with an insulin pump.	Coinsurance or copayment  Part D deductible may also apply
<b>Insulin pumps</b> (see page 10)	Medicare Part B covers external insulin pumps and the insulin that the device uses under <b>durable medical equipment</b> .	20% of the Medicare-approved amount  Coinsurance or copayment and Part B deductible applies
<b>Medical nutrition therapy</b> (see page 19)	Medicare Part B may cover medical nutrition therapy if you have diabetes or kidney disease and you are referred for the service by your doctor.	20% of the Medicare-approved amount  Coinsurance or copayment and Part B deductible applies

## Section 1: Medicare Coverage for Diabetes At-a-Glance

Supply/Service	What is covered	You pay
<p><b>Physical exam (“Welcome to Medicare” physical exam)</b> (see page 21)</p>	<p>Physical exam (“Welcome to Medicare” physical exam) Medicare Part B covers a one-time review of your health, and education and counseling about preventive services, including certain screenings and shots.</p> <p><b>Note:</b> Exam must be done in the first 6 months you have Medicare Part B.</p>	<p>Coinsurance or copayment and Part B deductible applies</p>
<p><b>Therapeutic shoes or inserts</b> (see pages 10–11)</p>	<p>Medicare Part B covers therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease. The doctor who treats your diabetes must certify your need for therapeutic shoes or inserts. The shoes and inserts must be prescribed by a podiatrist or other qualified doctor and provided by a podiatrist, orthotist, prosthetist, or pedorthist.</p>	<p>20% of the Medicare-approved amount</p> <p>Coinsurance or copayment and Part B deductible applies</p>

# 2

## Section 2: Medicare Part B-covered Diabetes Supplies

This section provides information about Medicare Part B and its coverage of diabetes supplies. Medicare covers certain supplies if you have diabetes and you have Medicare Part B. These covered supplies include the following:

- Blood sugar self-testing equipment and supplies. See below and pages 8–9.
- Insulin pumps. See page 10.
- Therapeutic shoes and inserts. See page 10.

### **Blood sugar self-testing equipment and supplies**

Blood sugar (also called blood glucose) self-testing equipment and supplies are covered for all people with Medicare Part B who have diabetes. This includes people who use insulin and people who don't use insulin.

These supplies include the following:

- Blood sugar monitors
- Blood sugar test strips
- Lancet devices and lancets
- Glucose control solutions for checking the accuracy of testing equipment and test strips

Medicare Part B covers the same type of blood sugar testing supplies for people with diabetes whether or not they use insulin. However, the amount of supplies that are covered varies. If you use insulin, you may be able to get up to 100 test strips and lancets every month, and 1 lancet device every 6 months.

If you don't use insulin, you may be able to get 100 test strips and lancets every 3 months, and 1 lancet device every 6 months.

If your doctor says it is **medically necessary**, **Medicare will allow additional test strips and lancets.**

If you have questions about diabetes supplies, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Words in green are defined on page 29.

## Section 2: Medicare Part B-covered Diabetes Supplies

### Blood sugar self-testing equipment and supplies (continued)

#### How do I get these covered supplies?

Medicare will only cover your blood sugar self-testing equipment and supplies if you get a prescription from your doctor. The prescription should include the following information:

- That you have diabetes
- What kind of blood sugar monitor you need and why you need it (If you need a special monitor because of vision problems, your doctor must explain that.)
- Whether you use insulin
- How often you should test your blood sugar
- How many test strips and lancets you need for one month

#### Keep in mind that

- you can order and pick up your supplies at your pharmacy.
- you can order your supplies from a medical equipment [supplier](#). If you get your supplies this way, you must place the order yourself. You will need a prescription from your doctor to place your order, but your doctor can't order it for you.
- you must ask for refills for your supplies.
- you need a new prescription from your doctor for your lancets and test strips every 12 months.

**Note:** Medicare won't pay for any supplies you didn't ask for, or for any supplies that were sent to you automatically from suppliers, including blood sugar monitors, test strips, and lancets. If you are getting supplies sent to you automatically, are getting advertisements that are misleading, or suspect fraud relating to your diabetes supplies, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

You must get supplies from a pharmacy or supplier that is enrolled in Medicare. If you go to a pharmacy or supplier that isn't enrolled in Medicare, Medicare won't pay. **You will have to pay the entire bill for any supplies from non-enrolled pharmacies or non-enrolled suppliers.**

## Section 2: Medicare Part B-covered Diabetes Supplies

### Blood sugar self-testing equipment and supplies (continued)

#### How do I get these covered supplies? (continued)

All Medicare-enrolled pharmacies and suppliers must submit claims for blood sugar (glucose) monitor test strips. You can't submit a claim for blood sugar (glucose) monitor test strips yourself. You should also make sure that the pharmacy or **supplier** accepts assignment for Medicare-covered supplies. [Assignment is an agreement between you (the person with Medicare), Medicare, and doctors, other health care suppliers, or providers.] **This could save you money.** If the pharmacy or supplier accepts assignment, Medicare will pay the pharmacy or supplier directly. You should only pay your **coinsurance** amount when you get your supply from a pharmacy or supplier for assigned claims. If your pharmacy or supplier **doesn't** accept assignment, charges may be higher, and you may pay more. You may also have to pay the entire charge at the time of service, and wait for Medicare to send you its share of the cost.

Before you get a supply it is important to ask the supplier or pharmacy the following questions:

- Are you enrolled in Medicare?
- Do you accept assignment?

If the answer to either of these 2 questions is “no,” you should call another supplier or pharmacy in your area who answers “yes” to be sure your purchase is covered by Medicare, and to save you money. Ask them the same questions.

If you can't find a supplier or pharmacy in your area that is enrolled in Medicare and accepts assignment, you may want to order your supplies through the mail. This could also save you money.

Words in **green**  
are defined on  
page 29.

## Section 2: Medicare Part B-covered Diabetes Supplies

### Insulin pumps

Insulin pumps worn outside the body (external), including the insulin used with the pump, may be covered for some people with Medicare Part B who have diabetes and who meet certain conditions.

#### How do I get an insulin pump?

If you need to use an insulin pump, your doctor will prescribe it for you.

**Note:** In the [Original Medicare Plan](#), you pay 20% of the [Medicare-approved amount](#) after the yearly Part B [deductible](#). Medicare will pay 80% of the cost of the insulin pump. Medicare will also pay for the insulin that is used with the insulin pump. For more information about [durable medical equipment](#) and diabetes supplies, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

### Therapeutic shoes or inserts

If you have Medicare Part B, have diabetes, and meet certain conditions (see below), Medicare will cover therapeutic shoes if you need them.

The types of shoes that are covered each year include **1** of the following:

- One pair of depth-inlay shoes and 3 pairs of inserts
- One pair of custom-molded shoes (including inserts) if you can't wear depth-inlay shoes because of a foot deformity, and 2 additional pairs of inserts

**Note:** In certain cases, Medicare may also cover separate inserts or shoe modifications instead of inserts.

Words in [green](#)  
are defined on  
page 29.

## Section 2: Medicare Part B-covered Diabetes Supplies

### Therapeutic shoes or inserts (continued)

#### How do I get therapeutic shoes?

In order for Medicare to pay for your therapeutic shoes, the doctor treating your diabetes must certify that you meet **all** of the following 3 conditions:

1. You have diabetes
2. You have at least 1 of the following conditions in one or both feet:
  - Partial or complete foot amputation
  - Past foot ulcers
  - Calluses that could lead to foot ulcers
  - Nerve damage because of diabetes with signs of problems with calluses
  - Poor circulation
  - Deformed foot
3. You are being treated under a comprehensive diabetes care plan and need therapeutic shoes and/or inserts because of diabetes.

Medicare also requires the following:

- A podiatrist or other qualified doctor prescribe the shoes
- A doctor or other qualified individual like a pedorthist, orthotist, or prosthetist fit and provide the shoes



# 3

## Section 3: Medicare Part D Diabetes Coverage

This section provides information about Medicare prescription drug coverage (Part D) for people with Medicare who have or are at risk for diabetes. If you want Medicare prescription drug coverage, you must join a Medicare drug plan. For information about Medicare prescription drug coverage, you can view or print a copy of the “Your Guide to Medicare Prescription Coverage” booklet by visiting [www.medicare.gov](http://www.medicare.gov) on the web. Under “Search Tools,” select “Find a Medicare Publication.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

The following are covered under Medicare drug plans:

- Insulin. See below.
- Anti-diabetic drugs. See below.
- Diabetes supplies. See page 14.

### **Insulin**

Injectable insulin not associated with the use of an insulin infusion pump is covered under Medicare drug plans.

### **Anti-diabetic drugs**

Blood sugar (glucose) that isn't controlled by insulin is maintained by anti-diabetic drugs. Medicare drug plans can cover anti-diabetics drugs such as the following:

- Sulfonylureas (i.e. Glipizide, Glyburide)
- Biguanides (i.e. metformin)
- Thiazolidinediones (i.e. Starlix® and Prandin®)
- Alpha glucosidase inhibitors (i.e. Precose®)

## Section 3: Medicare Part D Diabetes Coverage

### Diabetes supplies

Diabetes supplies associated with the administration of insulin may be covered for all people with Medicare Part D who have diabetes. These medical supplies include the following:

- Syringes
- Needles
- Alcohol swabs
- Gauze
- Inhaled insulin devices

### For more information about Medicare prescription drug coverage

- Visit [www.medicare.gov](http://www.medicare.gov) on the web. Under “Search Tools,” select “Compare Medicare Prescription Drug Plans.” Or, view or print the “Your Guide to Medicare Prescription Drug Coverage” booklet.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP). To get their telephone number call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web. Under “Search Tools,” select “Find Helpful Phone Numbers and Websites.”

# 4

## Section 4: Medicare-covered Diabetes Services

All of the diabetes services listed in this section are covered by Medicare Part B unless otherwise noted.

For people with diabetes, Medicare covers certain services. Your doctor must write an order or referral for you to get these services. Once your doctor writes this order, you should get the services as soon as possible. You need to make sure that you have your doctor's written order before you get the services. These services include the following:

- Diabetes screenings. See below and page 16.
- Diabetes self-management training. See pages 16–18.
- Medical nutrition therapy services. See page 19.
- Hemoglobin A1c tests. See page 20.
- Special eye exams. See page 20.

You can get some Medicare-covered services without a written order or referral. These services include the following:

- Foot exams and treatment. See page 20.
- Glaucoma tests. See page 20.
- Flu and pneumococcal shots. See page 20.
- Physical exam (“Welcome to Medicare” physical exam). See page 21.

### **Diabetes screenings**

Medicare pays for you to get diabetes screening tests if you are at risk for diabetes. These tests are used to detect diabetes early. Some, but not all, of the conditions that may qualify you as being at risk for diabetes include the following:

- High blood pressure
- Dyslipidemia (history of abnormal cholesterol and triglyceride levels)
- Obesity (with certain conditions)
- Impaired glucose (blood sugar) tolerance
- High fasting glucose (blood sugar)

## Section 4: Medicare-covered Diabetes Services

### Diabetes screenings (continued)

Medicare will pay for you to get 2 diabetes screening tests in a 12-month period. After the initial diabetes screening test, your doctor will determine when to do the second test. Diabetes screening tests that are covered include the following:

- Fasting blood sugar tests
- Other tests approved by Medicare as appropriate

If you think you may be at risk for diabetes, talk with your doctor to see if you can get diabetes screening tests that Medicare will cover.

### Diabetes self-management training

Diabetes self-management training helps you learn how to successfully manage your diabetes. Your doctor must prescribe this training for you for Medicare to cover it.

You can get diabetes self-management training if you meet 1 of the following conditions during the last 12-months:

- You were diagnosed with diabetes
- You changed from taking no diabetes medication to taking diabetes medication, or from oral diabetes medication to insulin
- You have diabetes and have recently become eligible for Medicare
- You're at risk for complications from diabetes (see below)

Your doctor may consider you at increased risk if you have any of the following:

- Had problems controlling your blood sugar, have been treated in an emergency room or have stayed overnight in a hospital because of your diabetes
- Been diagnosed with eye disease related to diabetes
- Had a lack of feeling in your feet or some other foot problems like ulcers, deformities, or have had an amputation
- Been diagnosed with kidney disease related to diabetes

## Section 4: Medicare-covered Diabetes Services

### Diabetes self-management training (continued)

Your doctor will usually give you information about where to get diabetes self-management training. You must get this training from a certified diabetes self-management education program as part of a plan of care prepared by your doctor or qualified non-doctor practitioner. These programs are certified by the American Diabetes Association or the Indian Health Service.

Classes are taught by health care providers who have special training in diabetes education. You are covered to get a total of 10 hours of initial training within a continuous 12-month period. One of the hours can be given on a one-on-one basis. The other 9 hours must be training in a group class. The initial training must be completed no more than 12 months from the time you start the training.

**Important:** Your doctor may prescribe 10 hours of individual training if you are blind or deaf, have language limitations, or no group classes have been available within 2 months of your doctor's order.

To be eligible for 2 more hours of follow-up training each year after the year you received initial training, you must get another written order from your doctor. The 2 hours of follow-up training can be with a group or you may have one-on-one sessions. Remember, your doctor must prescribe this follow-up training each year for Medicare to cover it.

**Note:** If you live in a rural area, you may be able to get diabetes self-management training in a Federally Qualified Health Center (FQHC). For more information about FQHCs, visit [www.cms.hhs.gov/center/fqhc.asp](http://www.cms.hhs.gov/center/fqhc.asp) on the web. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

FQHCs are special health centers, usually located in urban or rural areas. They can give routine health care at a lower cost. Some FQHCs are Community Health Centers, Tribal FQHC Clinics, Certified Rural Health Clinics, Migrant Health Centers, and Health Care for the Homeless Programs.

## Section 4: Medicare-covered Diabetes Services

### Diabetes self-management training (continued)

#### **What will I learn in this training?**

You will learn how to successfully manage your diabetes. This will include information on self-care and making lifestyle changes. The first session is an individual assessment to help the instructors better understand your needs.

Classroom training will cover topics such as the following:

- General information about diabetes, and the benefits and risks of blood sugar control
- Nutrition and how to manage your diet
- Options to manage and improve blood sugar control
- Exercise and why it is important to your health
- How to take your medications properly
- Blood sugar testing and how to use the information to improve your diabetes control
- How to prevent, recognize, and treat acute and chronic complications from your diabetes
- Foot, skin, and dental care
- How diet, exercise, and medication affect blood sugar
- How to adjust emotionally to having diabetes
- Family involvement and support
- The use of the health care system and community resources

## Section 4: Medicare-covered Diabetes Services

### Medical nutrition therapy services

In addition to diabetes self-management training, medical nutrition therapy services are also covered for people with diabetes or renal disease. To be eligible for this service, your fasting blood sugar has to meet certain criteria. Also, your doctor must prescribe these services for you.

These services can be given by a registered dietitian or certain nutrition professionals. The services include the following:

- An initial nutrition and lifestyle assessment
- Nutrition counseling (what foods to eat and how to follow an individualized diabetic meal plan)
- How to manage lifestyle factors that affect your diabetes
- Follow-up visits to check on your progress in managing your diet

Medicare covers 3 hours of one-on-one medical nutrition therapy services the first year you receive the service, and 2 hours each year after that. If your doctor determines there is a change in your diagnosis or medical condition that makes a change in your diet necessary, you may be able to get additional hours of medical nutrition therapy services.

Remember, your doctor must prescribe medical nutrition therapy services each year for Medicare to pay for the service.

**Note:** If you live in a rural area, you may be able to get medical nutrition therapy services in a Federally Qualified Health Center (FQHC). For more information about FQHCs, visit [www.cms.hhs.gov/center/fqhc.asp](http://www.cms.hhs.gov/center/fqhc.asp) on the web. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## Section 4: Medicare-covered Diabetes Services

### **Foot exams and treatment**

If you have diabetes-related nerve damage in either of your feet, Medicare will cover 1 foot exam every 6 months by a podiatrist or other foot care specialist, unless you have seen a foot care specialist for some other foot problem during the past 6 months. Medicare may cover more frequent visits to a foot care specialist if you have had a non-traumatic (not because of an injury) amputation of all or part of your foot or your feet have changed in appearance which may indicate you have serious foot disease. Remember, you should be under the care of your primary care physician or diabetes specialist when getting foot care.

### **Hemoglobin A1c tests**

A hemoglobin A1c test is a lab test ordered by your doctor. It measures how well your blood sugar has been controlled over the past 3 months. Anyone with diabetes is covered for this test if it is ordered by your doctor.

Medicare may cover this test when your doctor orders it. For more information, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

### **Glaucoma tests**

Medicare will pay for you to have your eyes checked for glaucoma once every 12 months. This test must be done or supervised by an eye doctor who is legally allowed to give this service in your state.

### **Special eye exam**

People with Medicare who have diabetes can get special eye exams to check for eye disease (called a dilated eye exam). These exams must be done by an eye doctor who is legally allowed to provide this service in your state. The dilated eye exam is recommended once a year.

### **Flu and pneumococcal shots (vaccinations)**

Medicare will pay for you to get a flu shot once a flu season in the fall or winter. Medicare will also pay for you to get a pneumococcal shot. One pneumococcal shot may be all you ever need. Ask your doctor.

## Section 4: Medicare-covered Diabetes Services

### Physical exam (one-time “Welcome to Medicare” physical exam)

Even though the Medicare physical exam isn't a diabetes-related covered service, it's a good opportunity to talk with your doctor about the preventive services you may need, like diabetes screening tests.

During this exam, Medicare covers a one-time review of your health, and education and counseling about preventive services, including certain screenings and shots. If you need it, referrals for other care may also be covered.

**Important:** You must have the physical exam within the first 6 months you have Part B for it to be covered by Medicare. You pay **coinsurance**, and Part B **deductible** applies.

### Who do I call if I have questions about what Medicare covers?

You should call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

### Supplies and services that aren't covered by Medicare

The **Original Medicare Plan** and Medicare drug plans (Part D) don't cover everything. Diabetes supplies and services not covered by Medicare include the following:

- Eye exams for glasses (called refraction)
- Orthopedic shoes (shoes for people whose feet are impaired, but intact)
- Routine or yearly physical exams (Medicare will cover a one-time physical exam within the first 6 months of enrolling in Part B—coinsurance and Part B deductible applies, see above.)
- Weight loss programs

Words in **green** are defined on page 29.



# 5

## Section 5: Helpful Tips to Staying Healthy

You can do many things to control your diabetes. Here are some helpful tips that can help you stay healthy.

### Eating right

- Talk with your doctor about what you eat, how much you eat, and when you eat. Your doctor or diabetes educator, or other health care provider can develop a healthy eating plan that's right for you.
- Talk with your doctor about how much you should weigh. Your doctor can talk to you about the different ways to help you reach your weight goal.

### Taking medications

- Take your medication as directed. Talk with your doctor if you have any problems.

### Exercising

- Be active for a total of 30 minutes most days. Talk with your doctor about which activities can help you stay active.

### Things to check

- Check your blood sugar (glucose) as often as your doctor tells you. You should record this information in a record book. Show your records to your doctor.
- Check your feet for cuts, blisters, sores, swelling, redness, or sore toenails. It is very important to keep your feet healthy to prevent serious foot problems.

### Things to check

- Check your blood pressure, often.
- Have your doctor check your cholesterol.
- If you smoke, you should talk with your doctor about how you can quit. Medicare will cover smoking cessation (counseling to stop smoking) if ordered by your doctor.

Using these helpful tips can help you manage your diabetes. You should talk with your doctor, diabetes educator, or other health care provider about your treatment, the tests you should get, and what you can do to help control your diabetes. They are there to help you. You should also talk with your doctor about your treatment options. You and your doctor can decide what's best for you.



# 6

## Section 6: Getting the Help You Need

This section provides information for people with limited income and resources.

### **Extra help paying for Medicare prescription drug coverage**

You may qualify for “extra help” (the low-income subsidy) from Medicare to pay prescription drug costs if you have a yearly income below \$15,315 (\$20,535 for a married person living with a spouse and no other dependents) and resources less than \$11,710 (\$23,410 for a married person living with a spouse and no other dependents). These amounts are for 2007. If you live in Alaska or Hawaii, or pay more than half of the living expenses of dependent family members, income limits are higher.

To get answers to your questions about extra help paying for your prescription drug costs, call your State Health Insurance Assistance Program (SHIP). To get their telephone number, visit [www.medicare.gov](http://www.medicare.gov) on the web. Under “Search Tools,” select “Helpful Phone Numbers and Websites.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

### **State Pharmacy Assistance Programs (SPAPs)**

Several states have State Pharmacy Assistance Programs (SPAPs) that help certain people pay for prescription drugs. Each SPAP makes its own rules about how to provide drug coverage to its members. Depending on your state, the SPAP will have different ways of helping you pay your prescription drug costs. To find out about the SPAPs in your state, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Or, call your State Health Insurance Assistance Program (SHIP).



# 7

## Section 7: For More Information

More information is available to help you make health care choices and decisions that meet your needs. Some free booklets can be ordered, and some information is on the web. If you don't have a computer, your local library or senior center may be able to help you find the information on their computers.

For more information about diabetes, you can visit [www.medicare.gov](http://www.medicare.gov) on the web. Select "Preventive Services," then select "Diabetes." Listed below are additional resources:

### **American Association of Diabetes Educators (AADE)**

[www.aadenet.org](http://www.aadenet.org)

1-800-338-3633

American Association of Diabetes Educators

100 West Monroe Street

Suite 400

Chicago, IL 60603

### **American Dietetic Association (ADA)**

[www.eatright.org](http://www.eatright.org)

1-800-877-1600

American Dietetic Association

120 South Riverside Plaza

Suite 2000

Chicago, IL 60606-6995

### **Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS)**

[www.cdc.gov/diabetes/index.htm](http://www.cdc.gov/diabetes/index.htm)

1-877-232-4636

(Inquiries and Publications)

CDC Division of Diabetes Translation

4770 Buford Highway NE, Mailstop K-10

Atlanta, GA 30341-3717

## Section 7: For More Information

### **Diabetes Exercise and Sports Association (DESA)**

[www.diabetes-exercise.org](http://www.diabetes-exercise.org)

1-800-898-4322

Diabetes Exercise and Sports Association

8001 Montcastle Drive

Nashville, TN 37221

### **Food and Drug Administration (FDA), DHHS**

[www.fda.gov/diabetes](http://www.fda.gov/diabetes)

### **Healthfinder**

[www.healthfinder.gov](http://www.healthfinder.gov)

### **Juvenile Diabetes Research Foundation International (JDRF)**

[www.jdrf.org](http://www.jdrf.org)

1-800-533-CURE (1-800-533-2873)

Juvenile Diabetes Research Foundation International

120 Wall Street

New York, NY 10005-4001

### **National Diabetes Education Program (NDEP)**

[www.ndep.nih.gov](http://www.ndep.nih.gov)

1-800-438-5383

National Diabetes Education Program

One Diabetes Way

Bethesda, MD 20814-9692

### **National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK) of the National Institutes of Health (NIH), DHHS**

[www.niddk.nih.gov](http://www.niddk.nih.gov)

[www.niddk.nih.gov/health/diabetes/ndic.htm](http://www.niddk.nih.gov/health/diabetes/ndic.htm) (Clearinghouse)

1-800-860-8747 (Clearinghouse)

National Diabetes Information Clearinghouse

1 Information Way

Bethesda, MD 20892-3560

# 8

## Section 8: Words to Know

**Coinsurance:** An amount you may be required to pay for services after you pay any plan deductibles. In the Original Medicare Plan, this is a percentage (like 20%) of the Medicare-approved amount. You have to pay this amount after you pay the Part A and/or Part B deductible. In a Medicare Prescription Drug Plan, the coinsurance will vary by plan and will depend on how much you have spent.

**Deductible:** The amount you must pay for health care or prescriptions, before the Original Medicare Plan, your prescription drug plan, or other insurance begins to pay. For example, in the Original Medicare Plan, you pay a new deductible for each benefit period for Part A and each year for Part B. These amounts can change every year. People who qualify for extra help either pay no deductible, or a small deductible for prescription drug coverage.

**Durable Medical Equipment:** Certain medical equipment that is ordered by a doctor for use in the home. Examples are walkers, wheelchairs, or hospital beds. DME is paid for under Medicare Part A and Part B for home health services.

**Medically-Necessary:** Services or supplies that are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice.

### **Medicare Advantage Plan (Part C):**

A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan, and aren't paid for under the Original Medicare Plan. Most Medicare Advantage Plans offer prescription drug coverage.

**Medicare-approved Amount:** In the Original Medicare Plan, this is the amount a doctor or supplier that accepts assignment can be paid. It includes what Medicare pays and any deductible, coinsurance, or copayment that you pay. It may be less than the actual amount a doctor or supplier charges.

**Original Medicare Plan:** The Original Medicare Plan has 2 parts: Part A (Hospital Insurance) and Part B (Medical Insurance). It is a fee-for-service health plan. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).

**Premium:** The periodic payment to Medicare, an insurance company, or a health care plan for health care or prescription drug coverage.

**Supplier:** Generally, any company, person, or agency that gives you a medical item or service, like a wheelchair or walker.



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*My Health.  
My Medicare.*

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**MARYLAND ASSOCIATION OF DIABETES EDUCATORS**

- To get this booklet on Audiotape (English and Spanish), in Braille, or Spanish, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- ¿Necesita usted una copia en español? También está disponible en audiocasete. Llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Las personas que usan TTY deben llamar al 1-877-486-2048.