

Medicare Coverage of Diabetes Supplies, Services, & Prevention Programs

CENTERS FOR MEDICARE & MEDICAID SERVICES

**This official government booklet
has important information about:**

- What's covered
- Helpful tips to keep you healthy
- Where to get more information



crossing
and partly < diab
 $DI^{-1} + base, basis$
di•a•be•tes (dī'
marked by e

Table of Contents

Introduction	4
Section 1: Medicare Coverage for Diabetes At-a-Glance	5
Section 2: Medicare Part B-Covered Diabetes Supplies	9
Blood sugar self-testing equipment & supplies	10
Insulin pumps	13
Therapeutic shoes or inserts	13
Replacing lost or damaged durable medical equipment or supplies in a disaster or emergency	14
Section 3: Medicare Part D Diabetes Coverage	15
Insulin	16
Anti-diabetic drugs	16
Diabetes supplies	16
For more information	16
Section 4: Medicare-Covered Diabetes Screenings & Services	17
Diabetes screenings	18
Medicare Diabetes Prevention Program	18
Diabetes self-management training	19
Medical nutrition therapy (MNT) services	22
Foot exams & treatment	23
Hemoglobin A1c tests	23
Glaucoma tests	23
Flu & pneumococcal shots (vaccinations)	24
“Welcome to Medicare” preventive visit	24
Yearly “Wellness” visit	24
Supplies & services that aren’t covered by Medicare	24
Section 5: Helpful Tips & Resources	25
Tips to help control diabetes	26
Phone numbers & websites	27

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.



Introduction

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

Original Medicare is fee-for-service coverage. The government usually pays your health care providers directly for your Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance) benefits.

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

If you have 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 Original Medicare, but it may have different rules. Your costs, rights, protections, and choices for where you get your care might be different if you're in one of these plans. You might also get extra benefits. Read your plan materials, or contact your plan for more information.

It may be helpful to understand these terms as you read this booklet:

Coinsurance: An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment: An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription.

Deductible: The amount you must pay for health care or prescriptions, before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Medicare-approved amount: In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

SECTION

1 Medicare Coverage for Diabetes At-a-Glance

The chart on pages 6–8 provides a quick overview of some of the diabetes services and supplies covered by Medicare Part B (Medical Insurance) and Medicare Part D (prescription drug coverage). Generally, Part B covers the services that may affect people who have diabetes. Part B also covers some preventive services for people who are at risk for diabetes. You must have Part B to get services and supplies covered under Part B. Part D covers diabetes supplies used for injecting or inhaling insulin. You must be enrolled in a Medicare drug plan to get supplies covered under Part D.

You can also visit [Medicare.gov/what-medicare-covers](https://www.Medicare.gov/what-medicare-covers) to view the information in the chart.

Supply/service	What's covered	What you pay
Anti-diabetic drugs See page 16.	Part D covers anti-diabetic drugs for maintaining blood sugar (glucose).	Coinsurance or copayment Part D deductible may also apply
Diabetes screenings See page 18.	Part B covers these screenings if your doctor determines you're at risk for diabetes. You may be eligible for up to 2 diabetes screenings each year.	No coinsurance, copayment, or Part B deductible for screenings Generally, 20% of the Medicare-approved amount after the yearly Part B deductible for the doctor's visit
Medicare Diabetes Prevention Program See pages 18–19.	Part B covers a once-per-lifetime health behavior change program to help you prevent diabetes.	Nothing for these services if you're eligible
Diabetes self-management training See pages 19–22.	Part B covers diabetes outpatient self-management training to teach you to cope with and manage your diabetes. You must have diabetes and a written order from your doctor or other qualified health care provider who's treating your diabetes.	20% of the Medicare-approved amount after the yearly Part B deductible
Diabetes equipment & supplies See page 10.	Part B covers blood sugar or glucose testing monitors and infusion pumps, if necessary, to administer insulin and related supplies and accessories for this equipment, including test strips, lancets, glucose sensors, tubing, and insulin.	20% of the Medicare-approved amount after the yearly Part B deductible
Diabetes supplies See page 16.	Part D covers certain medical supplies to administer insulin, including syringes, needles, alcohol swabs, gauze, and inhaled insulin devices.	Coinsurance or copayment Part D deductible may also apply

Supply/service	What's covered	What you pay
<p>Flu & pneumococcal shots See page 24.</p>	<p>Flu shot—To help prevent influenza or flu virus. Part B normally covers it only once a flu season in the fall or winter.</p> <p>Pneumococcal shot—Part B covers this shot to help prevent pneumococcal infections (like certain types of pneumonia).</p>	<p>No coinsurance, copayment, or Part B deductible if your doctor or health care provider accepts assignment</p>
<p>Foot exams & treatment See page 23.</p>	<p>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.</p>	<p>20% of the Medicare-approved amount after the yearly Part B deductible</p>
<p>Glaucoma tests See page 23.</p>	<p>Part B covers this test once every 12 months for people at high risk for glaucoma. Tests must be done by an eye doctor legally authorized by the state.</p>	<p>20% of the Medicare-approved amount after the yearly Part B deductible</p>
<p>Insulin See page 16.</p>	<p>Part D covers insulin that isn't administered with an insulin pump.</p>	<p>Coinsurance or copayment Part D deductible may also apply</p>

Supply/service	What's covered	What you pay
Insulin pumps See page 13.	Part B covers external durable insulin pumps and the insulin that the device uses under the durable medical equipment benefit if you meet certain conditions.	20% of the Medicare-approved amount after the yearly Part B deductible
Medical nutrition therapy services See pages 22–23.	Part B may cover medical nutrition therapy (MNT) and certain related services if you have diabetes or kidney disease. Your doctor or other health care provider must refer you for the MNT services.	No copayment, coinsurance, or Part B deductible if your doctor or health care provider accepts assignment
Therapeutic shoes or inserts See page 13.	Part B covers therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease.	20% of the Medicare-approved amount after the yearly Part B deductible
“Welcome to Medicare” preventive visit See page 24.	Within the first 12 months you have Part B, Medicare covers a one-time review of your health, and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed.	No copayment, coinsurance, or Part B deductible if your doctor or health care provider accepts assignment
Yearly “Wellness” visit See page 24.	If you’ve already had Part B for longer than 12 months, you can get a yearly “Wellness” visit to develop or update a personalized prevention plan based on your current health and risk factors.	No copayment, coinsurance or Part B deductible if your doctor or health care provider accepts assignment If you had a “Welcome to Medicare” visit, you’ll have to wait 12 months before you can get your first yearly “Wellness” visit

SECTION

2 Medicare Part B-Covered Diabetes Supplies

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

- Blood sugar self-testing equipment & supplies. See pages 10–12.
- Insulin pumps. See page 13.
- Therapeutic shoes or inserts. See pages 13–14.

Blood sugar self-testing equipment & supplies

Blood sugar (also called blood glucose) self-testing equipment and supplies are covered as durable medical equipment for all people with Medicare Part B who have diabetes, even if you don't use insulin.

Self-testing supplies include:

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

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 your doctor says it's medically necessary, **Medicare will allow you to get additional test strips and lancets**. "Medically necessary" means that services or supplies are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice. You may need to keep a record that shows how often you're actually testing yourself.

Medicare also covers therapeutic continuous glucose monitors (CGMs) approved for use in place of blood sugar monitors for making diabetes treatment decisions (like, changes in diet and insulin dosage) and related supplies. If you use insulin and require frequent adjustments to your insulin regimen/dosage, a CGM may be covered if your doctor determines that you meet all of the requirements for Medicare coverage, including the need to frequently check your blood sugar (four or more times a day) and the need to either use an insulin pump or receive three or more insulin injections per day.

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

Blood sugar self-testing equipment & supplies (continued)

What do I need from my doctor to 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:

- Whether 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.

Where can I get these supplies?

- You can order and pick up your supplies at your pharmacy.
- You can order your supplies from a medical equipment supplier. Generally, a “supplier” is any company, person, or agency that gives you a medical item or service, except when you’re an inpatient in a hospital or skilled nursing facility. If you get your supplies this way, you must place the order yourself. You’ll need a prescription from your doctor to place your order, but your doctor can’t order the supplies for you.

Keep this in mind:

- 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’re 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 can call 1-877-486-2048.

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

Blood sugar self-testing equipment & supplies (continued)

How are claims paid?

All Medicare-enrolled pharmacies and suppliers must submit claims for blood sugar (glucose) monitors, test strips, and other items covered under the durable medical equipment benefit. You can't submit a claim for a blood sugar monitor or test strips yourself.

You should also make sure that the pharmacy or supplier accepts assignment for Medicare-covered supplies. **This could save you money.** If the pharmacy or supplier accepts assignment, Medicare will pay the pharmacy or supplier directly. You pay no more than your coinsurance amount when you get your supplies from a pharmacy or supplier that accepts assignment. 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.

What supplier or pharmacy should I use?

Before you get a supply it's important to ask the supplier or pharmacy these 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.

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

To find a supplier that's enrolled in Medicare, visit [Medicare.gov/supplier](https://www.medicare.gov/supplier). Or, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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. Certain insulin pumps are considered durable medical equipment. “Durable medical equipment” is certain medical equipment ordered by your doctor for use in the home.

How do I get an insulin pump?

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

Note: In Original Medicare, you pay 20% of the Medicare-approved amount after the yearly Part B deductible. Medicare will pay 80% of the cost of the insulin and the insulin pump. For more information about durable medical equipment and diabetes supplies, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Therapeutic shoes or inserts

If you have Part B, have diabetes, and meet certain conditions (see page 14), Medicare will cover therapeutic shoes if you need them.

The types of shoes that are covered each year include **one** of these:

- 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.

Therapeutic shoes or inserts (continued)

How do I get therapeutic shoes?

For Medicare to pay for your therapeutic shoes, the doctor treating your diabetes must certify that you meet these 3 conditions:

1. You have diabetes.
2. You have at least one of these 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
 - A deformed foot
3. You're being treated under a comprehensive diabetes care plan and need therapeutic shoes and/or inserts because of diabetes.

Medicare also requires:

- A podiatrist or other qualified health care provider prescribes the shoes.
- A doctor or other qualified individual like a pedorthist, orthotist, or prosthetist fits and provides the shoes.

Replacing lost or damaged durable medical equipment or supplies in a disaster or emergency

I have Original Medicare

If Original Medicare already paid for durable medical equipment (like a wheelchair or walker) or supplies (like diabetic supplies) damaged or lost due to an emergency or disaster:

- In certain cases, Medicare will cover the cost to repair or replace your equipment or supplies.
- Generally, Medicare will also cover the cost of rentals for items (like wheelchairs) during the time your equipment is being repaired.

Call 1-800-MEDICARE (1-800-633-4227) to get more information about how to replace your equipment or supplies. TTY users can call 1-877-486-2048.

I have a Medicare Advantage Plan or other Medicare health plan

Contact your plan directly to find out how it replaces durable medical equipment or supplies damaged or lost in an emergency or disaster.

SECTION

3 Medicare Part D Diabetes Coverage

This section provides information about Medicare Part D (Medicare prescription drug coverage) for people with Medicare who have or are at risk for diabetes. To get Medicare drug coverage, you must join a Medicare drug plan. These diabetes drugs and supplies are covered under Medicare drug plans (on page 16):

- Insulin.
- Anti-diabetic drugs.
- Certain diabetes supplies.

Insulin

Medicare drug plans cover injectable insulin not used with an insulin infusion pump and inhaled insulin.

Anti-diabetic drugs

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

- Sulfonylureas (like Glipizide, and Glyburide)
- Biguanides (like metformin)
- Thiazolidinediones, like Actos® (Pioglitazone), Avandia® (Rosiglitazone), and Rezulin® (Troglitazone)
- Meglitinides, which are a class of anti-diabetic drug including Starlix® (Nateglinide) and Prandin® (Repaglinide)
- Alpha glucosidase inhibitors (like Precose®)

Diabetes supplies

Medical supplies used when you inject or inhale insulin may be covered for people with Medicare Part D who have diabetes. These supplies include:

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

For more information

To get more information about Medicare drug coverage:

- Visit [Medicare.gov/drug-coverage-part-d](https://www.Medicare.gov/drug-coverage-part-d)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP). To get their phone number, visit [shiptacenter.org](https://www.shiptacenter.org), or call 1-800-MEDICARE.

SECTION

4 Medicare-Covered Diabetes Screenings & Services

4

Medicare Part B covers certain services, screenings, and trainings to help you prevent, detect, and treat diabetes. Medicare also covers certain preventive services to help you stay healthy.

In general, your doctor must write an order or referral for you to get these services. These services include:

- Diabetes screenings. See page 18.
- Medicare Diabetes Prevention Program. See pages 18–19.
- Diabetes self-management training. See pages 19–22.
- Medical nutrition therapy services. See pages 22–23.
- Hemoglobin A1c tests. See page 23.

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

- Foot exams & treatment. See page 23.
- Glaucoma tests. See page 23.
- Flu & pneumococcal shots. See page 24.
- Preventive visits (“Welcome to Medicare” preventive visit and Yearly “Wellness” visit). See page 24.

Diabetes screenings

Medicare Part B pays for diabetes screening tests if you're at risk for diabetes. These tests are used to detect diabetes early. You may be at risk for diabetes if you have:

- 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)

Medicare may pay for up to 2 diabetes screening tests in a 12-month period. After the initial diabetes screening test, your doctor will determine if you need a second test. Medicare covers these diabetes screening tests:

- 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 these tests.

Medicare Diabetes Prevention Program

Medicare Part B covers a once-per-lifetime health behavior change program to help you prevent diabetes. The program begins with 16 core sessions offered in a group setting over a 6-month period. In these sessions, you'll get:

- Training to make realistic, lasting behavior changes around diet and exercise
- Tips on how to exercise more
- Strategies to control your weight
- A coach, specially trained to help keep you motivated
- Support from people with similar goals and challenges

Once you complete the core sessions, you'll get:

- 6 more months of follow-up sessions to help you maintain healthy habits
- An additional 12 months of ongoing maintenance sessions if you meet certain weight loss and attendance goals during the first year

Medicare Diabetes Prevention Program (continued)

To be eligible, you must have:

- Medicare Part B
- A hemoglobin A1c test result between 5.7 and 6.4%, a fasting plasma glucose of 110-125mg/dL, or a 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test) within 12 months prior to attending the first core session
- A body mass index (BMI) of 25 or more (BMI of 23 or more if you're Asian)
- Never been diagnosed with type 1 or type 2 diabetes
- Not been currently diagnosed with End-Stage Renal Disease (ESRD)
- Never participated in the Medicare Diabetes Prevention Program

You pay nothing for these services if you're eligible.

Diabetes self-management training

Medicare covers diabetes outpatient self-management training to teach you to cope with and manage your diabetes. The program may include tips for eating healthy, being active, monitoring blood sugar, taking medication, and reducing risks. You must have diabetes and a written order from your doctor or other qualified health care provider who's treating your diabetes.

Diabetes self-management training (continued)

Your doctor or other health care provider will usually give you information about where to get diabetes self-management training. You must get this training from an approved individual or program as part of a plan of care prepared by your doctor or other health care provider. These programs and individuals are accredited by a CMS-approved accreditation organization for diabetes self-management training.

How much training is covered?

Diabetes self-management training classes are taught by health care professionals who have special training in diabetes education. You're covered to get up to 10 hours of initial training and 2 hours of follow-up training if you need it.

The initial training must be completed no more than 12 months from the time you start it. The initial training includes one hour of training on an individual, one-on-one basis. The other 9 hours of initial training are usually given in a group setting.

Important: Your doctor or other health care professional may prescribe up to 10 hours of the initial training to be given to you on a one-on-one basis rather than in a group when it's appropriate. Some indications for one-on-one training include if you have low-vision, a hearing impairment, a language or other communication difficulty, or have cognition limitations. In addition, if no groups are available within 2 months of the date of the order, one-on-one training is also covered.

Diabetes self-management training (continued)

Up to 2 hours of follow-up training are covered each year after the year you receive the initial training if you need it. To be eligible for the follow-up training, you must get a written order from your doctor or other health care professional. The follow-up training can be in a group or one-on-one sessions. Remember, your doctor or other health care professional must prescribe this follow-up training each year for Medicare to cover it.

Note: Diabetes self-management training is available in many Federally Qualified Health Centers (FQHCs). FQHCs provide primary health services and qualified preventive services in medically underserved rural and urban areas. Some types of FQHCs are Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, Public Housing Primary Care Centers, and outpatient health programs/facilities operated by a tribe or tribal organization or by an urban Indian organization. No Part B deductible is applied. For more information about FQHCs, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Telehealth: If your health care provider is located in a rural area, you may be able to get diabetes self-management training services via telehealth from a practitioner, like a registered dietitian, who is in a different location. Telehealth services are only available to patients at certain types of health care locations in rural areas, so check with your practitioner to see if some of your training can be provided via telehealth. For more information about telehealth services, call 1-800-MEDICARE (1-800-633-4227).

What will I learn in this training?

Through diabetes self-management training, you'll learn how to successfully manage your diabetes. This includes information on self-care and lifestyle changes. The first session is an individual assessment to help the instructors better understand your needs.

Classroom training will cover topics like these:

- General information about diabetes, the benefits of blood sugar control, and the risks of poor blood sugar control
- Nutrition and how to manage your diet
- Options to manage and improve blood sugar control

Diabetes self-management training (continued)

- Exercise and why it's 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
- Behavior changes, goal setting, risk reduction, and problem solving
- How to adjust emotionally to having diabetes
- Family involvement and support
- The use of the health care system and community resources

Medical nutrition therapy services

In addition to diabetes self-management training, medical nutrition therapy services are also covered by Medicare Part B 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 or other health care provider must prescribe these services for you.

A registered dietitian or certain nutrition professionals can give these services:

- Nutrition counseling (what foods to eat and how to follow an individualized diabetic meal plan)
- How to manage lifestyle factors that affect your diabetes

Remember, your doctor or other health care provider must prescribe medical nutrition therapy services each year for Medicare to pay.

Medical nutrition therapy services (continued)

Note: Medical nutrition therapy is available in many Federally Qualified Health Centers (FQHCs). FQHCs provide primary health services and qualified preventive services in medically underserved rural and urban areas. Some types of FQHCs are Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, Public Housing Primary Care Centers, and outpatient health programs/facilities operated by a tribe or tribal organization or by an urban Indian organization. No Part B deductible or coinsurance is applied. For more information about FQHCs, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Telehealth: If your health care provider is located in a rural area, you may be able to get medical nutrition therapy services via telehealth from a practitioner, like a registered dietitian or other nutritional professional who is in a different location. Telehealth services are only available to patients at certain types of health care locations in rural areas, so check with your provider to see if some of these services can be provided via telehealth.

Foot exams & treatment

If you have diabetes-related nerve damage in either of your feet, Medicare Part B will cover one foot exam every 6 months by a podiatrist or other foot care specialist, unless you've seen a foot care specialist for some other foot problem during the past 6 months. Remember, you should be under the care of your primary care doctor or diabetes specialist when getting foot care.

Hemoglobin A1c tests

A hemoglobin A1c test is a lab test that measures how well your blood sugar has been controlled over the past 3 months. If you have diabetes, this test is covered by Part B if it's ordered by your doctor.

Glaucoma tests

Medicare Part B will pay for you to have your eyes checked for glaucoma once every 12 months if you're at risk. You're considered high risk for glaucoma if you have diabetes, or a family history of glaucoma, or are African-American and 50 or older, or are Hispanic and 65 or older. This test must be done or supervised by an eye doctor who's legally allowed to give this service in your state.

Flu & pneumococcal shots (vaccinations)

Part B will pay for you to get a flu shot generally once a flu season in the fall or winter. Part B will also pay for a pneumococcal shot to prevent pneumococcal infections (like certain types of pneumonia). Part B covers a different second pneumococcal shot 11 months after you get the first shot. Talk with your doctor or other health care provider to see if you need these shots.

“Welcome to Medicare” preventive visit

Part B covers a one-time review of your health, and education and counseling about preventive services within the first 12 months you have Part B. This includes information about certain screenings, shots, and referrals for other care if needed. The “Welcome to Medicare” preventive visit is a good opportunity to talk with your doctor about the preventive services you may need, like diabetes screening tests.

Yearly “Wellness” visit

If you’ve had Medicare Part B for longer than 12 months, you can get a yearly “Wellness” visit to develop or update a personalized prevention plan based on your current health and risk factors. This includes:

- A review of medical and family history
- A list of current providers and prescription drugs
- Your height, weight, blood pressure, and other routine measurements
- A screening schedule for appropriate preventive services
- A list of risk factors and treatment options for you

Supplies & services that aren’t covered by Medicare

Original Medicare and Medicare drug plans don’t cover everything. For example, these supplies and services aren’t covered:

- Eyeglasses and exams for glasses (called refraction), except after cataract surgery
- Orthopedic shoes (shoes for people whose feet are impaired, but intact)
- Cosmetic surgery

SECTION

5 Helpful Tips & Resources

More information is available to help you make health care choices and decisions that meet your needs.

For more information about Medicare coverage of diabetes supplies and services, visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Tips to help control diabetes

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

Eat right

- Talk with your doctor about what you eat, how much you eat, and when you eat. Your doctor, 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.

Take medicine as directed

- Talk with your doctor if you have any problems.

Exercise

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

Check these things

- 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's very important to keep your feet healthy to prevent serious foot problems.
- Frequently check your blood pressure.
- Have your doctor check your cholesterol.
- If you smoke, 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 tips can help you manage your diabetes. 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. You should also talk with your doctor about your treatment options. You and your doctor can decide what's best for you. You can also find out more by contacting the organizations on the next 2 pages.

Phone numbers & websites

Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS)

cdc.gov/diabetes

1-800-232-4636

(Inquiries and Publications)

CDC Division of Diabetes Translation

1600 Clifton Road

Atlanta, Georgia 30333

Healthfinder

healthfinder.gov

Indian Health Service

1-505-256-6716

Division of Diabetes Treatment & Prevention

4101 Indian School Road NE, Ste 225

Albuquerque, New Mexico 87110

Phone numbers & websites (continued)

National Diabetes Education Program (NDEP)

ndep.nih.gov

1-800-860-8747

National Diabetes Education Program

9000 Rockville Pike

Bethesda, Maryland 20892

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

niddk.nih.gov

niddk.nih.gov/health-information/diabetes

1-800-860-8747 (Clearinghouse)

CMS Accessible Communications

To help ensure people with disabilities have an equal opportunity to participate in our services, activities, programs, and other benefits, we provide communications in accessible formats. The Centers for Medicare & Medicaid Services (CMS) provides free auxiliary aids and services, including information in accessible formats like Braille, large print, data/audio files, relay services and TTY communications. If you request information in an accessible format from CMS, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format you can:

1. **Call us:** For Medicare: 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048.
2. **Email us:** altformatrequest@cms.hhs.gov.
3. **Send us a fax:** 1-844-530-3676.
4. **Send us a letter:**

Centers for Medicare & Medicaid Services
Offices of Hearings and Inquiries (OHI)
7500 Security Boulevard, Mail Stop S1-13-25
Baltimore, MD 21244-1850
Attn: Customer Accessibility Resource Staff

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

Note: If you're enrolled in a Medicare Advantage Plan or Medicare Prescription Drug Plan, contact your plan to request its information in an accessible format. For Medicaid, contact your State or local Medicaid office.

Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You can contact CMS in any of the ways included in this notice if you have any concerns about getting information in a format that you can use.

You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare Prescription Drug Plan, State or local Medicaid office, or Marketplace Qualified Health Plans. There are three ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

1. **Online:** hhs.gov/civil-rights/filing-a-complaint/index.html.
2. **By phone:** Call 1-800-368-1019. TTY users can call 1-800-537-7697.
3. **In writing:** Send information about your complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business
Penalty for Private Use, \$300

CMS Product No. 11022
Revised December 2019

Medicare's Coverage of Diabetes Supplies, Services, & Prevention Programs

- Medicare.gov
- 1-800-MEDICARE (1-800-633-4227)
- TTY: 1-877-486-2048

¿ Necesita usted una copia en español?

Llame GRATIS al 1-800-MEDICARE (1-800-633-4227).

