Medicare Coverage of Diabetes Supplies, Services, & Prevention Programs

CENTERS FOR MEDICARE & MEDICAID SERVICES

This official government booklet has important information about:

- What Medicare covers
- Helpful tips to keep you healthy
- Where to get more information

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit 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.

"Medicare Coverage of Diabetes Supplies, Services, & Prevention Programs" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

This educational publication was produced and disseminated at U.S. taxpayer expense. It's not a guidance document.

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Introduction

This booklet explains Medicare coverage of diabetes supplies and services in Original Medicare and with Medicare 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 Medicare 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 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 call your benefits administrator for more information.

It will 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.

Durable medical equipment: Certain medical equipment, like a walker, wheelchair, or hospital bed, that's ordered by your doctor for use in the home.

Medicare-approved amount: In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. **Assignment** is an agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance. 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 drug coverage (Part D).

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 it covers.

Part D covers diabetes supplies used to inject or inhale insulin. You must be enrolled in a Medicare drug plan to get supplies Part D covers.

Supply/ service	What Medicare covers	What you pay
Anti-diabetic drugs See page 16.	Part D covers anti-diabetic drugs to maintain blood sugar (glucose).	Coinsurance or copayment Part D deductible may also apply
Diabetes screening tests 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 screening tests 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 self-management training services for people recently diagnosed with diabetes or at risk for complications from diabetes. For Medicare to cover these services, your doctor or other health care provider must order it, and an accredited individual or program must provide the services.	20% of the Medicare-approved amount after the yearly Part B deductible
Diabetes equipment & supplies See pages 10–13.	Part B covers home blood sugar (glucose) monitors and supplies you use with the equipment, including blood sugar test strips, lancet devices, and lancets. There may be limits on how much or how often you get these supplies.	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 (like syringes, needles, alcohol swabs, gauze, and inhaled insulin devices).	Coinsurance or copayment Part D deductible may also apply

Supply/service	What Medicare covers	What you pay
Flu & pneumococcal shots See page 24.	**Flu shot**—To help prevent influenza or flu virus. Part B covers this shot once a flu season in the fall or winter to help prevent influenza or flu virus. **Pneumococcal shot**—Part B covers this shot to help prevent pneumococcal infections (like certain types of pneumonia).	No coinsurance, copayment, or Part B deductible if your doctor or health care provider accepts assignment
Foot exams & treatment See page 23.	Part B covers a foot exam every 6 months if you have diabetic peripheral neuropathy and loss of protective sensation, as long as you haven't seen a foot care professional for another reason between visits.	20% of the Medicare-approved amount after the yearly Part B deductible
Glaucoma tests See page 23.	Part B covers this test once every 12 months if you're at high risk for glaucoma. A doctor legally authorized by the state must do the test.	20% of the Medicare-approved amount after the yearly Part B deductible
Insulin See page 16.	Part D covers insulin that isn't administered with an insulin pump.	Coinsurance or copayment Part D deductible may also apply

Supply/service	What Medicare covers	What you pay
Insulin pumps See page 13.	Part B covers external durable insulin pumps and the insulin the pump uses under durable medical equipment if you meet certain conditions.	20% of the Medicare-approved amount after the yearly Part B deductible
Medical nutrition therapy (MNT) services See pages 22–23.	Part B may cover medical nutrition therapy and certain related services if you have diabetes or kidney disease. Your doctor or other health care provider must refer you for these services.	No copayment, coinsurance, or Part B deductible if your doctor or health care provider accepts assignment
Therapeutic shoes or inserts See pages 13–14.	Part B covers therapeutic shoes or inserts if you have diabetes and 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 Coverage for Diabetes Supplies

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

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

Blood sugar self-testing equipment & supplies

Part B covers blood sugar (also called blood glucose) self-testing equipment and supplies as durable medical equipment, 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 listed above for people with diabetes whether or not they use insulin. However, the amount of supplies that Part B covers varies.

- If you use insulin, you may be able to get up to 300 test strips and 300 lancets every 3 months.
- If you don't use insulin, you may be able to get 100 test strips and 100 lancets every 3 months.

If your doctor says it's medically necessary, and if other qualifications and documentation requirements are met, **Medicare will allow you to get additional test strips and lancets**. "Medically necessary" means that you need services or supplies 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.

If you meet certain criteria, Medicare also covers therapeutic continuous glucose monitors and related supplies approved for use in place of blood sugar monitors for making diabetes treatment decisions (like changes in diet and insulin dosage). If you use insulin and require frequent adjustments to your insulin regimen/dosage, Medicare may cover a continuous glucose monitor if your doctor determines that you meet all of the requirements for Medicare coverage, including the need to frequently check your blood sugar (4 or more times a day) and the need to either use an insulin pump or receive 3 or more insulin injections per day. You must also make routine in-person visits with your doctor.

If you have questions about diabetes supplies, visit Medicare.gov/coverage. You can also 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 these 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.

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 Medicare covers your purchase 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. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Blood sugar self-testing equipment & supplies (continued)

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, 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.**

Who's responsible for submitting claims?

All Medicare-enrolled pharmacies and suppliers must submit claims for blood sugar (glucose) monitors, test strips, and other items covered under durable medical equipment. 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.

What do I have to pay?

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.

Insulin pumps

Part B may cover insulin pumps worn outside the body (external), including the insulin used with the pump for some people with Part B who have diabetes and who meet certain conditions. Certain insulin pumps are considered durable medical equipment.

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, 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 Part B covers 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

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.

SECTION

3

Medicare Drug Coverage for Diabetes

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

- Insulin
- Anti-diabetic drugs
- Certain diabetes supplies

Part D Senior Savings Model

You may be able to join a drug plan that gives supplemental benefits for insulin starting January 1, 2021. The Part D Senior Savings Model is available to all people with Medicare. Plans that participate in this model will offer coverage choices that include multiple types of insulin at a maximum copayment of $35 for a 30-day supply. People taking insulin who enroll in a participating plan could save up to $446 a year in out-of-pocket costs. Visit Medicare.gov/plan-compare to find a participating plan in your state.

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)
- Meglitinides, which are a class of anti-diabetic drug including Starlix® (Nateglinide) and Prandin® (Repaglinide)
- Alpha glucosidase inhibitors (like Precose®)
- Glucagon-like peptide 1 (GLP-1) receptor agonists (like Adlyxin® (lixisenatide), Byetta®, Bydureon® (exenatide), Ozempic® (semaglutide), Tanzeum® (albiglutide),Trulicity® (dulaglutide) and Victoza® (liraglutide).
- Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT-2 inhibitors) like Farxiga® (dapagliflozin), Invokana® (canagliflozin), Jardiance® (empagliflozin)

Diabetes supplies

Supplies used to inject or inhale insulin may be covered if you have Medicare drug coverage and diabetes. These medical supplies include:

- Syringes
- Insulin pens with or without included insulin
- Needles
- Alcohol swabs
- Gauze
- Inhaled insulin devices
- Inhaled insulin devices with or without included insulin

For more information

To get more information about Medicare drug coverage:

- Visit 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, or call 1-800-MEDICARE.

SECTION

4

Medicare Coverage for Diabetes Screenings & Services

Part B covers certain services, screenings, and trainings to help you prevent, detect, and treat diabetes.

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

- **Diabetes screening tests**. 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. See pages 23–24.

Diabetes screenings

Part B pays for diabetes screening tests if you're at risk for diabetes. These tests help 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 glucose (sugar) blood tests
- Other glucose blood 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

Part B covers a once-per-lifetime health behavior change program to help you prevent type 2 diabetes. The program begins with weekly core sessions 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 get more exercise.
- Strategies to control your weight.
- A specially trained coach to help keep you motivated.
- Support from people with similar goals and challenges.

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

- 6 monthly follow-up sessions to help you maintain healthy habits.
- An additional 12 monthly ongoing maintenance sessions if you meet certain weight loss goals.

Medicare Diabetes Prevention Program (continued)

To be eligible, you must have:

- Part B (or a Medicare Advantage Plan).
- A fasting plasma glucose of 110-125mg/dL, a 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test), or a hemoglobin A1c test result between 5.7 and 6.4% 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).
- No history of type 1 or type 2 diabetes.
- No End-Stage Renal Disease (ESRD).
- Never participated in the Medicare Diabetes Prevention Program.

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

Visit Medicare.gov/contacts to see if there's a Medicare Diabetes Prevention Program supplier in your area.

Diabetes self-management training

Diabetes self-management training helps you learn how to successfully manage your diabetes. Your doctor or other health care provider must prescribe this training for Part B to cover it.

You can get diabetes self-management training if you meet one of these conditions:

- 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 been diagnosed with diabetes and are at risk for complications (see next page).

Diabetes self-management training (continued)

Your doctor or other health care provider may consider you at increased risk if any of these apply to you:

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

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 the American Diabetes Association or the American Association of Diabetes Educators.

How much training is covered?

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

You must complete the initial training 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 one-on-one rather than in a group when it's appropriate. Some indications for one-on-one training include:

- Low-vision
- A hearing impairment
- A language or other communication difficulty, or
- Cognition limitations.

In addition, Medicare also covers one-on-one training if no groups are available within 2 months of the date of the order.

Diabetes self-management training (continued)

Medicare covers up to 2 hours of follow-up training 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. You don't have to pay a Part B deductible. For more information about FQHCs, visit cms.gov/Center/Provider-Type/ Federally-Qualified-Health-Centers-FQHC-Center, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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

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 diabetes self-management training 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, Part B covers medical nutrition therapy services if you have diabetes or renal disease. To be eligible for these services, 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:

- 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

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. You don't have to pay a Part B deductible or coinsurance. For more information about FQHCs, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Teleheath: If you're in a rural area, a registered dietitian or other nutritional professional in a different location may be able to provide medical nutrition therapy to you through telehealth. Telehealth services are only available to patients at certain health care locations in rural areas, so check with your provider to see if you can get some of these services via telehealth.

Foot exams & treatment

If you have diabetes-related nerve damage in either of your feet, 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. Medicare may cover more frequent visits if you've 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 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, Part B covers this test if your doctor orders it.

For more information, call 1-800-MEDICARE (1-800-633-4227).

Glaucoma tests

Part B will pay for you to have your eyes checked for glaucoma once every 12 months if you're at increased risk of glaucoma. You're considered high risk for glaucoma if you have:

- Diabetic retinopathy (a diabetes complication that affects eyes), or
- Have a family history of glaucoma, or

Glaucoma tests (continued)

- 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

Part B will pay for you to get a flu shot (vaccine) generally once a flu season in the fall or winter. Part B will also pay for a pneumococcal shot (vaccine) 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 Medicare doesn't cover

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, visit 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 take several steps to help control your diabetes. Here are some tips that can help you stay healthy:

Eat right

- Talk with your doctor about what, how much, and when to 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 can 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.

Following 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 can 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 page.

Phone numbers & websites

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

cdc.gov/diabetes
1-800-232-4636

Healthfinder

healthfinder.gov

Indian Health Service

ihs.gov/diabetes/

Division of Diabetes Treatment & Prevention

1-505-256-6716

National Diabetes Education Program (NDEP)

ndep.nih.gov
1-800-860-8747

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

niddk.nih.gov
www.niddk.nih.gov/health-information/diabetes
1-800-860-8747 (Clearinghouse)

Notes

Notes

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.

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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:** https://www.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

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Official Business
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CMS Product No. 11022
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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).

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