

Last Update: December 2011

Medicare-Covered Diabetes Supplies and Services

Service	Details	Medicare Covers:	You Pay
Diabetes Screening	Screenings are covered if you are at risk for diabetes or have pre-diabetes	Medicare will cover 100% of the Medicare-approved amount and no deductible will apply	Nothing
Diabetes self-management training and education	1st year: up to 10 hours of self-management training. Every year thereafter: two hours.	80% of the Medicare-approved amount after you meet your annual Medicare Part B deductible of \$140 in 2012.	20% of the Medicare-approved amount after the annual Part B deductible of \$140 in 2012.*
Certain diabetic supplies¹ <ul style="list-style-type: none"> • glucose monitors, • blood glucose test strips, • lancet devices and lancets, and • glucose control solutions 	In limited quantities. You can get these benefits even if you don't use insulin.	80% of the Medicare-approved amount after you meet your annual Medicare Part B deductible of \$140 in 2012.	20% of the Medicare-approved amount after the annual Part B deductible of \$140 in 2012.
Insulin (when used with an insulin pump)	If you use an insulin pump, the insulin and the pump may	80% of the Medicare-approved amount after you meet your	20% of the Medicare-approved amount after the annual Part B

¹ As of January 1, 2011, in certain states Medicare only covers your mail order diabetes supplies if you get them from a contract supplier. These states are: CA, FL, IN, KS, KY, MO, NC, OH, PA, SC, TX

	be covered as durable medical equipment. Contact your Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for additional information. You can call 800-Medicare to find the number for your local DME MAC	annual Medicare Part B deductible of \$140 in 2012.	deductible of \$140 in 2012.*
Insulin (when NOT used with an insulin pump) and other medications taken at home to treat diabetes	If you inject your insulin with a needle (syringe), the Medicare prescription drug benefit (Part D) will cover the insulin and the supplies necessary to inject it: syringes, needles, alcohol swabs and gauze. Your Part D plan will cover the insulin and any other medications to treat your diabetes at home as long as they are on your plan's formulary.	Varies depending on the Medicare private drug plan you choose, the drug you need and the pharmacy where you buy it.	Varies depending on the Medicare private drug plan you choose, the drug you need and the pharmacy where you buy it.
Foot-care for diabetics with diabetes- related nerve damage	Once every six months, as long as you have not seen a foot-care specialist for another reason between visits.	80% of the Medicare-approved amount after you meet your annual Medicare Part B deductible of \$140 in 2012.	20% of the Medicare-approved amount after the annual Part B deductible of \$140 in 2012.*
Therapeutic shoes** for people with severe diabetic foot disease.	The doctor who treats your diabetes must certify your need for therapeutic shoes. Medicare helps pay for one pair of therapeutic shoes and inserts per calendar year. The fitting of the shoes or inserts is covered in the Medicare payment for the shoes.	80% of the Medicare-approved amount after you meet your annual Medicare Part B deductible of \$140 in 2012.	20% of the Medicare-approved amount after the annual Part B deductible of \$162 in 2012.*

Medical nutritional therapy**	You need a doctor's referral . 1st year: Medicare will generally cover three hours of medical nutritional therapy for the first Every year thereafter: Two hours. Medicare will cover more hours if your doctor says you need them.	100% of Medicare-approved amount and no deductible. Remember that you need a doctor's referral for Medicare to cover this service.	As of January 1 2011, no coinsurance or deductible is charged to people with Medicare.
Glaucoma screenings	Once every 12 months and must be done or supervised by an eye doctor legally allowed to perform this service in your state.	80% of the Medicare-approved amount after you meet your annual Medicare Part B deductible of \$140 in 2012.	20% of the Medicare-approved amount after the annual Part B deductible of \$140 in 2012.*
NON-COVERED ITEMS	Eye exams for glasses.	Nothing	100%
<p>*You may have to pay up to 15% of the Medicare-approved amount in addition to the 20% coinsurance, if you see a provider who does not accept Medicare assignment. For DME, your expenses may be even higher if you use a supplier who does not accept assignment. To keep your costs down be sure to use providers who accept assignment! Call Medicare at 1-800-633-4227 to request a list of "participating providers" or "doctors who accept Medicare assignment."</p>			
<p>** In order to have these services covered by Medicare, you must get them from Medicare-approved providers. The shoes and inserts must be prescribed by a podiatrist or other qualified doctor and provided by a podiatrist, orthotist, prosthetist, or pedorthist. And you must get nutritional therapy from a registered dietitian or other qualified nutrition professional.</p>			