



Getting Medicare right

Diabetes Services and Supplies that Medicare Covers

Medicare helps pay for diabetes services and supplies. The chart below lists diabetes services **Original Medicare** covers and what you pay. Original Medicare is health insurance provided by the federal government.

If you're in a **Medicare Advantage** plan, your plan must also cover these diabetes services and supplies. However, what you pay may be different from what's on this chart. Medicare Advantage plans are another way to get Medicare benefits. They're sold by private insurance companies. Call your plan to find out what you'll pay for diabetes services and supplies.

Medicare usually only pays for these services after you meet your Part B deductible. The deductible is what you pay each year before Medicare pays anything for your health care. To save money, use providers who **accept assignment**. That means they take Medicare's approved amount as payment in full. Those who don't accept assignment can charge you more. Call 800-Medicare or visit www.medicare.gov/supplier to get a list of providers in your area who accept assignment.

Care	Service and Frequency	What You Pay
Diabetes screening	Covered if you're at risk for diabetes or have pre-diabetes	Nothing. Medicare covers the full Medicare-approved amount even if you haven't met your deductible.
Diabetes self-management training and education	First year: Medicare covers up to 10 hours Each following year: Up to two hours	20 percent of Medicare's approved amount after you pay the deductible
Glaucoma screenings	Covered once every 12 months. Must be done or supervised by an eye doctor who can legally do screenings in your state.	20 percent of Medicare's approved amount after you pay the deductible
Insulin used with an insulin pump	If you use an insulin pump, Medicare Part B may cover the insulin and the pump. You must usually get the supplies from a Medicare-approved supplier. Call 800-Medicare find how Medicare will cover your insulin. If Part B will cover your insulin and pump, ask the representative at 800-Medicare for a list of Medicare-approved suppliers in your area or visit www.medicare.gov/supplier	20 percent of Medicare's approved amount after you pay the deductible

Care	Service and Frequency	What You Pay
Insulin NOT used with an insulin pump and other diabetes drugs you take at home	If you inject your insulin with a needle or syringe, the Medicare prescription drug benefit (Part D) covers the insulin. It also covers the supplies you need to inject the insulin. This includes syringes, needles, alcohol swabs and gauze. Part D also covers any other drugs you use at home to treat your diabetes as long as they're on your plan's list of covered drugs (formulary).	Varies. It depends on your Medicare drug plan, the drug you need and where you buy it.
Certain diabetic supplies	Medicare Part B covers a limited amount of these supplies: <ul style="list-style-type: none"> • glucose monitors • blood glucose test strips • lancet devices and lancets • glucose control solutions Medicare covers these even if you don't use insulin. If you have your diabetes supplies sent to you in the mail, Medicare's National Mail-Order Program for diabetic testing supplies requires you to order from a national mail-order contract supplier, no matter where you live. If you pick up diabetic supplies from a local store or pharmacy, you can continue to do so.	20 percent of Medicare's approved amount after you pay the deductible
Foot care to treat nerve damage caused by diabetes	Covered once every six months as long as you haven't seen a foot-care specialist for another reason between visits	20 percent of Medicare's approved amount after you pay the deductible
Therapeutic shoes for people with severe diabetic foot disease	Medicare helps pay for one pair of therapeutic shoes and inserts each calendar year. For Medicare to cover them, the doctor who treats your diabetes must say you need them. You need a prescription from a podiatrist or another qualified doctor. And you must get them from a Medicare-approved provider that's a podiatrist, orthotist, prosthetist, or pedorthist. The Medicare payment includes the fitting for the shoes or inserts.	20 percent of Medicare's approved amount after you pay the deductible
Medical nutritional therapy	You need a doctor's referral for Medicare to cover medical nutritional therapy. You must get the therapy from a Medicare-approved registered dietitian or other qualified nutrition professional. First year: Medicare usually covers up to three hours Each following year: Two hours or more if your doctor says you need them	Nothing. Medicare covers the full Medicare-approved amount even if you haven't met your deductible.