



CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Coverage of Diabetes Supplies & Services



This official government booklet has
important information about the following:

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



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

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 under which the government pays your health care providers directly for your Part A and/or Part B benefits.

If you have other insurance that supplements Original Medicare, 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 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 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.

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 (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

Introduction

The Different Parts of Medicare

The different parts of Medicare help cover specific services if you meet certain conditions. 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.

Medicare Part B (Medical Insurance) helps cover 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) (like an HMO or PPO) is a health coverage choice run by private companies approved by Medicare. It includes Part A, Part B, and, usually other coverage including prescription drugs. These plans must cover medically-necessary services. However, plans can charge different copayments, coinsurance, or deductibles for these services.

Medicare Part D (Prescription Drug Coverage) helps cover the cost of 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, visit www.medicare.gov/Publications/Pubs/pdf/10050.pdf to view the handbook, "Medicare & You," or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Before you read the following sections, you should become familiar with the terms listed below:

Coinsurance: This is 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%).

Deductible: This is 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 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.

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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 (Medical Insurance) covers the services that may affect people who have diabetes. In addition, Medicare Part B covers some preventive services for people who are at risk for diabetes. Medicare Part D (Medicare prescription drug coverage) 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
Anti-diabetic drugs	Medicare Part D covers anti-diabetic drugs for maintaining blood sugar (glucose).	Coinsurance or copayment Part D deductible may also apply
Diabetes screenings See pages 15–16.	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), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar. Tests are also covered if you answer “yes” to two or more of the following questions: <ul style="list-style-type: none">• Are you age 65 or older?• Are you overweight?• Do you have a family history of diabetes (parents, siblings)?• Do you have a history of gestational diabetes (diabetes during pregnancy), or did you deliver a baby weighing more than 9 pounds? Based on the results of these tests, you may be eligible for up to two diabetes screenings every year.	No coinsurance, copayment, or Part B deductible Generally, 20% of the Medicare-approved amount for the doctor’s visit

Supply/Service	What is covered	You pay
Diabetes self-management training See pages 16–18.	Medicare Part B covers outpatient training for people at risk for complications from 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 to a certified diabetes self-management education program.	20% of the Medicare-approved amount after the yearly Part B deductible.
Diabetes supplies (Part B) (Blood sugar self-testing equipment and supplies on pages 7–9)	Medicare Part B covers some diabetes supplies, including blood sugar (glucose) testing monitors, blood sugar (glucose) test strips, lancet devices and lancets, and therapeutic shoes (in some cases). 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 (Part D) See page 14.	Medicare Part D covers certain medical supplies for administration of insulin (like syringes, needles, alcohol swabs, gauze, and inhaled insulin devices).	Coinurance or copayment Part D deductible may also apply
Flu and pneumococcal shots See page 20.	Flu shot To help prevent influenza or flu virus. This is covered once a flu season in the fall or winter. You need a flu shot for the current virus each year. Medicare Part B covers this shot. Pneumococcal shot 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.	No coinsurance or copayment or Part B deductible if your doctor or health care provider accepts assignment.

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

Supply/Service	What is covered	You pay
Foot exams and treatment 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 after the yearly Part B deductible.
Glaucoma tests 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, or a family history of glaucoma, or 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 after the yearly Part B deductible.
Insulin 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
Insulin pumps See page 10.	Medicare Part B covers external insulin pumps and the insulin that the device uses under durable medical equipment for people who meet certain conditions.	20% of the Medicare-approved amount after the yearly Part B deductible.
Medical nutrition therapy See page 19.	Medicare Part B may cover medical nutrition therapy and certain related services if you have diabetes or kidney disease, and your doctor refers you for the service.	20% of the Medicare-approved amount after the yearly Part B deductible.

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

Supply/Service	What is covered	You pay
Physical exam (“Welcome to Medicare” physical exam) See page 21.	Medicare Part B 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. Note: In 2008, exam must be done in the first 6 months you have Medicare Part B. In 2009, exam will be covered if you get it within the first 12 months you have Part B, even if the effective date of your Part B enrollment begins in 2008.	2008 Coinsurance or copayment and Part B deductible applies 2009 20% of the Medicare-approved amount, and no Part B deductible
Therapeutic shoes or inserts See pages 10–11.	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.	20% of the Medicare-approved amount after the yearly Part B deductible.

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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 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 or 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, even if you don't use insulin.

Self-testing 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 one 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 one lancet device every 6 months.

If your doctor says it is medically necessary, **Medicare will allow 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.

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

Section 2: Medicare Part B-covered Diabetes Supplies

Blood sugar self-testing equipment and 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 the following information:

- 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 1 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 are an inpatient in a hospital or skilled nursing facility. 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 the supplies for you.

Keep the following 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 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.**

Blood sugar self-testing equipment and supplies (continued)

How are the claims paid?

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 two 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.

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. Insulin pumps are considered to be 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 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 **one** of the following:

- One pair of depth-inlay shoes and three 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 two additional pairs of inserts

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

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 three conditions:

1. You have diabetes
2. You have at least one 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 prescribes the shoes
- A doctor or other qualified individual like a pedorthist, orthotist, or prosthetist fits and provides the shoes

Notes:

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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 prescription drug coverage, you must join a Medicare drug plan. For information about Medicare prescription drug coverage, visit www.medicare.gov/Publications/Pubs/pdf/11109.pdf to view the booklet “Your Guide to Medicare Prescription Coverage,” or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

The following diabetes drugs and supplies are covered under Medicare drug plans:

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

Insulin

Medicare drug plans cover injectable insulin not used with an insulin infusion pump. Medicare Part B covers external insulin pumps and the insulin that the device uses under durable medical equipment.

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 such as the following:

- Sulfonylureas (such as Glipizide, and Glyburide)
- Biguanides (such as metformin)
- Thiazolidinediones (such as Starlix® and Prandin®)
- Alpha glucosidase inhibitors (such as Precose®)

Section 3: Medicare Part D Diabetes Coverage

Diabetes supplies

Supplies used when you inject or inhale 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

To get more information about Medicare prescription drug coverage, you can do any of the following:

- Visit www.medicare.gov and select “Compare Medicare Prescription Drug Plans,” or view 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 or visit www.medicare.gov and select “Find Helpful Phone Numbers and Websites.”

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Section 4: Medicare-covered Diabetes Services

All of the diabetes services listed in this section are covered by Medicare Part B (Medical Insurance) 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 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 diabetes screening tests if you are at risk for diabetes. These tests are used to detect diabetes early. Some 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 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 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:

- Have 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
- Have 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, and 2 hours of follow-up training each year after that. One of the hours can be given on a one-on-one basis. The other 9 hours of training are given 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 if 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 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 types of 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 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, 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
- 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
- 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

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 of follow-up 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 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 one 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. If you have diabetes, this test is covered if it's ordered by your doctor. 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 a special eye exam to check for eye disease (called a "dilated eye exam"). This exam 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 in your lifetime. Ask your doctor.

Section 4: Medicare-covered Diabetes Services

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

Medicare Part B covers a one-time review of your health, and education and counseling about preventive services. This includes certain screenings, shots, and referrals for other care if needed.

Even though the “Welcome to 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.

Important: In 2008, you have to get the physical exam within the first 6 months you had Part B, and the Part B deductible applies. Starting January 1, 2009, Medicare will cover this exam if you get it within the first 12 months you have Part B, even if the effective date of your Part B enrollment begins in 2008. You pay 20% of the Medicare-approved amount, and the Part B deductible no longer 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

Original Medicare and Medicare drug plans 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—However, Medicare will cover a one-time physical exam within the first 6 months in 2008 (first 12 months in 2009 even if the effective date of your Part B enrollment begins in 2008) of enrolling in Part B. You may have to pay some costs; see above.
- Weight loss programs

Notes:

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Section 5: Helpful Tips and Resources

The information below 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 \$15,600 (\$21,000 for a married person living with a spouse and no other dependents) and resources less than \$11,990 (\$23,970 for a married person living with a spouse and no other dependents). These amounts are for 2008. 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 and 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. Or, call your State Health Insurance Assistance Program (SHIP).

Section 5: Helpful Tips and Resources

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, 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 medicine

- Take your medicines 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.
- 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 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. You can also find out more by contacting the organizations on the next two pages.

Section 5: Helpful Tips and Resources

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

For more information about diabetes, visit www.medicare.gov and select "Preventive Services," then select "Diabetes." Listed below are additional resources:

American Association of Diabetes Educators (AADE)

www.aadenet.org

1-800-338-3633

American Association of Diabetes Educators

200 W. Madison Street

Suite 800

Chicago, IL 60606

American Dietetic Association (ADA)

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

1-877-232-4636

(Inquiries and Publications)

CDC Division of Diabetes Translation

4770 Buford Highway NE, Mailstop K-10

Atlanta, GA 30341-3717

Diabetes Exercise and Sports Association (DESA)

www.diabetes-exercise.org

1-800-898-4322

Diabetes Exercise and Sports Association

8001 Montcastle Drive

Nashville, TN 37221

Section 5: Helpful Tips and Resources

Food and Drug Administration (FDA), DHHS

www.fda.gov/diabetes

Healthfinder

www.healthfinder.gov

Indian Health Service

www.ihs.gov/medical/Programs/Diabetes/index.asp

1-505-248-4182

Division of Diabetes Treatment & Prevention

5300 Homestead Road, NE

Albuquerque, NM 87110

Juvenile Diabetes Research Foundation International (JDRF)

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

1-888-693-6337

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

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

Notes:

**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**

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*My Health.
My Medicare.*

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MARYLAND ASSOCIATION OF DIABETES EDUCATORS

- To get this booklet in 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.