

Diabetes services and supplies

Medicare covers diabetes services and supplies. The chart below lists covered services and Original Medicare's coverage rules for each service. Remember, Medicare Part B typically covers services at 80% of the Medicare-approved amount. When you receive the service from a participating provider, you pay a 20% coinsurance after you meet your Part B deductible.

If you have a Medicare Advantage Plan, you must follow the plan's rules for getting your care covered. You may be required to see an in-network provider or supplier for services. Contact your plan directly for more information.

Diabetes screening	Once a year if you are at risk for diabetes, or twice a year if you have been diagnosed with pre-diabetes. Covered at 100% of the Medicare-approved amount.
Diabetes self-management training	Up to 10 hours during the first year you receive training. After your first year, Medicare covers up to two hours of additional training annually. Covered at 80% of the Medicare-approved amount.
Glaucoma screenings	Once a year. The screening must be performed or supervised by an eye doctor who is licensed to provide this service in your state. Covered at 80% of the Medicare-approved amount.
Insulin (used with an insulin pump)	Insulin used with a pump and the pump together may be covered by Part B under Medicare's durable medical equipment (DME) benefit. Call 1-800-MEDICARE for questions about coverage, or to find Medicare-approved suppliers in your area. Covered at 80% of the Medicare-approved amount. Part B-covered insulin copays are limited to \$35 per month, with no deductible.
Insulin (no pump) and other diabetes drugs taken at home	<p>Insulin and medications that contain insulin are covered by Part D when they are not used with a DME-covered pump. Part D should cover the medications and supplies needed to treat your diabetes at home as long as they are on the plan's formulary. Insulin copays are limited to \$35 per month, with no deductible. Check with your plan for exact cost information.</p> <p>Note: medical supplies used to inject insulin (syringes, fillable pens, non-durable patch pumps, like the Omnipod, gauzes, and alcohol swabs) can be covered by Part D with a prescription, as long as they are on the plan's formulary. This equipment is not subject to the \$35 per month cap and a deductible may apply. The \$35 cap applies to the insulin you put into these supplies.</p>
Certain diabetic	Glucose monitors, blood glucose test strips, lancet devices and

supplies	lancets, and glucose control solutions are covered by Part B under Medicare's DME benefit. These items are covered at 80% of the Medicare-approved amount.
Foot exam	Once every six months if you have diabetes-related nerve damage. You are only eligible for coverage if you have not seen a foot-care specialist for another reason between visits. Covered at 80% of the Medicare-approved amount.
Therapeutic shoes for people with severe diabetic foot disease	One pair of therapeutic shoes each calendar year if you have severe diabetic foot disease. Your doctor must certify that you need therapeutic shoes or inserts before Medicare will provide coverage. The fitting of the shoes or inserts should be included in Medicare's payment. Covered at 80% of the Medicare-approved amount.
Medical nutritional therapy	Three hours for the first year and two hours every subsequent year. You must get a referral from your primary care provider and see a registered dietician or other qualified nutrition specialist. Covered at 100% of the Medicare-approved amount.

Definitions

Participating provider: Provider that accepts Medicare's approved amount for services as full payment.

Non-participating provider: Provider that accepts Medicare but can charge up to 15% more than Medicare's approved amount for the cost of services.

Opt-out provider: Provider that does not accept Medicare at all.

Network: Providers, hospitals, and medical facilities that contract with a plan to provide services.