

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.

<b>Diabetes screening</b>	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.
<b>Diabetes self-management training</b>	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.
<b>Glaucoma screenings</b>	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.
<b>Insulin</b> (used with an insulin pump)	Insulin and pump 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.
<b>Insulin</b> (no pump) and other diabetes drugs taken at home	Insulin and related medical supplies used to inject insulin (syringes, gauzes, and alcohol swabs) may be covered by Part D, if you have a prescription from your doctor. Part D should cover medications and supplies needed to treat your diabetes at home as long as they are on the plan's formulary. Check with your plan for cost information.
<b>Certain diabetic supplies</b>	Glucose monitors, blood glucose test strips, lancet devices and lancets, and glucose control solutions covered by Part B under Medicare's DME benefit. Covered at 80% of the Medicare-approved amount.
<b>Foot exam</b>	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.
<b>Therapeutic</b>	One pair of therapeutic shoes each calendar year if you have severe

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**shoes** for people with severe diabetic foot disease      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.

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**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.