

Do you have diabetes?

If you have diabetes, make sure your Medicare diabetes medical supplies are covered:

- Ask the pharmacy or supplier if they are enrolled in the Medicare program prior to purchasing your diabetes supplies. If you go to a pharmacy or supplier that is not enrolled, Medicare will not pay. You will be responsible for paying the entire bill for any supplies.

- Only accept supplies that you have ordered. Medicare will not pay for supplies you did not request.

- Make sure you request your supply refills. Medicare will not pay for supplies sent from the supplier to you automatically.

Do you have diabetes?

If you have diabetes, make sure your Medicare diabetes medical supplies are covered:

- Ask the pharmacy or supplier if they are enrolled in the Medicare program prior to purchasing your diabetes supplies. If you go to a pharmacy or supplier that is not enrolled, Medicare will not pay. You will be responsible for paying the entire bill for any supplies.

- Only accept supplies that you have ordered. Medicare will not pay for supplies you did not request.

- Make sure you request your supply refills. Medicare will not pay for supplies sent from the supplier to you automatically.

For more information and specific coverage and copay information,
call **1-800-MEDICARE (1-800-633-4227)**

For more information and specific coverage and copay information,
call **1-800-MEDICARE (1-800-633-4227)**



This material was prepared by TMF Health Quality Institute, the Medicare Quality Improvement Organization for Texas, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
8SOW-TX-UBGC-07-11



This material was prepared by TMF Health Quality Institute, the Medicare Quality Improvement Organization for Texas, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
8SOW-TX-UBGC-07-11

Diabetes?

Medicare Part B benefits for people with diabetes

Blood sugar test (A1c)

How often? One every 6 months or as determined by your doctor

What do you pay? No copay or Part B deductible

Cholesterol test (lipid profile)

How often? One every 12 months or as determined by your doctor

What do you pay? No copay or Part B deductible

Dilated eye exam

How often? One every 12 months

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Medical nutrition therapy

How often? 3 hours the first year, 2 hours each calendar year after that. Must be referred by a doctor every year

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Urine protein test (microalbuminuria)

How often? One every 12 months

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Glucose monitors, test strips, lancets

How often? As needed. You need a prescription for lancets and strips every 6 months

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Foot exams

How often? One every 6 months for people with diabetes-related nerve damage in either foot. You can't have seen a foot care professional for another reason between visits

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Self-management training

How often? Covered as needed based on a doctor's referral (usually 10 hours the first 12 months, with a possibility of 2 hours follow-up in subsequent years)

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible for outpatient facility charges or doctor's services

Therapeutic shoes

Medicare covers therapeutic shoes for people who have severe diabetic foot disease

How often? Medicare helps pay for one pair of therapeutic shoes and inserts per calendar year. The shoes and inserts must be prescribed by a podiatrist or other qualified doctor. The fitting of the shoes or inserts is covered in the Medicare payment for the shoes

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Diabetes?

Medicare Part B benefits for people with diabetes

Blood sugar test (A1c)

How often? One every 6 months or as determined by your doctor

What do you pay? No copay or Part B deductible

Cholesterol test (lipid profile)

How often? One every 12 months or as determined by your doctor

What do you pay? No copay or Part B deductible

Dilated eye exam

How often? One every 12 months

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Medical nutrition therapy

How often? 3 hours the first year, 2 hours each calendar year after that. Must be referred by a doctor every year

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Urine protein test (microalbuminuria)

How often? One every 12 months

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Glucose monitors, test strips, lancets

How often? As needed. You need a prescription for lancets and strips every 6 months

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Foot exams

How often? One every 6 months for people with diabetes-related nerve damage in either foot. You can't have seen a foot care professional for another reason between visits

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible

Self-management training

How often? Covered as needed based on a doctor's referral (usually 10 hours the first 12 months, with a possibility of 2 hours follow-up in subsequent years)

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible for outpatient facility charges or doctor's services

Therapeutic shoes

Medicare covers therapeutic shoes for people who have severe diabetic foot disease

How often? Medicare helps pay for one pair of therapeutic shoes and inserts per calendar year. The shoes and inserts must be prescribed by a podiatrist or other qualified doctor. The fitting of the shoes or inserts is covered in the Medicare payment for the shoes

What do you pay? 20% of the Medicare-approved amount after the annual Part B deductible