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Quick Reference Guide

1. Introduction

This guide gives providers information about Medicare's coverage of diabetes supplies, equipment, and services under the Medicare program:

Covered Supplies and Equipment: who is covered, what the physician must do, what the beneficiary pays, where to get more information.

Covered Services: who is covered, what the physician must do, what the beneficiary pays, where to get more information.

Questions and Answers: your questions and questions that beneficiaries often ask.

Index: for quick access to the information in the guide.

Quick Reference Guide: covered supplies, equipment, and services at a glance.

What Medicare Covers...

This guide gives you basic information about Medicare's coverage of these diabetes supplies and equipment:

1. Blood glucose self-testing equipment and supplies
2. Therapeutic shoes
3. Insulin pumps

This guide also gives you basic information about Medicare's coverage of these diabetes services:

1. Diabetes self-management training
2. Medical nutrition therapy services
3. Foot care
4. Hemoglobin A1c tests
5. Special eye exams
6. Glaucoma screening
7. Flu and Pneumococcal Pneumonia shots

"The direct and indirect costs of diabetes are nearly \$100 billion a year. The average health care cost for a person with diabetes in 1997 was \$10,071, compared with \$2,699 for a person without diabetes."

Did You Know?

Recent Changes...

These are the two key recent changes to Medicare policy on diabetes equipment and supplies:

1. Beneficiaries can no longer file their own claim forms.
Providers must file claims for beneficiaries.
2. The pharmacy or supplier must accept assignment.
Medicare will not pay for a physician, pharmacy, or supplier that is not enrolled.
Urge beneficiaries to make sure their pharmacy or supplier is enrolled in Medicare.

Making sure you have the right coding....

This guide does not list the codes for each of the products and services presented here. The best way to be sure that you are using the most current coding is to contact your carrier.

How to contact your Medicare carrier...

To get the phone number of your Medicare carrier, follow these easy steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

If a beneficiary wants more information on Medicare and diabetes...

If a beneficiary wants to learn more about Medicare health care, suggest that he or she see the Medicare & You handbook (CMS Pub. No. 10050), which is mailed each fall to people with Medicare.

To get a copy of the handbook, the beneficiary can:

Call 1-800-MEDICARE (1-800-633-4227). For TTY, call 1-877-486-2048.

Visit the website--www.medicare.gov—select "Publications," and read or print the handbook.

For Medicare coverage at a glance...

For a quick overview of Medicare's coverage of diabetes supplies, equipment, and services, see the back cover of this guide.

"People with diabetes are more susceptible to many other illnesses and, once they acquire these illnesses, often have worse prognoses than people without diabetes. For example, they are more likely to die with pneumonia or influenza than people who do not have diabetes."

Did You Know?

2. Diabetes Equipment & Supplies Covered by Medicare

Medicare covers these supplies and equipment for beneficiaries with diabetes who have Medicare Part B:

Blood glucose self-testing equipment and supplies

Therapeutic shoes and inserts

Insulin pumps and the insulin used in the pumps

The next few pages present these in more detail.

"Heart disease is the leading cause of diabetes-related deaths. Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes."

Did You Know?

Blood glucose self-testing equipment and supplies...

Medicare covers these supplies and equipment to help beneficiaries test their blood glucose levels:

1. Blood glucose meters (blood sugar meters)
2. Blood glucose test-strips
3. Lancet devices and lancets
4. Glucose control solutions to check the accuracy of test strips and monitors

Medicare covers the same supplies and equipment for people with insulin-dependent and non-insulin-dependent diabetes. But the amount of covered supplies may vary. Here are some examples:

If your patient **uses insulin**, he or she is allowed...

1. 100 test strips and lancets every month
 2. One lancet device every 6 months
-

If your patient **does not use insulin**, he or she is allowed...

1. 100 test strips and lancets every 3 months
 2. One lancet device every 6 months
-

"Among adults with diagnosed diabetes, about 11% take both insulin and oral medications, 22% take insulin only, 49% take oral medications only, and 17% do not take either insulin or oral medications."

Did You Know? _____

Who is covered...

Medicare covers these supplies and equipment for all beneficiaries who have diabetes, regardless whether they are insulin-dependent or non-insulin-dependent.

What the physician must do...

To get diabetes supplies and equipment under Medicare, beneficiaries must have a prescription from a physician who certifies that the beneficiary has diabetes. The prescription must include:

1. The kind of blood glucose meter needed and why
2. Whether the beneficiary uses insulin
3. How often the beneficiary should test blood glucose
4. How many test strips and lancets are needed for one month

The beneficiary pays...

Under Fee-for-Service Medicare, the beneficiary pays 20% of the Medicare-approved amount after the yearly Medical Part B deductible.

Note: Urge beneficiaries to make sure that the pharmacy or supplier is enrolled in Medicare. The pharmacy must accept assignment. If a beneficiary goes to a pharmacy or supplier that is not enrolled, Medicare will not pay.

If you want more information...

For more information on coverage of blood glucose self-testing equipment and supplies, call your Medicare carrier. To get the phone number of your Medicare carrier, follow these easy steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

"Almost one third of people with diabetes have severe periodontal diseases with loss of attachment of the gums to the teeth measuring 5 millimeters or more."

Did You Know?

Therapeutic Shoes and Inserts

Medicare covers two types of therapeutic shoes:

1. One pair of extra depth shoes and three pairs of inserts.
- Or
2. One pair of custom-molded shoes (including inserts) and two more pairs of inserts, per calendar year.

Medicare covers custom-molded shoes for beneficiaries who cannot wear extra depth shoes.

Who is covered...

Medicare covers therapeutic shoes for beneficiaries who have Medicare Part B, have diabetes, and meet certain conditions.

What the physician must do...

Medicare requires that the physician who is managing the patient's diabetic condition document and certify the patient's need for the shoes. The shoes must be prescribed by a podiatrist or other qualified physician. The shoes must be furnished and fitted by a podiatrist or other qualified individual, such as a pedorthist, prosthetist or orthotist.

For Medicare to cover therapeutic shoes, the physician must certify that the beneficiary meets three conditions:

1. The beneficiary must have diabetes.
2. The beneficiary must have at least one of these conditions.
 - Partial or complete amputation of a foot
 - Foot ulcers
 - Calluses that could lead to foot ulcers
 - Nerve damage from diabetes and signs of calluses
 - Poor circulation
 - Deformed foot
3. The beneficiary must be treated under a comprehensive plan of care and must need therapeutic shoes and/or inserts because they have diabetes.

"From 1997 to 1999, about 82,000 nontraumatic lower-limb amputations were performed each year among people with diabetes."

Did You Know?

Medicare also requires that a podiatrist or other qualified physician/ practitioner must prescribe, fit, and dispense the shoes to the beneficiary.

The beneficiary pays...

Under Fee-for-Service Medicare, the beneficiary pays 20% of the Medicare-approved amount after the yearly Medical Part B deductible.

Note: If the provider or supplier does not accept assignment, this amount may be higher. Medicare will then send the beneficiary its share of the charge. Urge beneficiaries to make sure that the provider or supplier accepts assignment.

If you want more information...

For more information on coverage of therapeutic shoes and inserts, call your Medicare carrier. To get the phone number of your Medicare carrier, follow these easy steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

"About 73% of adults with diabetes have blood pressure greater than or equal to 130/80 mm Hg or use prescription medications for hypertension."

Did You Know?

Insulin Pumps

Medicare covers insulin pumps worn outside the body and the insulin used with the pump..

Who is covered...

Medicare covers external infusion pumps as long as the appropriateness of the therapy and of the prescribed pump for the individual patient can be verified; i.e., by your carrier's medical staff. NOTE: Payment may also be made for drugs necessary for the effective use of an external infusion pump as long as the drug being used with a Medicare covered pump is itself reasonable and necessary for the patient's treatment.

What the physician must do...

The physician must document the need for and order the insulin pump, and also show the beneficiary how to use it.

The beneficiary pays...

Medicare will pay for the insulin pump and the insulin used with the insulin pump. Under Fee-for-Service Medicare, beneficiaries pay 20% of the Medicare-approved amount after the yearly Part B deductible.

If you want more information...

For more information on coverage of insulin pumps, call your Medicare carrier. To get the phone number of your Medicare carrier, follow these easy steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

"About 73% of adults with diabetes have blood pressure greater than or equal to 130/80 mm Hg or use prescription medications for hypertension. "

Did You Know?

What Medicare **does not** cover:

Fee-for-Service Medicare does not cover all diabetic supplies and equipment for a beneficiary. Medicare only pays for covered benefits. Listed below, for your information, is a summary of some exclusions:

1. Insulin pens
2. Insulin not used with an insulin pump
3. Syringes
4. Alcohol swabs
5. Gauze
6. Orthopedic shoes
7. Eye exams for glasses (refractive)
8. Routine or yearly physical exams
9. Routine foot care, unless there are certain physical and/or clinical findings indicative of severe peripheral involvement.

*This is only a general summary of some exclusions from Medicare Benefits. It is not a legal document. The official Medicare program provisions are contained in relevant laws, regulations, and rulings.

Seventeen million Americans have diabetes, and over 200,000 people die each year of related complications."

————— **Did You Know?**

3. Diabetes Services Covered by Medicare

Medicare covers a range of services for people with diabetes:

Diabetes self-management training

Medical nutrition therapy services

Foot care services

Hemoglobin A1c tests

Special eye exams

Glaucoma screening

Flu and pneumococcal pneumonia shots

A physician must give the beneficiary an order or referral for these services.

The next few pages present these services in more detail.

Did You Know?

"Diabetes can cause heart disease, stroke, blindness, kidney failure, leg and foot amputations, pregnancy complications, and deaths related to flu and pneumonia"

Diabetes self-management training

Medicare approves certain diabetes education programs to help beneficiaries manage their treatment. Diabetes self-management training programs must be accredited by an organization approved by CMS. Currently, CMS has approved two organizations:

1. American Diabetes Association
2. Indian Health Service

The first year a beneficiary receives training, they may receive 10 hours of training over a 12 month period. One hour of the 10 hours may be done on an individual basis and 9 hours must be done in a group setting unless their physician thinks it's necessary for the beneficiary to receive individual instruction. Remaining hours are group classes that cover these and other topics:

1. Information about diabetes and treatment options
2. Nutrition and how to manage your diet
3. Exercise and why it's so important to your health
4. How to take medications properly
5. Using blood glucose tests to control diabetes
6. Preventing, finding, treating chronic complications
7. Caring for feet, skin, and teeth
8. Making other lifestyle changes
9. Diet, exercise, medication and blood glucose
10. Adjusting emotionally to having diabetes
11. Family involvement and support
12. Using the health care system and community resources

A beneficiary may be covered for two more hours of follow-up training each year. However, a physician must give the beneficiary another referral for this follow-up.

These programs are not available in all areas. If a beneficiary needs to find the nearest Medicare-approved training program, suggest that he or she check with the American Association of Diabetes Educators.

Did You Know?

"Dramatic new evidence signals the unfolding of a diabetes epidemic in the United States. With obesity on the rise, we can expect the sharp increase in diabetes rates to continue. Unless these dangerous trends are halted, the impact on our nation's health and medical care costs will be overwhelming."

Who is covered...

A beneficiary can get diabetes self-management training if he or she:

1. Is at risk for complications from diabetes
2. Has been recently diagnosed for diabetes
3. Has diabetes and is now eligible for Medicare

What the physician must do...

A physician must prescribe this self-management training, any follow-up training, and any special circumstances that make it necessary for a beneficiary to receive individual training.

The beneficiary pays...

Under Fee-for-Service Medicare, beneficiaries pay 20% of the Medicare-approved amount after the yearly Part B deductible.

If you want more information...

To find out more about these programs, contact the American Association of Diabetes Educators (AADE):

Call 1-800-338-3633

Visit their website: www.aadenet.org

For more on coverage of diabetes self-management training, call your Medicare carrier. To get the number of your Medicare carrier, follow these easy steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

"Particularly at risk are the 5.9 million Americans who are unaware that they have the disease."

Did You Know?

Medical nutrition therapy services

Medicare also covers medical nutrition therapy services prescribed by a physician. Registered dietitians and nutrition professionals offer these and other services:

1. An initial assessment of nutrition and lifestyle
2. Nutrition counseling
3. Helping manage lifestyle factors that affect diet
4. Follow-up visits to monitor progress managing diet

Medicare covers 3 hours of medical nutrition therapy services the first year the patient is diagnosed with diabetes, and 2 hours each year after that. If the beneficiary's condition, treatment, or diagnosis changes, he or she may be able to get more hours with a physician's referral.

Who is covered...

Medicare covers all beneficiaries with diabetes who have been referred by a physician. Beneficiaries with renal disease, except those receiving dialysis, are also covered with a referral from a physician.

What the physician must do...

A physician must prescribe these services and renew their referral yearly if continuing treatment is needed into another calendar year.

The beneficiary pays...

Under Fee-for-Service Medicare, beneficiaries pay 20% of the Medicare-approved amount after the yearly Part B deductible.

If you want more information...

For more on coverage of medical nutrition therapy services, call your Medicare carrier. To get the number of your Medicare carrier, follow these easy steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

"Uncontrolled diabetes often leads to biochemical imbalances that can cause acute life-threatening events, such as diabetic ketoacidosis and hyperosmolar (nonketotic) coma."

Foot Care

Medicare will cover a foot exam every six months by a podiatrist or other foot care specialist. A beneficiary can have a foot exam every six months unless he or she has been seen for some other foot problem during that period.

Who is covered...

Medicare covers beneficiaries who have diabetes-related nerve damage in either foot.

What the physician must do...

No specific action is required by the physician.

The beneficiary pays...

Under Fee-for-Service Medicare, beneficiaries pay 20% of the Medicare-approved amount after the yearly Part B deductible.

If you want more information...

For more on coverage of foot care, call your Medicare carrier. To get the number of your Medicare carrier, follow these easy steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

"About 82,000 people have diabetes-related leg and foot amputations each year. Foot care programs that include regular examinations and patient education could prevent up to 85% of these amputations".

Did You Know?

Hemoglobin A1c Tests

This lab test measures how well the patient has controlled blood glucose over the past 2-3 months.

Who is covered...

Medicare will cover this test if a physician orders it for someone who has diabetes. Effective November 1, 2002, it is not considered reasonable and necessary to perform glycated hemoglobin tests:

If the patient is...

...a controlled, diabetic patient...

...more frequently than once every three months to determine whether the patient's metabolic control has been on average within the target range

...a diabetic, pregnant woman...

...more frequently than once a month

Patients with uncontrolled Type 1 or Type 2 diabetes mellitus may require testing more than four times a year.

The beneficiary pays...

Medicare will pay for this test when a physician orders it.

What the physician must do...

The physician must give the beneficiary an order for this test.

If you want more information...

For more on coverage of Hemoglobin A1c Tests, call your Medicare carrier. To get the number of your Medicare carrier, follow these steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

Special Eye Exams

Medicare covers eye exams to check for diabetic eye disease (retinopathy). Medicare does not cover eye exams for glasses.

Who is covered...

Medicare covers beneficiaries with Medicare who have diabetes.

What the physician must do...

No specific action is required by the physician.

The beneficiary pays...

Under Fee-for-Service Medicare, beneficiaries pay 20% of the Medicare-approved amount after the yearly Part B deductible.

If you want more information...

For more on coverage of special eye exams, call your Medicare carrier. To get the number of your Medicare carrier, follow these easy steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

"Each year, 12,000–24,000 people become blind because of diabetic eye disease. Screening and care could prevent up to 90% of diabetes-related blindness. However, only 60% of people with diabetes receive annual dilated eye exams."

Did You Know?

Glaucoma Screening

Medicare will pay for beneficiaries to have their eyes checked for glaucoma once every 12 months. The test must be conducted or supervised by an eye physician who is legally allowed to perform this service in your state.

Who is covered...

Medicare covers glaucoma screening for people who are at high risk for glaucoma, including:

1. People with diabetes
2. People with a family history of diabetes
3. African-Americans age 50 and over

What the physician must do...

No specific action is required by the physician.

The beneficiary pays...

Under Fee-for-Service Medicare, beneficiaries pay 20% of the Medicare-approved amount after the yearly Part B deductible.

If you want more information...

For more on coverage of special eye exams, call your Medicare carrier. To get the number of your Medicare carrier, follow these easy steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

"Detecting and treating diabetic eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50% to 60%"

Did You Know?

Flu and Pneumococcal Pneumonia Shots

Medicare will pay for beneficiaries to get a flu shot once a year in fall or winter. Medicare will also pay for a pneumococcal pneumonia shot.

Who is covered...

For these shots, Medicare covers everyone with Medicare.

What the physician must do...

No specific action is required by the physician.

The beneficiary pays...

If the physician accepts assignment, beneficiaries pay nothing for flu and pneumococcal pneumonia shots.

If you want more information...

For more on coverage of these shots, call your Medicare carrier. To get the number of your Medicare carrier, follow these easy steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

Each year, 10,000–30,000 people with diabetes die of complications from flu or pneumonia. They are roughly three times more likely to die of these complications than people without diabetes. However, only 55% of people with diabetes get an annual flu shot."

Did You Know?

4. Questions and Answers

1. How do I know if I have the most current codes for these supplies and equipment?

To learn more about coding, call your Medicare Carrier. To get the number for your state, follow these steps:

1. Visit the website: www.cms.hhs.gov/medlearn
2. Choose "Provider Customer Service."
3. Choose "Provider Toll-free Telephone Numbers."

2. Can beneficiaries file their claims or must the provider do it?

Beneficiaries can no longer file their Medicare claim forms. The provider must file the form for the beneficiary.

3. How does the beneficiary find suppliers who participate in Medicare?

Medicare offers a directory of suppliers on the website. The Supplier Directory lists suppliers who accept assignment by name, address, telephone number, and the types of supplies they offer. To see the list,

Go to www.medicare.gov and select "Supplier Directory."

4. Where can the beneficiary get more information about Medicare's coverage?

For more on beneficiary resources, tell the beneficiary to:
Call 1-800-MEDICARE or visit the website: www.medicare.gov.

5. Where can providers get more information about Medicare?

Medicare has created a special website for providers called MEDLEARN, which offers a wide range of information about Medicare and other health-related issues:

Visit the MEDLEARN website:
www.cms.hhs.gov/medlearn

Cost of diabetes in the United States:

Total (direct and indirect): \$98 billion
Direct medical costs: \$44 billion
Indirect costs: \$54 billion (disability, work loss, premature mortality)

Did You Know?

6. How often does a beneficiary need a new prescription for lancets and strips?

Beneficiaries need a new prescription for lancets and strips every six months.

7. Does the pharmacy or supplier have to be enrolled in Medicare?

Yes. If a beneficiary goes to a pharmacy or supplier that is not enrolled, Medicare will not pay. Urge beneficiaries to make sure their pharmacy or supplier is enrolled in Medicare. The pharmacy must accept assignment.

8. What resources are available for people with diabetes?

These are just some of the many organizations that may be helpful for beneficiaries:

1. American Association of Diabetes Educators
2. American Diabetes Association
3. Centers for Disease Control
4. Diabetes Exercise and Sports Association
5. Food and Drug Administration
6. Healthfinder
7. Juvenile Diabetes Research Foundation International
8. National Diabetes Education Program
9. National Institute of Diabetes & Digestive & Kidney Diseases (NIH)

All of the "**Did You Know**" facts can be found on the Center for Disease Control website, www.cdc.gov. Everyone at The Centers For Medicare and Medicaid Services, thanks CDC for their beneficial information on Diabetes and Diabetes research.

"Diabetes is now the sixth leading cause of death in America"

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