



Medicare's Coverage of Diabetes Supplies & Services

CENTERS FOR MEDICARE & MEDICAID SERVICES

**This official government
guide has important
information about:**

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



The information in this booklet was correct when it was printed. Changes may occur after printing. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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 Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance) benefits.

If you have other insurance that supplements Original Medicare, like a Medicare Supplement Insurance (Medigap) 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 have 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're 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.

Before you read this booklet, you should become familiar with these terms:

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%).

Copayment: An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription.

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 may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

SECTION

1 Medicare Coverage for Diabetes At-a-Glance

The chart on pages 6–8 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. Part B also 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 or inhaling insulin. You must have Part B to get services and supplies covered under Part B. You must be enrolled in a Medicare drug plan to get supplies covered under Part D.

Supply/service	What's covered	What you pay
Anti-diabetic drugs See page 16.	Part D covers anti-diabetic drugs for maintaining blood sugar (glucose).	Coinsurance or copayment Part D deductible may also apply
Diabetes screenings See page 18.	Part B covers these screenings if your doctor determines you're at risk for diabetes. You may be eligible for up to 2 diabetes screenings each year.	No coinsurance, copayment, or Part B deductible Generally, 20% of the Medicare-approved amount for the doctor's visit
Diabetes self-management training See pages 18–20.	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 equipment & supplies “see Blood sugar self-testing equipment & supplies” on page 10.)	Part B covers home blood sugar (glucose) monitors under durable medical equipment and supplies used with the equipment, including blood sugar test strips, lancet devices, and lancets. 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 See page 16.	Part D covers certain medical supplies for administration of insulin (like syringes, needles, alcohol swabs, gauze, and inhaled insulin devices).	Coinsurance or copayment Part D deductible may also apply

Supply/service	What's covered	What you pay
<p>Flu & pneumococcal shots See page 22.</p>	<p>Flu shot—To help prevent influenza or flu virus. This is normally covered only 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.</p> <p>Pneumococcal shot—To help prevent pneumococcal infections (like certain types of pneumonia). Most people only need this preventive shot once in their lifetime. Part B covers this shot.</p>	<p>No coinsurance, copayment, or Part B deductible if your doctor or health care provider accepts assignment</p>
<p>Foot exams & treatment See page 21.</p>	<p>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.</p>	<p>20% of the Medicare-approved amount after the yearly Part B deductible</p>
<p>Glaucoma tests See page 22.</p>	<p>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're considered high risk for glaucoma if you have diabetes, or a family history of glaucoma, or are African-American and 50 or older, or are Hispanic and 65 or older. Tests must be done by an eye doctor legally authorized by the state.</p>	<p>20% of the Medicare-approved amount after the yearly Part B deductible</p>
<p>Insulin See page 16.</p>	<p>Medicare Part D covers insulin that isn't administered with an insulin pump.</p>	<p>Coinsurance or copayment Part D deductible may also apply</p>

Supply/service	What's covered	What you pay
Insulin pumps See page 13.	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 services See page 21.	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.	No copayment, coinsurance, or Part B deductible if your doctor or health care provider accepts assignment
Therapeutic shoes or inserts See pages 13.	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
"Welcome to Medicare" preventive visit See page 22.	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: You must have the visit within the first 12 months you have Part B.	No copayment, coinsurance, or Part B deductible if your doctor or health care provider accepts assignment
Yearly "Wellness" visit See page 23.	If you've already had Part B for longer than 12 months, you can get a yearly "Wellness" visit to develop or update a personalized prevention plan based on your current health and risk factors.	No copayment or coinsurance or Part B deductible if your doctor or health care provider accepts assignment You'll have to wait 12 months after having a "Welcome to Medicare" preventive visit before you can get your yearly "Wellness" visit.

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 Part B. These covered supplies include:

- Blood sugar self-testing equipment & supplies. See pages 10–13.
- Insulin pumps. See page 13.
- Therapeutic shoes or inserts. See pages 13–14.

Blood sugar self-testing equipment & supplies

Blood sugar (also called blood glucose) self-testing equipment and supplies are covered as durable medical equipment for all people with Medicare Part B who have diabetes, even if you don't use insulin.

Self-testing supplies include:

- Blood sugar monitors
- Blood sugar test strips
- Lancet devices and lancets
- Glucose control solutions for checking the accuracy of testing equipment and test strips

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 300 test strips and 300 lancets every 3 months.

If you don't use insulin, you may be able to get 100 test strips and 100 lancets every 3 months.

If your doctor says it's medically necessary, **Medicare will allow you to get 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. You may need to keep a record that shows how often you're actually testing yourself.

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

A national mail order program to save you money on diabetic testing supplies started in July 2013. You'll need to use a Medicare contract supplier for Medicare to pay for diabetic testing supplies if you choose to have the supplies delivered to your home. For more information about this program, visit [Medicare.gov](https://www.Medicare.gov).

Blood sugar self-testing equipment & 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:

- 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 one 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’re an inpatient in a hospital or skilled nursing facility. If you get your supplies this way, you must place the order yourself. You’ll need a prescription from your doctor to place your order, but your doctor can’t order the supplies for you.

Keep this 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’re 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’s enrolled in Medicare. If you go to a pharmacy or supplier that isn’t enrolled in Medicare, Medicare won’t pay. **You’ll have to pay the entire bill for any supplies from non-enrolled pharmacies or non-enrolled suppliers.**

Blood sugar self-testing equipment & supplies (continued)

How are 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 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 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.

What supplier or pharmacy should I use?

Before you get a supply it's important to ask the supplier or pharmacy these questions:

- Are you enrolled in Medicare?
- Do you accept assignment?

If the answer to either of these 2 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's enrolled in Medicare and accepts assignment, you may want to order your supplies through the mail. This may save you money.

Blood sugar self-testing equipment & supplies (continued)

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’s used with the insulin pump. For more information about durable medical equipment and diabetes supplies, visit [Medicare.gov](https://www.Medicare.gov) or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Therapeutic shoes or inserts

If you have Part B, have diabetes, and meet certain conditions (page 14), Medicare will cover therapeutic shoes if you need them.

The types of shoes that are covered each year include **one** of these:

- One pair of depth-inlay shoes and 3 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 2 additional pairs of inserts

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

Therapeutic shoes or inserts (continued)

How do I get therapeutic shoes?

For Medicare to pay for your therapeutic shoes, the doctor treating your diabetes must certify that you meet these 3 conditions:

1. You have diabetes.
2. You have at least one of these 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
 - A deformed foot
3. You're being treated under a comprehensive diabetes care plan and need therapeutic shoes and/or inserts because of diabetes.

Medicare also requires:

- 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

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 drug coverage, you must join a Medicare drug plan. For information about Medicare drug coverage, visit [www.medicare.gov](#) or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

These diabetes drugs and supplies are covered under Medicare drug plans:

- Insulin. See page 16.
- Anti-diabetic drugs. See page 16.
- Certain diabetes supplies. See page 16.

Insulin

Medicare drug plans cover injectable insulin not used with an insulin infusion pump and inhaled insulin.

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 like:

- Sulfonylureas (like Glipizide, and Glyburide)
- Biguanides (like metformin)
- Thiazolidinediones, like Actos® (Pioglitazone), Avandia® (Rosiglitazone), and Rezulin® (Troglitazone)
- Meglitinides, which are a class of anti-diabetic drug including Starlix® (Nateglinide) and Prandin® (Repaglinide)
- Alpha glucosidase inhibitors (like Precose®)

Diabetes supplies

Supplies used when you inject or inhale insulin may be covered for people with Medicare Part D who have diabetes. These medical supplies include:

- Syringes
- Needles
- Alcohol swabs
- Gauze
- Inhaled insulin devices

For more information

To get more information about Medicare drug coverage, you can:

- Visit [Medicare.gov](https://www.Medicare.gov).
- 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 phone number, visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts), or call 1-800-MEDICARE.

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. In general, 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:

- Diabetes screenings. See page 18.
- Diabetes self-management training. See pages 18–20.
- Medical nutrition therapy services. See page 21.
- Hemoglobin A1c tests. See page 22.

You can get some Medicare-covered services without a written order or referral. These services include:

- Foot exams & treatment. See page 21.
- Glaucoma tests. See page 22.
- Flu & pneumococcal shots. See page 22.
- Preventive visits (“Welcome to Medicare” preventive visit and Yearly “Wellness” visit). See pages 22–23.

Diabetes screenings

Medicare pays for diabetes screening tests if you're 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:

- 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)

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:

- 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 Medicare-covered diabetes screening tests.

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 one of these 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 any of these apply to you:

- You have problems controlling your blood sugar, have been treated in an emergency room, or have stayed overnight in a hospital because of your diabetes.
- You've been diagnosed with eye disease related to diabetes.
- You have a lack of feeling in your feet or some other foot problems, like ulcers, deformities, or have had an amputation.
- You've been diagnosed with kidney disease related to diabetes.

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.

How much training is covered?

Classes are taught by health care providers who have special training in diabetes education. You're 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're 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). FQHCs are special health centers, usually located in 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. For more information about FQHCs, visit [cms.gov/center/fqhc.asp](https://www.cms.gov/center/fqhc.asp), or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Diabetes self-management training (continued)

What will I learn in this training?

You'll learn how to successfully manage your diabetes. This includes 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 like these:

- 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's 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

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 may include these:

- 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

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 cms.hhs.gov/center/fqhc.asp, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Foot exams & treatment

If you have diabetes-related nerve damage in either of your feet, Medicare will cover one foot exam each 6 months by a podiatrist or other foot care specialist, unless you've seen a foot care specialist for some other foot problem during the past 6 months. Medicare may cover more frequent visits if you've 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 doctor 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 Part B will pay for you to have your eyes checked for glaucoma once every 12 months if you're at risk. This test must be done or supervised by an eye doctor who's legally allowed to give this service in your state.

Flu and pneumococcal shots (vaccinations)

Medicare Part B will pay for you to get a flu shot generally 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.

“Welcome to Medicare” preventive visit

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

Even though the “Welcome to Medicare” preventive visit isn't a diabetes-related service, it's a good opportunity to talk with your doctor about the preventive services you may need, like diabetes screening tests.

Note: Medicare will cover this visit if you get it within the first 12 months you have Part B.

Yearly “Wellness” visit

If you’ve had Medicare Part B for longer than 12 months, you can get a yearly “Wellness” visit to develop or update a personalized prevention plan based on your current health and risk factors. This includes:

- A review of medical and family history
- A list of current providers and prescription drugs
- Your height, weight, blood pressure, and other routine measurements
- A screening schedule for appropriate preventive services
- A list of risk factors and treatment options for you

Supplies & services that aren’t covered by Medicare

Original Medicare and Medicare drug plans don’t cover everything. Diabetes supplies and services not covered include:

- Eye exams for glasses (called refraction)
- Orthopedic shoes (shoes for people whose feet are impaired, but intact)
- Cosmetic surgery

Who do I contact if I have questions about what Medicare covers?

Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

SECTION

5 Helpful Tips & Resources

More information is available to help you make health care choices and decisions that meet your needs. You can order booklets at no cost to you, and look at information on the Internet. 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 [Medicare.gov](https://www.Medicare.gov) or call (1-800-633-4227). TTY users should call 1-877-486-2048.

Information for people with limited income & 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 \$16,755 (\$22,695 for a married person living with a spouse and no other dependents) and resources less than \$13,070 (\$26,120 for a married person living with a spouse and no other dependents). These amounts are for 2013. These amounts may change in 2014. 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 phone number, visit Medicare.gov/contacts, 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 SPAP in your state, call 1-800-MEDICARE or your SHIP.

Tips to help control diabetes

You can do many things to control your diabetes. Here are some helpful tips that can help you stay healthy:

Eat 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.

Tips to help control diabetes (continued)

Take medicine as directed

- Take your medicines as directed. Talk with your doctor if you have any problems.

Exercise

- Be active for a total of 30 minutes most days. Talk with your doctor about which activities can help you stay active.

Check these things

- 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's very important to keep your feet healthy to prevent serious foot problems.
- frequently check your blood pressure.
- 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're 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.

More information is available to help you make health care choices and decisions that meet your needs. You can order booklets at no cost to you, and look at information on the Internet. If you don't have a computer, your local library or senior center may be able to help you find information.

Phone numbers & websites

For more information about diabetes, visit [Medicare.gov](https://www.Medicare.gov), or contact these organizations:

Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS)

www.cdc.gov/diabetes

1-800-232-4636

(Inquiries and Publications)

CDC Division of Diabetes Translation

1600 Clifton Road

Atlanta, Georgia 30333

Food and Drug Administration (FDA), HHS

www.fda.gov/diabetes

Healthfinder

healthfinder.gov

Indian Health Service

www.ihs.gov/medicalprograms/diabetes

1-505-248-4182

Division of Diabetes Treatment & Prevention

5300 Homestead Road, NE

Albuquerque, New Mexico 87110

Phone numbers & websites (continued)

National Diabetes Education Program (NDEP)

ndep.nih.gov
1-888-693-6337

National Diabetes Education Program
One Diabetes Way
Bethesda, Maryland 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, Maryland 20892-3560

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

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Baltimore, Maryland 21244-1850

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Medicare's Coverage of Diabetes Supplies & Services

- Medicare.gov
- 1-800-MEDICARE (1-800-633-4227)
- TTY: 1-877-486-2048

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