



Medicare Coverage of Diabetes Supplies & Services

**This official government
booklet will help you
answer these questions:**

- What diabetes supplies and services does Medicare help pay for?
- Where can I get more information?



This booklet explains your benefits in the Original Medicare Plan. It isn't a legal document. The official Medicare provisions are contained in relevant laws, regulations, and rulings.

Introduction



This booklet explains Medicare coverage of diabetes supplies and services in the [Original Medicare Plan](#), also known as “fee-for-service.” If you are in a [Medicare Advantage Plan](#) (formerly called Medicare + Choice), your plan must give you at least the same coverage as the Original Medicare Plan, but it might have different rules. Your costs, rights, protections, and choices for where you get your care might be different if you are in one of these plans. You might also get extra benefits. Read your plan materials or call your benefits administrator for more information.

For more information about Medicare, get a free copy of the *Medicare & You* handbook (CMS Pub. No. 10050). Look on page 23 to see how to get this handbook.

This booklet doesn’t have detailed information about the tests you should get and what you can do to help control your diabetes. To learn more about these things, talk with your doctor, diabetes educator, or other health care provider. They are 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.

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What is Medicare?

Medicare is a health insurance program for

- people age 65 or older,
- people under age 65 with certain disabilities, and
- people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has

Part A (Hospital Insurance)

Most people don't pay a [premium](#) for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A helps cover your inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities. It also helps cover [hospice care](#) and some [home health care](#). You must meet certain conditions to get these benefits.

Part B (Medical Insurance)

Most people pay a monthly premium for Part B. Medicare Part B helps cover your doctors' services and outpatient hospital care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are [medically necessary](#).

Medicare Health Plans

Your health plan choices include

- the [Original Medicare Plan](#) - available nationwide.

OR

- [Medicare Advantage Plans](#) - available in many areas.

The Medicare health plan you choose affects many things, such as out-of-pocket costs (such as any deductibles you must pay before getting some benefits), benefits (some have extra benefits such as coverage for extra days in the hospital), choice of doctors and providers, convenience, and quality.

Words in [green](#) are defined on pages 24–25.

Medicare Basics

Medicare Health Plans (continued)

If you join a [Medicare Advantage Plan](#)

- you are still in the Medicare program.
- you must have Medicare Part A and Part B, and continue to pay the monthly [premium](#) (the Medicare Part B premium is \$78.20 in 2005). This amount will increase each year. If you are already in a Medicare [Managed Care Plan](#) and have only Part B, you may stay in your plan.
- you still get all your regular Medicare-covered services. You may be able to get extra benefits such as coverage for extra days in the hospital.
- you have Medicare rights to protect you (see page 16).

For help comparing your health plan choices, use the “Medicare Personal Plan Finder,” available at www.medicare.gov on the web. You can also call 1-800-MEDICARE (1-800-633-4227) to get a Customer Service Representative to help you. TTY users should call 1-877-486-2048. You will get your Medicare Personal Plan Finder results in the mail within three weeks.

Remember! If you are in a Medicare Advantage Plan, your plan must give you at least the same coverage as the [Original Medicare Plan](#), but it may have different rules. Your out-of-pocket costs, rights, protections, and choices for where you get your care may be different if you are in one of these plans. You may also get extra benefits. Read your plan materials or call your benefits administrator for more information.

Note: If you have other insurance that supplements the Original Medicare Plan, it may pay some of the costs for the services described in this booklet. Contact your plan’s benefits administrator for more information.

Covered Supplies

Medicare covers certain supplies if you have diabetes and you have Medicare Part B. These covered supplies include

- blood sugar (glucose) monitors (see below),
- therapeutic shoes (see page 6), and
- insulin pumps (see page 7).

Blood sugar self-testing equipment and supplies

Blood sugar (also called blood glucose) self-testing equipment and supplies are covered for all people with Medicare who have diabetes. This includes people who use insulin and people who don't use insulin.

These supplies include

- blood sugar monitors,
- blood sugar test strips,
- lancet devices and lancets, and
- glucose control solutions for checking the accuracy of testing equipment and test strips.

Medicare currently 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 100 test strips and lancets every month, and
- one lancet device every six months.

If you don't use insulin, you may be able to get

- 100 test strips and lancets every three months, and
- one lancet device every six months.

If your doctor says it is **medically necessary**, Medicare will allow additional **test strips and lancets**.

For more information about diabetes supplies, call 1-800-MEDICARE (1-800-633-4227) and get the telephone number for your **Durable Medical Equipment Regional Carrier**. TTY users should call 1-877-486-2048.

Words in **green** are defined on pages 24–25.

Diabetes Supplies

Blood sugar self-testing equipment and supplies (continued)

How do I get these covered supplies?

To get your Medicare-covered blood sugar self-testing equipment and supplies, you need a prescription from your doctor. The prescription should include the following information:

- That 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 also explain why you need this special monitor.)
- Whether you use insulin
- How often you should test your blood sugar
- How many test strips and lancets you need for one month

Keep in mind that

- you can order and pick up your supplies at your pharmacy.
- you can order your supplies from a medical equipment supplier. If you get your supplies this way, you must place the order yourself. You will probably need a prescription from your doctor to place your order, but your doctor can't order it for you.
- 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 think you are getting too many 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) and get the telephone number for your [Durable Medical Equipment Regional Carrier](#). TTY users should call 1-877-486-2048.

You must get supplies from a pharmacy or supplier that is enrolled in Medicare. If you go to a pharmacy or supplier that **isn't** enrolled in Medicare, Medicare won't pay. **You will have to pay the entire bill for any supplies from non-enrolled pharmacies or non-enrolled suppliers.**

Diabetes Supplies

Blood sugar self-testing equipment and supplies (continued)

How do I get these covered supplies? (continued)

All Medicare-enrolled pharmacies and suppliers must submit claims for glucose monitor test strips. You can't submit a claim for glucose monitor test strips yourself. You should also make sure that the pharmacy or supplier accepts **assignment** for Medicare-covered supplies. **This could save you money.** If the pharmacy or supplier accepts assignment, Medicare will pay the pharmacy or supplier directly. You should 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.

Remember: Before you get a supply from a supplier or pharmacy, ask

- are you enrolled in Medicare?
- do you accept assignment?

If the answer to either of these two questions is “no,” you may want to call another supplier or pharmacy in your area. Ask them the same questions. By finding a supplier or pharmacy that answers “yes” to both questions, **you could save money.** If you can't find a supplier or pharmacy in your area that is enrolled in Medicare and accepts assignment, you may want to order your supplies through the mail. This could also save you money.

For more information about assignment, get a free copy of *Does your doctor or supplier accept assignment?* (CMS Pub. No. 10134). Look on page 23 to see how to get this booklet.

What are the costs for these covered supplies?

In the **Original Medicare Plan**, you pay 20% of the **Medicare-approved amount** after the yearly Medicare Part B **deductible** (\$110 in 2005).

The deductible amount will change each year.

Words in **green**
are defined on
pages 24–25.

Diabetes Supplies

Therapeutic Shoes

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

The types of shoes that are covered each year are

- one pair of depth-inlay shoes and three pairs of inserts, or
- one pair of custom-molded shoes (including inserts) if you can't wear depth-inlay shoes because of a foot deformity, and two additional pairs of inserts.

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

How do I get therapeutic shoes?

In order for Medicare to pay for your therapeutic shoes, the doctor treating your diabetes must certify that you meet **all** of the following three conditions:

1. Have diabetes
2. Have at least one of the following 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
 - deformed foot
3. Are being treated under a comprehensive diabetes care plan and need therapeutic shoes and/or inserts because of diabetes

Medicare also requires that

- a podiatrist or other qualified doctor prescribe the shoes, and
- a doctor or other qualified individual like a pedorthist, orthotist, or prosthetist fit and provide the shoes.

Diabetes Supplies

Therapeutic Shoes (continued)

What are the costs for therapeutic shoes?

There are limits to the amount that Medicare will pay. In the [Original Medicare Plan](#), you pay 20% of the [Medicare-approved amount](#) after the yearly Medicare Part B [deductible](#) (\$110 in 2005). This amount can be higher if your provider or supplier doesn't accept [assignment](#), and you may have to pay the entire amount at the time of service. Medicare will then send you its share of the cost.

Note: The deductible amount will change each year.

Insulin pumps and related supplies

Insulin pumps worn outside the body (external), including the insulin used with the pump, may be covered for some people with Medicare who have diabetes and who meet certain conditions.

How do I get an insulin pump?

If you need to use an insulin pump, your doctor will prescribe this for you.

What are the costs for an insulin pump?

In the [Original Medicare Plan](#), you pay 20% of the [Medicare-approved amount](#) after the yearly Part B [deductible](#) (\$110 in 2005). Medicare will pay for the insulin pump. Medicare will also pay for the insulin that is used with the insulin pump.

Note: The deductible amount will change each year.

For more information about [durable medical equipment](#) and diabetes supplies, call 1-800-MEDICARE (1-800-633-4227) and get the telephone number for your [Durable Medical Equipment Regional Carrier](#). TTY users should call 1-877-486-2048.

Words in [green](#)
are defined on
pages 24–25.

Covered Services

NEW — For all people with Medicare, Medicare covers screenings to check for diabetes beginning January 1, 2005. See page 14 for more information.

For people with diabetes, Medicare covers certain services. 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 that you have your doctor's written order before you get the services. These services include

- diabetes self-management training (see below),
- medical nutrition therapy services (see page 11),
- hemoglobin A1c tests (see page 12),
- special eye exams (see page 13), and
- flu and pneumococcal shots (see page 13).

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

- foot care (see page 12), and
- glaucoma testing (see page 13).

Diabetes self-management training

Diabetes self-management training helps you learn how to successfully manage your diabetes. Your doctor must prescribe this training for you for Medicare to cover it.

You can get diabetes self-management training if, during the last 12-months

- you've been recently diagnosed with diabetes,
- you've 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, or
- you're at risk for complications from diabetes (see below).

Your doctor may consider you at increased risk if

- you've had 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've had a lack of feeling in your feet or some other foot problems like ulcers, deformities, or have had an amputation, or
- you've been diagnosed with kidney disease related to diabetes.

Diabetes Services

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 under 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.

Classes are taught by health care providers who have special training in diabetes education. You are covered to get a total of 10 hours of initial training within a continuous 12-month period. One of the hours can be given on a one-on-one basis. The other nine hours must be training in a group class. The initial training must be completed no more than 12 months from the time you start the training.

Important: You may be able to get 10 hours of individual training if your doctor prescribes it. Your doctor may prescribe individual training if you are blind or deaf, have language limitations, or no group classes have been available within two months of your doctor's order.

To be eligible for two 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 two hours of follow-up training can be with a group class or you may have one-on-one sessions. Remember, your doctor must prescribe this follow-up training each year for Medicare to cover it.

Diabetes self-management training programs might not be available in all areas. Check with the American Diabetes Association (see page 18) or the Indian Health Service (see page 21) to find the certified training program nearest you. If there isn't a training program in your area, ask your doctor for a referral to a registered dietitian to get the covered diabetes self-management training.

Note: If a certified training program isn't available in your area, call your [Medicare Administrative Contractor](#) to find out where you can get this training. You can get the telephone number for the Medicare Administrative Contractor in your state by calling 1-800-MEDICARE (1-800-633-4227) or going to www.medicare.gov on the web. Select "Helpful Contacts."

Words in [green](#)
are defined on
pages 24–25.

Diabetes self-management training (continued)

What will I learn in this training?

You will learn how to successfully manage your diabetes. This will include information on self-care and making lifestyle changes. The first session is an individual assessment to help the instructors better understand your needs.

Classroom training will cover topics such as

- general information about diabetes, and the benefits and risks of blood sugar control,
- nutrition and how to manage your diet,
- options to manage and improve blood sugar control,
- exercise and why it is 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,
- how to adjust emotionally to having diabetes,
- family involvement and support, and
- the use of the health care system and community resources.

How much do I pay for diabetes self-management training?

In the [Original Medicare Plan](#), you pay 20% of the [Medicare-approved amount](#) after the yearly Part B [deductible](#) (\$110 in 2005). The deductible amount will change each year.

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Diabetes Services

Medical nutrition therapy services

In addition to diabetes self-management training, medical nutrition therapy services are also covered for people with diabetes. To be eligible for this service, your fasting blood sugar has to meet a certain criteria. Also, your doctor must prescribe this service for you.

These services can be given by a registered dietitian or certain nutrition professionals. Services include

- 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, and
- follow-up visits to check on your progress in managing your diet.

Medicare covers three hours of one-on-one medical nutrition therapy services the first year you receive the service, and two hours each year after that. If your doctor determines there is a change in your diagnosis or medical condition that makes a change in your diet necessary, you may be able to get additional hours of medical nutrition therapy services. Remember, your doctor must prescribe medical nutrition therapy services each year for Medicare to pay for the service.

How much do I pay for medical nutrition therapy services?

In the [Original Medicare Plan](#), you pay 20% of the [Medicare-approved amount](#) after the yearly Part B [deductible](#) (\$110 in 2005). The deductible amount will change each year.



Words in [green](#)
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pages 24–25.

Diabetes Services

Foot care

Who is covered?

If you have diabetes-related nerve damage in either of your feet, Medicare will cover one foot exam every six months by a podiatrist or other foot care specialist, unless you have seen a foot care specialist for some other foot problem during the past six months. Medicare may cover more frequent visits to a foot care specialist if you have had a non-traumatic (not because of an injury) amputation of all or part of your foot or your feet have changed in appearance that may indicate you have serious foot disease. Remember, you should be under the care of your primary care physician or diabetes specialist when receiving foot care.

How much do I pay?

In the [Original Medicare Plan](#), you may have to pay 20% of the [Medicare-approved amount](#) after the yearly Part B [deductible](#) (\$110 in 2005). The deductible amount will change each year.

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 three months.

Who is covered?

Anyone with diabetes is covered for this test if it is ordered by your doctor.

How much do I pay?

Medicare may cover this test when your doctor orders it. Call your [Medicare Administrative Contractor](#) if you have a question about how much you will have to pay. You can get the telephone number for your Medicare Administrative Contractor by calling 1-800-MEDICARE (1-800-633-4227) or going to www.medicare.gov on the web. Select “Helpful Contacts.”

Words in [green](#)
are defined on
pages 24–25.

Diabetes Services

Special eye exams

Who is covered?

People with Medicare who have diabetes can get eye exams to check for diabetic eye disease (called a dilated eye exam). Your doctor will decide how often you need this exam.

How much do I pay?

In the [Original Medicare Plan](#), you pay 20% of the [Medicare-approved amount](#) after the yearly Part B [deductible](#) (\$110 in 2005). The deductible amount will change each year.

Medicare Part B-covered preventive services

Medicare Part B covers certain [preventive services](#) for people with Medicare. Some of these services are important for people with diabetes. These services include

Glaucoma testing

Medicare will pay for you to have your eyes checked for glaucoma once every 12 months. This test must be done or supervised by an eye doctor who is legally allowed to give this service in your state.

How much do I pay?

In the [Original Medicare Plan](#), you pay 20% of the [Medicare-approved amount](#) after the yearly Part B [deductible](#) (\$110 in 2005). The deductible amount will change each year.

Flu and pneumococcal shots (vaccinations)

Medicare will pay for you to get a flu shot 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. Ask your doctor.

How much do I pay?

In the [Original Medicare Plan](#), you pay nothing for flu and pneumococcal shots if your doctor accepts [assignment](#) (see page 17).

Words in [green](#)
are defined on
pages 24–25.

Diabetes Services

Medicare Part B-covered preventive services (continued)

Diabetes screening

Beginning January 1, 2005, Medicare will pay for you to get diabetes screening tests if you are at risk for diabetes. These tests are used to detect diabetes early. Some, but not all, 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 tolerance, or
- high fasting glucose.

Medicare will pay for you to get two 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 the following:

- Fasting plasma glucose tests
- Other tests (and changes to those 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 diabetes screening tests that Medicare will cover.

How much do I pay?

In the [Original Medicare Plan](#), you pay 20% of the [Medicare-approved amount](#) after the yearly Part B [deductible](#) (\$110 in 2005). The deductible amount will change each year.

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

You should call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Words in [green](#)
are defined on
pages 24–25.

Supplies and Services that Aren't Covered by Medicare

The [Original Medicare Plan](#) doesn't cover everything. Diabetes supplies and services **not** covered by Medicare include

- alcohol swabs,
- eye exams for glasses (called refraction),
- gauze,
- injection devices (like jet injectors),
- insulin pens,
- insulin (unless used with an insulin pump),
- orthopedic shoes (shoes for people whose feet are impaired, but intact),
- outpatient prescription drugs,*
- routine or yearly physical exams,
- syringes, and
- weight loss programs.

* Medicare's new prescription drug coverage will start on January 1, 2006. This will include coverage for insulin and medical supplies associated with the injection of insulin. Medicare-approved drug discount cards are available now. For more information, get a free copy of the *Medicare & You* handbook (CMS Pub. No. 10050). Look on page 23 to see how to get this handbook.

Words in [green](#)
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pages 24–25.

Medicare Rights and Protections

If you have Medicare, you have certain guaranteed rights. One of these is the right to a fair, efficient, and timely process for appealing decisions about health care payment or services. Some of the reasons you may appeal are when

- a service or item isn't covered and you think it should be.
- a service or item is denied and you think it should be paid.
- you question the amount that Medicare paid.

Information on how to file an appeal is on the notice that explains what Medicare pays (called the Medicare Summary Notice). If you decide to file an appeal, ask your doctor or provider for any information that may help your case. If you need help filing an appeal, call your [State Health Insurance Assistance Program](#).

In addition, you have rights to

- receive information,
- receive emergency room services,
- see doctors, specialists, and go to Medicare-certified hospitals,
- participate in treatment decisions,
- know your treatment choices,
- get information in a culturally competent manner in certain circumstances (for example, get information in languages other than English from Medicare, and its providers and contractors),
- file complaints,
- nondiscrimination, and
- have your personal and health information kept private.

You may have additional rights if you are in the hospital or a skilled nursing facility, or if your [home health care](#) ends.

For more information about your Medicare rights and protections, get a free copy of the booklet *Your Medicare Rights and Protections* (CMS Pub. No. 10112). Look on page 23 to see how to get this booklet.

Words in [green](#)
are defined on
pages 24–25.

What is “Assignment” in the Original Medicare Plan and Why is It Important?

Assignment is an agreement between people with Medicare, their doctors and suppliers, and Medicare. The person with Medicare agrees to let the doctor or supplier request direct payment from Medicare for covered Part B services, equipment, and supplies. Doctors or suppliers who agree to (or must by law) accept assignment from Medicare can't try to collect more than the proper Medicare **deductible** and **coinsurance** amounts from the person with Medicare, their other insurance, or anyone else.

Participating Physician Directory

The national Participating Physician Directory contains names, addresses, and specialties of Medicare participating physicians who have agreed to accept assignment on all Medicare claims. Seeing doctors who agree to accept assignment can save you money. This only applies to the **Original Medicare Plan**.

- Look at www.medicare.gov on the web and select “Participating Physician Directory.”
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Supplier Directory

The Medicare website has a Supplier Directory that has information about Medicare-enrolled suppliers. This includes the names, addresses, telephone numbers, and information on the specific type(s) of available supplies. Using suppliers who participate in the Medicare program can save you money because they must accept assignment. This only applies to the Original Medicare Plan.

- Look at www.medicare.gov on the web and select “Supplier Directory.”
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Getting More Information

More information is available to help you make health care choices and decisions that best meet your needs. Some free booklets can be ordered, and some information is on the web. If you don't have a computer, your local library or senior center may be able to help you find the information on their computers.

American Association of Diabetes Educators (AADE)

AADE is an organization of health care professionals nationwide who provide diabetes education and care. You can see a listing of diabetes educators in your area.

www.aadenet.org

1-800-338-3633

American Association of Diabetes Educators
100 West Monroe Street
Suite 400
Chicago, IL 60603

American Diabetes Association (ADA)

The mission of the American Diabetes Association is to prevent and cure diabetes, and improve the lives of all people with diabetes. The ADA provides information and other services to people with diabetes, their families, health care professionals, and the public. You can subscribe to the monthly consumer magazine (*Diabetes Forecast*), order diabetes education booklets, find training programs, find support groups, and find tips on managing diabetes.

www.diabetes.org

1-800-DIABETES (1-800-342-2383)

American Diabetes Association
Attn: National Call Center
1701 North Beauregard Street
Alexandria, VA 22311

Getting More Information

American Dietetic Association (ADA)

The American Dietetic Association can help you find a dietitian in your area by using a ZIP code search. There are also a number of fact sheets available to read or print from your computer.

www.eatright.org

1-800-877-1600

American Dietetic Association
120 South Riverside Plaza
Suite 2000
Chicago, IL 60606-6995

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

The Centers for Disease Control and Prevention has a special diabetes division, Division of Diabetes Translation, whose work is to help others use research findings to improve diabetes care. The CDC also has state-based diabetes control programs. On this website, you can find answers to frequently asked questions about diabetes, information about diabetes programs in your state, publications you can order or download, and the National Diabetes Education Program (NDEP).

www.cdc.gov/diabetes/index.htm

1-877-232-3422

(Inquiries and Publications)
CDC Division of Diabetes Translation
PO Box 8728
Silver Spring, MD 20910

Getting More Information

Diabetes Exercise and Sports Association (DESA)

The Diabetes Exercise and Sports Association's purpose is to improve the quality of life for people with diabetes through exercise. The DESA provides pamphlets on diabetes and exercise. The website has information on exercise and nutrition, as well as upcoming DESA-sponsored events.

www.diabetes-exercise.org

1-800-898-4322

Diabetes Exercise and Sports Association
8001 Montcastle Drive
Nashville, TN 37221

Food and Drug Administration (FDA), DHHS

The mission of the Food and Drug Administration is to promote and protect the public health by helping safe and effective drugs and medical devices reach the market in a timely way and continuing to check products for safety after they are in use.

www.fda.gov/diabetes

Healthfinder

The healthfinder website is run by the U.S. Department of Health and Human Services. It offers consumer information from the Federal Government and its many partners. Healthfinder can link you to selected online publications, clearinghouses, databases, websites, and support and self-help groups, as well as government agencies and not-for-profit organizations that produce reliable information for the public.

www.healthfinder.gov

Getting More Information

Indian Health Service (IHS)

The Indian Health Service National Diabetes Program develops, documents, and sustains a public health effort to prevent and control diabetes in American Indian and Alaskan Native peoples.

www.ihs.gov/medicalprograms/diabetes

1-505-248-4182

Indian Health Service
Attn: IHS National Diabetes Program
5300 Homestead Rd NE
Albuquerque, NM 87110

Juvenile Diabetes Research Foundation International (JDRF)

Juvenile Diabetes Research Foundation International supports diabetes research to find a cure for Type 1 diabetes through fundraising events such as the “Walk to Cure Diabetes,” galas, golf tournaments, and other community activities. On their website, you will find information on JDRF chapters in your area, a subscription to their monthly electronic research newsletter, a subscription to their quarterly *Countdown* magazine, and books.

www.jdrf.org

1-800-533-CURE (1-800-533-2873)

Juvenile Diabetes Research Foundation International
120 Wall Street
New York, NY 10005-4001

Getting More Information

National Diabetes Education Program (NDEP)

The National Diabetes Education Program is an education program developed by a partnership of the National Institutes of Health, Centers for Disease Control and Prevention, and more than 200 public and private organizations. The website has information on how to control diabetes, an events calendar, as well as diabetes information in Spanish and Asian.

www.ndep.nih.gov

1-800-438-5383

National Diabetes Education Program
One Diabetes Way
Bethesda, MD 20814-9692

National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK) of the National Institutes of Health (NIH), DHHS

The National Institute of Diabetes & Digestive & Kidney Diseases supports clinical and basic research on diabetes. They also run a clearinghouse that provides free information on all reading levels, and can answer your questions (by phone, fax, mail, or e-mail) and provide diabetes reference materials.

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, MD 20892-3560

Getting More Information

Free Booklets About Medicare and Related Topics

Medicare tries to give you information to help you make good health care decisions. You can look at or order free booklets from Medicare to learn more about the topics that are of interest to you. We are always adding new booklets with detailed information about important subjects.

How do I get these booklets?

1. Look at www.medicare.gov on the web and select “Publications.” You can read, print, or order some booklets. This is the fastest way to get a copy.
2. Call 1-800-MEDICARE (1-800-633-4227). Follow the instructions to get a publication. TTY users should call 1-877-486-2048. You will get your copy within three weeks.
3. Put your name on the web mailing list to get an e-mail message every time a new booklet is available. To sign up, go to www.medicare.gov and select “Mailing List” at the top of the page.

Many booklets are available in English, Spanish, Audiotape (English and Spanish), Braille, and Large Print (English and Spanish). Look at www.medicare.gov for a list of available Medicare publications.

Note: Some booklets might not be available in print, but all of the most up-to-date versions are available at www.medicare.gov on the web. If you don't have a computer, your local library or senior center may be able to help you find these publications.

Words To Know

Assignment: In the Original Medicare Plan, this means a doctor agrees to accept Medicare's fee as full payment. If you are in the Original Medicare Plan, it can save you money if your doctor accepts assignment. You still pay your share of the cost of the doctor's visit.

Coinsurance: The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the approved amount for the service (like 20%).

Deductible: The amount you must pay for health care, before Medicare begins to pay, either each benefit period for Part A, or each year for Part B. These amounts can change every year.

Durable Medical Equipment: Medical equipment that is ordered by a doctor for use in the home. These items must be reusable, such as walkers, wheelchairs, or hospital beds. DME is paid for under Medicare Part B and Part A for home health services.

Durable Medical Equipment

Regional Carrier: A private company that contracts with Medicare to pay bills for durable medical equipment.

Home Health Care: Skilled nursing care and certain other health care you get in your home for the treatment of an illness or injury.

Hospice Care: A special way of caring for people who are terminally ill, and for their family. This care includes physical care and counseling. Hospice care is covered under Medicare Part A (Hospital Insurance).

Managed Care Plan: In most managed care plans, you can only go to doctors, specialists, or hospitals on the plan's list except in an emergency. Plans must cover all Medicare Part A and Part B health care. Some managed care plans cover extra benefits, like extra days in the hospital. In most cases, it is a type of Medicare Advantage Plan that is available in some areas of the country. Your costs may be lower than in the Original Medicare Plan.

Medicaid: A joint Federal and State program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medically Necessary: Services or supplies that

- are proper and needed for the diagnosis or treatment of your medical condition,
- are provided for the diagnosis, direct care, and treatment of your medical condition,
- meet the standards of good medical practice in the local area, and
- aren't mainly for the convenience of you or your doctor.

Words To Know

Medicare Administrative Contractor:

A private company that contracts with Medicare to pay Part A and Part B bills.

Medicare Advantage Plan:

A Medicare program that gives you more choices among health plans. Everyone who has Medicare Parts A and B is eligible, except those who have End-Stage Renal Disease (unless certain exceptions apply). Medicare Advantage Plans used to be called Medicare + Choice Plans.

Medicare-approved Amount:

In the Original Medicare Plan, this is the Medicare payment amount for an item or service. This is the amount a doctor or supplier is paid by Medicare and you for a service or supply. It may be less than the actual amount charged by a doctor or supplier. The approved amount is sometimes called the “Approved Charge.”

Original Medicare Plan:

A pay-per-visit health plan that lets you go to any doctor, hospital, or other health care supplier who accepts Medicare and is accepting new Medicare patients. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Premium: The periodic payment to Medicare, an insurance company, or a health care plan for health care coverage.

Preventive Services: Health care to keep you healthy or to prevent illness. For example, Pap tests, pelvic exams, yearly mammograms, and flu shots.

State Health Insurance Assistance

Program: A State program that gets money from the Federal Government to give free local health insurance counseling to people with Medicare.

Supplier: Generally, any company, person, or agency that gives you a medical item or service, like a wheelchair or walker.

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MARYLAND ASSOCIATION OF DIABETES EDUCATORS

- To get this booklet on Audiotape (English and Spanish), in Braille, or Spanish, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- ¿Necesita usted una copia en español? También está disponible en audiocasete y letra grande. Llame gratis al 1-800-MEDICARE (1-800-633-4227). Las personas que usan TTY deben llamar al 1-877-486-2048.