

Medicare Reimbursement for Diabetes Services and Supplies

PATIENT/FAMILY INFORMATION SHEET

Who is eligible for Medicare reimbursement for diabetes services and supplies?

Individuals who have been diagnosed with diabetes by their physician and subscribe to Medicare Part B may be eligible for reimbursement for certain services and supplies to manage their diabetes.

What diabetes services are covered by Medicare Part B?

- Diabetes self-management education provided through a program recognized by the American Diabetes Association.
- Medical nutrition therapy provided by a registered dietitian who is a Medicare provider.
- In addition to a diagnosis of diabetes and Medicare Part B coverage, the individual must have a physician prescription for these services.
- Diabetes Screening tests for individuals at high risk for diabetes. Risk factors include high blood pressure, dyslipidemia (abnormal cholesterol and triglyceride tests), obesity, impaired glucose tolerance and high fasting blood glucose. Diabetes screening tests are also covered by Medicare if at least 2 of the following conditions apply:
 - * 65 years of age or older
 - * Overweight
 - * family history of diabetes
 - * history of gestational diabetes
 - * history of delivering a baby weighing more than 9 pounds.

Is there a limit to the diabetes services Medicare covers?

Yes, Medicare Part B places limits on services as follows:

	First Year	Subsequent Years
Diabetes Self-management	10 hours	2 hours
Education		
Medical Nutrition Therapy	3 hours	2 hours
Diabetes Screening	Up to 2	
	screenings per	
	year	



YALE NEW HAVEN HEALTH What diabetes supplies are covered by Medicare Part B?

Medicare Part B reimburses for glucose monitoring supplies:

Supply	Insulin-treated	Non-insulin treated
Glucose meter	Every 5 years	Every 5 years
Lancing device	One per 6 months	One per 6 months
Test strips*	100 per month	100 every 3 months
Lancets*	100 per month	100 every 3 months
Insulin pumps and insulin for pump	As ordered by the physician	Not applicable

^{*}Additional test strips and lancets will be covered if the physician provides a written order for more testing supplies.

How much does Medicare Part B cover for services and supplies?

Diabetes Services (i.e., self-management education and medical nutrition therapy), Medicare Part B covers 80% of the cost after the individual meets their annual deductible fee. These services are provided "on assignment", meaning that the fee is determined by Medicare. If supplemental insurance is available, most or all of the remaining 20% is usually covered.

Diabetes supplies, Medicare Part B reimburses 80% of the Medicare Allowed Amount or 80% of the retail price of the product, whichever is lower, after the annual deductible fee is met.

Medicare-covered supplies require a physician prescription. Questions you should ask before purchasing supplies:

- "Are you enrolled in Medicare?" If not, look for another supplier (i.e., pharmacy, mail order supplier) who is.
- "Do you accept assignment?" If not, consider finding another supplier who
 does accept assignment, i.e., charges no more than the Medicare-allowed
 fee for supplies.

(See Greenwich Hospital Patient Education Handout, <u>Diabetes and Foot Care:</u> Footwear, for information on Medicare reimbursement for shoes and inserts.)

Resources

Resource	Contact Information
CMS (Medicare)	800-633-4227
	www.medicare.gov
American Diabetes Association	800-232-3472
	www.diabetes.org
Greenwich Hospital Weight Loss & Diabetes Center	203-863-2939

For more Patient Education Fact Sheets, see the Greenwich Hospital web site at <u>www.greenwichhospital.org</u> and click on Patient Education.