*The summary of information presented in this brochure is intended for Medicare fee-for-service physicians, providers, suppliers, and other health care professionals who furnish or provide referrals for and/or file claims for the Medicare-covered preventive benefits discussed in this brochure.*

Diabetes is the sixth leading cause of death in the United States. Approximately 20 million Americans have diabetes with an estimated 20.9 percent of the senior population age 60 and older being affected. Millions of people have diabetes and do not know it. Left undiagnosed, diabetes can lead to severe complications such as heart disease, stroke, blindness, kidney failure, leg and foot amputations, and death related to pneumonia and flu. Scientific evidence now shows that early detection and treatment of diabetes with diet, physical activity, and new medicines can prevent or delay much of the illness and complications associated with diabetes.

## DIABETES SCREENING TESTS

Medicare is committed to identifying and treating people with diabetes more effectively. Section 613 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003, expanded the number of preventive services covered by Medicare to include diabetes screening tests. Effective for services provided on or after January 1, 2005, Medicare provides coverage of diabetes screening tests for beneficiaries at risk for diabetes or those diagnosed with pre-diabetes. This benefit will help to improve the quality of life for Medicare beneficiaries by preventing more severe conditions that can occur without proper treatment from undiagnosed or untreated diabetes.

**Diabetes Mellitus**
Diabetes (diabetes mellitus) is defined as a condition of abnormal glucose metabolism using the following criteria:

- A fasting blood glucose greater than or equal to 126 mg/dL on two different occasions
- A 2-hour post-glucose challenge greater than or equal to 200 mg/dL on two different occasions
- A random glucose test over 200 mg/dL for a person with symptoms of uncontrolled diabetes

**Pre-diabetes**
Pre-diabetes is a condition of abnormal glucose metabolism diagnosed from a previous fasting glucose level of 100-125 mg/dL or a 2-hour post-glucose challenge of 140-199 mg/dL. The term “pre-diabetes” includes impaired fasting glucose and impaired glucose tolerance.

The diabetes screening blood tests covered by Medicare include:

- A fasting blood glucose test; and
- A post-glucose challenge test; not limited to
  - an oral glucose tolerance test with a glucose challenge of 75 grams of glucose for non-pregnant adults; or
  - a 2-hour post-glucose challenge test alone.

**Coverage Information**
Beneficiaries who have any of the following risk factors for diabetes are eligible for this benefit:

- Hypertension
- Dyslipidemia
- Obesity (a body mass index greater than or equal to 30kg/$m^2$)
- Previous identification of an elevated impaired fasting glucose or glucose tolerance

**OR**

Beneficiaries who have a risk factor consisting of at least two of the following characteristics are eligible for this benefit:

- Overweight (a body mass index greater than 25 but less than 30 kg/$m^2$)
- A Family history of diabetes
- Age 65 or older
- A history of gestational diabetes mellitus, or delivery of a baby weighing greater than 9 pounds

**NOTE:** Beneficiaries who have already been diagnosed with diabetes are not eligible for this screening benefit.

Medicare provides coverage for diabetes screening tests with the following frequency:

**Beneficiaries diagnosed with pre-diabetes**
Medicare provides coverage for a maximum of two diabetes screening tests within a 12-month period (but not less than 6 months apart) for beneficiaries diagnosed with pre-diabetes.

**Beneficiaries previously tested but not diagnosed as pre-diabetic or who have never been tested**
Medicare provides coverage for one diabetes screening test within a 12-month period (i.e., at least 11 months have passed following the month in which the last Medicare-covered diabetes screening test was performed) for beneficiaries who were previously tested and were not diagnosed with pre-diabetes, or who have never been tested.

Coverage for the diabetes screening tests are provided as a Medicare Part B benefit. Eligible beneficiaries must receive a referral from a physician or qualified non-physician practitioner for the screening. There is no coinsurance or copayment and no deductible for this benefit. Reimbursement of diabetes screening tests is provided under the Medicare Clinical Laboratory Fee Schedule.

**Important Note:** The diabetes screening benefit covered by Medicare is a stand alone billable service separate from the Initial Preventive Physical Examination (IPPE) and does not have to be obtained within the first six months of a beneficiary’s Medicare Part B coverage.

## DIABETES SELF-MANAGEMENT TRAINING (DSMT)

Medicare provides coverage for diabetes self-management training (DSMT) services for beneficiaries who have been recently diagnosed with diabetes, determined to be at risk for complications from diabetes, or were previously diagnosed with diabetes before meeting Medicare eligibility requirements and have since become eligible for coverage under the Medicare Program. DSMT services are intended to educate beneficiaries in the successful self-management of diabetes. The program includes instructions in self-monitoring of blood glucose; education about diet and exercise; an insulin treatment plan developed specifically for the patient who is insulin-dependent; and motivation for patients to use the skills for self-management.

Medicare provides coverage of DSMT services only if the treating physician or treating qualified non-physician practitioner managing the beneficiary’s diabetic condition provides a referral certifying that DSMT services are needed. Eligible beneficiaries may receive 10 hours of initial training and 2 hours of follow-up training for subsequent years following the initial training, when ordered.

Coverage for DSMT services is provided as a Medicare Part B benefit. The coinsurance or copayment applies after the yearly Medicare Part B deductible has been met.

**NOTE:** All DSMT programs must be accredited as meeting quality standards by a Centers for Medicare & Medicaid Services (CMS) approved national accreditation organization. Currently, CMS recognizes the American Diabetes Association and the Indian Health Service as approved national accreditation organizations. Programs without accreditation by a CMS-approved national accreditation organization are not covered.

## MEDICAL NUTRITION THERAPY (MNT)

Medicare provides coverage of medical nutrition therapy (MNT) for beneficiaries diagnosed with diabetes or renal disease (except for those receiving dialysis).

**Renal Disease**
For the purpose of this benefit, renal disease means chronic renal insufficiency or the medical condition of a beneficiary who has been discharged from the hospital after a successful renal transplant within the last 36 months. Chronic renal insufficiency means a reduction in renal function not severe enough to require dialysis or transplantation [Glomerular Filtration Rate (GFR) 13-50 ml/min/1.73$m^2$]

**Medicare-Covered MNT Services**
For the purpose of disease management, MNT services covered by Medicare include:

- An initial nutrition and lifestyle assessment
- Nutrition counseling
- Information regarding diet management
- Follow-up sessions to monitor progress

The MNT benefit is a completely separate benefit from the DSMT benefit. MNT services covered by Medicare may only be provided by a registered dietitian or nutrition professional who meet certain provider qualification requirements, or a “grandfathered” dietitian or nutritionist who was licensed or certified in a State as of December 21, 2000. A treating physician (primary

care physician or specialist coordinating care for beneficiary with diabetes or renal disease) must make a referral for MNT services and indicate a diagnosis of diabetes or renal disease. The referral must be renewed yearly for follow-up care if continuing treatment is needed into another calendar year.

This benefit provides 3 hours of one-on-one MNT services for the first year and 2 hours of coverage for each subsequent year. Additional hours may be covered if the treating physician orders additional hours of MNT based on a change in medical condition, diagnosis, or treatment regimen.

**NOTE:** For beneficiaries with a diagnosis of diabetes, DSMT and MNT services can be provided within the same time period, and the maximum number of hours allowed under each benefit are covered. However, a beneficiary may not receive MNT and DSMT on the same day.

Coverage of MNT is provided as a Medicare Part B benefit. The coinsurance or copayment applies after the yearly Medicare Part B deductible has been met.

## COVERED SUPPLIES AND OTHER SERVICES FOR BENEFICIARIES WITH DIABETES

Medicare provides limited coverage of the following supplies for beneficiaries with diabetes:

- Blood glucose self-testing equipment and associated accessories
- Therapeutic Shoes
  - One pair of depth-inlay shoes and three pairs of inserts, or
  - One pair of custom-molded shoes (including inserts), if the beneficiary cannot wear depth-inlay shoes because of a foot deformity, and two additional pairs of inserts within the calendar year
- Insulin pumps and the insulin used in the pumps

Coverage for diabetes-related durable medical equipment (DME) is provided as a Medicare Part B benefit. The Medicare Part B deductible and coinsurance or copayment applies after the yearly Medicare part B deductible has been met.

Medicare also provides coverage of the following services for beneficiaries with diabetes:

- Foot care
- Hemoglobin A1c tests
- Glaucoma screening
- Influenza and pneumococcal immunizations
- Routine costs, including immunosuppressive drugs, cell transplantation, and related items and services for pancreatic islet cell transplant clinical trials

## DIABETES SUPPLIES AND SERVICES NOT COVERED BY MEDICARE

Medicare Part B may not cover all supplies and equipment for beneficiaries with diabetes. The following may be excluded:

- Insulin pens
- Insulin (unless used with an insulin pump)
- Syringes
- Alcohol swabs
- Gauze
- Orthopedic shoes (shoes for individuals whose feet are impaired, but intact)
- Eye exams for glasses (refraction)
- Weight loss programs
- Injection devices (jet injectors)

**Note:** Insulin not used with an external insulin pump and certain medical supplies used to inject insulin are covered under Medicare prescription drug coverage.

For more information on coverage exclusions, contact your local Medicare Contractor.

## FOR MORE INFORMATION

The Centers for Medicare & Medicaid Services (CMS) has developed a variety of educational resources as part of a broad outreach campaign to promote awareness and increase utilization of preventive services covered by Medicare. For more information about coverage, coding, billing, and reimbursement of Medicare-covered preventive services and screenings, visit *http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage* on the CMS website.

## MEDICARE LEARNING NETWORK

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's web page at *http://www.cms.hhs.gov/MLNGenInfo* on the CMS website.

## BENEFICIARY-RELATED INFORMATION

The official U.S. Government website for people with Medicare is located on the web at *http://www.medicare.gov*, or more information can be obtained by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

*This brochure was prepared as a service to the public and is not intended to grant rights or impose obligations. This brochure may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.*

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Medicare Preventive Services

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

For Physicians, Providers, Suppliers, and Other Health Care Professionals

# Diabetes-Related Services

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