



Information Partners Can Use on:

Important Updates to Medicare's Diabetes-related Covered Services in 2007

As of November 2006

Medicare is committed to identifying and treating people with diabetes more effectively. In 2005, we expanded coverage for preventive services to include diabetes screening. Starting January 1, 2007, Medicare will provide more coverage for services that affect people with diabetes. Below are the highlights of the changes that may affect people with Medicare with or at risk for diabetes.

- Medicare will increase payment to doctors for the most frequently billed face-to-face doctor/patient service. This service includes instances where the doctor and patient discuss the patient's health and what needs to be done to maintain or improve their health. We believe this will help to encourage more discussions about controlling diabetes. This includes referring more of the eligible patients to existing preventive services like diabetes outpatient self-management training and medical nutrition therapy.
- Medicare is expanding access to rural and underserved areas. Diabetes outpatient self-management training and medical nutrition therapy services will be covered services included in the Federally Qualified Health Center benefit. For more information on Federally Qualified Health Centers, visit <http://www.cms.hhs.gov/center/fqhc.asp> on the web.
- Medicare is updating a broad range of preventive services, including adding a new abdominal aortic aneurysm screening to the "Welcome to Medicare" physical exam and excluding colorectal cancer screening procedures from the Part B deductible.

Medicare pays for many preventive services to help keep people healthy. Encourage people with Medicare to get the most out of their Medicare benefits and take advantage of the preventive services available to them to help improve their quality of life. While preventive services generally include exams, lab tests, and screenings, they also include shots, monitoring, and information to help people take care of their own health.

For a complete list and details of Medicare's preventive services, visit www.medicare.gov on the web and select "Preventive Services," or get a free copy of "Guide to Medicare's Preventive Services" by selecting "Publications." You can also call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048.

Encourage people with Medicare to register at MyMedicare.gov to gain access to personalized information regarding Medicare benefits and services, including eligibility, entitlement and preventive services they may be eligible for.

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The chart below provides a summary of some of the Part B covered preventive services that may affect people with Medicare with or at risk for diabetes.

Service	Who or what is covered and how often?	People with Medicare pay
Diabetes Screening Tests	<p>Medicare covers tests to check for diabetes. These tests are available if people have any of the following risk factors: high blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar. Medicare also covers these tests if people have two or more of the following characteristics:</p> <ul style="list-style-type: none">• age 65 or older,• overweight,• family history of diabetes (parents, brothers, sisters),• a history of gestational diabetes (diabetes during pregnancy) or delivery of a baby weighing more than 9 pounds. <p>Based on the results of these tests, people may be eligible for up to two diabetes screenings every year.</p>	No coinsurance or copayment or Part B deductible
Diabetes Self-Management Training	<p>Medicare covers outpatient training for people at risk for complications from diabetes or recently diagnosed with diabetes to teach them to manage their diabetes. A person's doctor or other health care provider must provide a written order to a certified diabetes self-management education program. A plan of care must be written to include number of sessions, frequency, and duration.</p>	Coinsurance or copayment and Part B deductible
Diabetes Supplies and Services	<p>Medicare covers some diabetes supplies, including blood glucose test strips, blood glucose monitor, and lancet devices and lancets. There may be limits on how much or how often a person gets these supplies.</p> <p>Medicare doesn't cover insulin under Part B (unless used with an insulin pump), insulin pens, syringes, needles, alcohol swabs, gauze, eye exams for glasses, and routine or yearly physical exams (except for a one-time "Welcome to Medicare" physical exam). If someone uses an external insulin pump, insulin and the pump could be covered as durable medical equipment. Certain supplies are covered as noted above. Insulin not used with an external insulin pump and certain medical supplies used to inject insulin are covered under Medicare prescription drug coverage.</p>	Coinsurance or copayment and Part B deductible 100% for insulin (unless used in an external insulin pump), and medical supplies associated with the injection of insulin unless these items are covered under Medicare prescription drug coverage

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Service	Who or what is covered and how often?	People with Medicare pay
Diabetes Supplies and Services (continued)	<p>Therapeutic Shoes or Inserts: Medicare covers therapeutic shoes or inserts for people with diabetes who have severe diabetic foot disease. The doctor who treats a person's diabetes must certify their 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.</p> <p>Foot Exam: A foot exam is covered every six months for people with diabetic peripheral neuropathy and loss of protective sensations, as long as they haven't seen a foot care professional for another reason between visits.</p> <p>For more information on coverage of diabetes supplies and services, get a free copy of "Medicare Coverage of Diabetes Supplies and Services" by selecting "Publications" at www.medicare.gov on the web.</p>	Coinsurance or copayment and Part B deductible Coinsurance or copayment and Part B deductible
Glaucoma Tests	Medicare covers tests to help find the eye disease glaucoma. This is covered once every 12 months for people at high risk for glaucoma. People are considered high risk for glaucoma if they have diabetes, a family history of glaucoma, are African American and age 50 or older, or are Hispanic and age 65 or older. Tests must be done by an eye doctor legally authorized to perform this service in the state.	Coinsurance or copayment and Part B deductible
Medical Nutrition Therapy	Medicare covers medical nutrition therapy services, when ordered by a doctor, for people with kidney disease (but who aren't on dialysis) or who have a kidney transplant, or people with diabetes. These services can be given by a registered dietitian or Medicare-approved nutrition professional and include nutritional assessment and counseling.	Coinsurance or copayment and Part B deductible

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The chart below includes other new information about Medicare covered preventive services.

Service	Who or what is covered and how often?	People with Medicare pay
Colorectal Cancer Screening	<p>Medicare covers these tests to help find precancerous growths, and help prevent or find cancer early, when treatment is most effective. One or more of the following tests may be covered. People should check with their doctor.</p> <ol style="list-style-type: none">1. Fecal Occult Blood Test—Once every 12 months if age 50 or older. People pay nothing for the test, but usually have to pay for the doctor visit.2. Flexible Sigmoidoscopy—Generally, once every 48 months if age 50 or older, or every 120 months when used instead of a colonoscopy for those not at high risk.3. Screening Colonoscopy—Once every 120 months (high risk every 24 months). No minimum age.4. Barium Enema—Once every 48 months if age 50 or older (high risk every 24 months) when used instead of sigmoidoscopy or colonoscopy.	<p>1. \$0</p> <p>New in 2007! 2–4. Medicare pays its share of the costs of these tests even if people haven't met the yearly Part B deductible. Coinsurance or copayment still applies.</p>
Physical Exam (one-time “Welcome to Medicare” Physical Exam)	<p>Medicare covers a one-time review of a person's health, and education and counseling about preventive services, including certain screenings and shots. Getting referrals for other care, if needed, are also covered. Important: A person must have the physical exam within the first six months of having Medicare Part B, and deductibles and coinsurance apply.</p> <p>New in 2007! People at risk for abdominal aortic aneurysm (a weakening in the wall of the large artery that takes blood from the heart to the body) may get a referral for a one-time ultrasound screening at their “Welcome to Medicare” exam.</p>	<p>Coinsurance or copayment and Part B deductible</p>

This tip sheet isn't a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.