Hidden Benefits of Medicare
How to know if you're making the most of your coverage | By Mandy Walker

You likely know that Medicare covers test strips, insulin, and lancets. But Medicare is so complex that it's easy to miss some of the additional benefits it provides for people with diabetes.

"Many services covered by Medicare can reduce the risk for diabetes complications, hospitalizations, and additional health care costs," says Valari Taylor, RDN, CDE, a dietitian and diabetes educator based in New Mexico. And many of these perks are provided at no or low cost. Your diabetes care team, including a certified diabetes educator and social worker, can help you identify which resources will best benefit you.

1. DIABETES SELF-MANAGEMENT TRAINING
This benefit, also called diabetes self-management education, teaches you the ins and outs of managing your condition. Taught by health care professionals who have special training in diabetes education (usually a registered dietitian, certified diabetes educator, or registered nurse), classes cover how to improve blood glucose, take medications properly, and treat complications from diabetes. They also connect you to community resources such as social workers, dietitians, endocrinologists, and other specialists. You can get up to 10 hours of initial training over the course of a year. Usually that consists of an hour-long one-on-one session with the instructor, followed by nine hours taught in a group setting. You can receive an additional two hours of follow-up training annually.

QUALIFICATIONS: A nurse practitioner, physician assistant, or your doctor must give you a referral for this training. You can qualify at the time you are diagnosed with diabetes; when you start taking diabetes medication, including insulin; or when you've been diagnosed with complications such as eye disease, kidney disease, or foot problems. The initial course must be completed within 12 months of the time you start it.

COST: 0% co-pays

2. MEDICAL NUTRITION THERAPY
This benefit allows you to see a registered dietitian or nutrition professional at least once a year. Medical nutrition therapy includes an initial nutrition and lifestyle assessment, information about how to follow a healthy meal plan, and guidance on how to manage lifestyle factors that affect your diabetes. "Dietitians can provide counseling to help you work through some of the barriers and complexities of getting your blood sugar on track," says Taylor.

QUALIFICATIONS: You must have diabetes or kidney disease. According to a spokesperson for the Centers for Medicare and Medicaid Services, for medical nutrition therapy, "diabetes" is defined as a fasting blood glucose level of 126 mg/dl or higher on two different occasions, an oral glucose tolerance test of 200 mg/dl or higher on two different occasions, or a random glucose check showing levels over 200 mg/dl for someone...
with symptoms of diabetes that's not well managed. Your health care provider must prescribe this service. If you're in a rural area, a registered dietitian or another nutrition professional in a different location may be able to provide medical nutrition therapy virtually, an approach known as "telehealth." Streaming media and video conferencing help support long-distance health care services and patient education.

**COST:** Free when provided by a registered dietitian or registered dietitian nutritionist who accepts Medicare "assignment"—meaning he or she agrees to charge no more than the amount Medicare pays for the service. If you use a provider who does not accept assignment, you'll be responsible for any remaining balance.

**3 ANNUAL WELLNESS VISIT**

A yearly wellness visit helps you develop or update a prevention plan based on your current health and risk factors. Unlike a more extensive annual physical exam, this visit focuses solely on your diabetes. "It allows you to sit with your primary care doctor and discuss your lab results, see how your diabetes has been managed over the past year, tweak your medications as needed, and set goals for the next year," says Taylor.

**QUALIFICATIONS:** You have to be in the Medicare program for 12 months before you're able to use this benefit. You can't use your annual wellness visit within the same year as your Welcome to Medicare preventive visit, which is a one-time review of your health and the education and preventive services Medicare provides.

**COST:** Medicare covers the annual wellness visit in full when you receive the service from a provider who accepts assignment.

**4 DIABETIC FOOTWEAR**

Part B covers therapeutic shoes or inserts for people with diabetes. Each year, you are entitled to either a pair of depth-inlay shoes (footwear that's extra deep to accommodate inserts) plus three pairs of inserts, or a pair of custom-molded shoes with inserts (if a foot deformity prevents you from wearing depth-inlay shoes) plus two additional pairs of inserts.

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**QUALIFICATIONS:** You must have a complication that affects one or both of your feet, including poor circulation or nerve damage (neuropathy). The doctor who treats your diabetes must certify your need for therapeutic shoes or inserts, and the products must be prescribed by a podiatrist.

**COST:** The footwear is covered in full.

**5 PNEUMOCOCCAL VACCINE**

People with diabetes are at high risk for complications from pneumococcal disease, including middle ear infections, blood infections, pneumonia, bacterial meningitis, hospitalization, and death. Medicare helps you prevent such illness by covering a vaccine.

**QUALIFICATIONS:** You simply need to be enrolled in Medicare.

**COST:** Medicare Part B will pay for two pneumococcal shots, each of which protects against a different strain of the bacteria. Your first shot is covered at any time; the second one is covered if received at least a year after the first. Your doctor can help you determine whether you need one or both shots. They're free as long as your provider accepts Medicare assignment.

**6 GLAUCOMA TESTS**

You may be aware that Medicare covers a yearly eye exam for diabetic retinopathy. Less well known is its coverage of glaucoma tests. Why does this matter? With diabetes, you have a higher risk for several types of glaucoma, a group of eye conditions that damage the optic nerve, usually as a result of fluid buildup in the front of the eye. Medicare Part B will pay for you to have your eyes checked for glaucoma once every 12 months. The test must be done or supervised by an eye doctor, generally an ophthalmologist or optometrist, who is legally allowed to provide this test in your state.

**QUALIFICATIONS:** Anyone with diabetes who is enrolled in Medicare is entitled to this benefit.

**COST:** The test is free, as long as your provider accepts Medicare assignment.

**7 FOOT EXAMS**

Diabetic neuropathy (nerve damage) may lead to a loss of sensation in your feet, and that can spell trouble. When you can't feel cuts, calluses, scrapes, and other ouches, you're less likely to care for them. Left untreated, such injuries can become infected or turn into slow-healing ulcers. If you have neuropathy, regular foot checks are essential for preventing serious complications. Medicare will cover a foot exam every six months by a podiatrist or other foot care specialist, unless you've seen a foot care specialist for some other foot problem during the previous six months.

**QUALIFICATIONS:** You must have diabetes-related nerve damage in either of your feet, a partial or complete foot amputation unrelated to an injury, or a change in appearance that suggests you have a serious foot disease. In the last two instances, Medicare may cover more frequent visits if your doctor or podiatrist believes they are necessary.

**COST:** Foot checks are free if your provider accepts Medicare assignment.
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