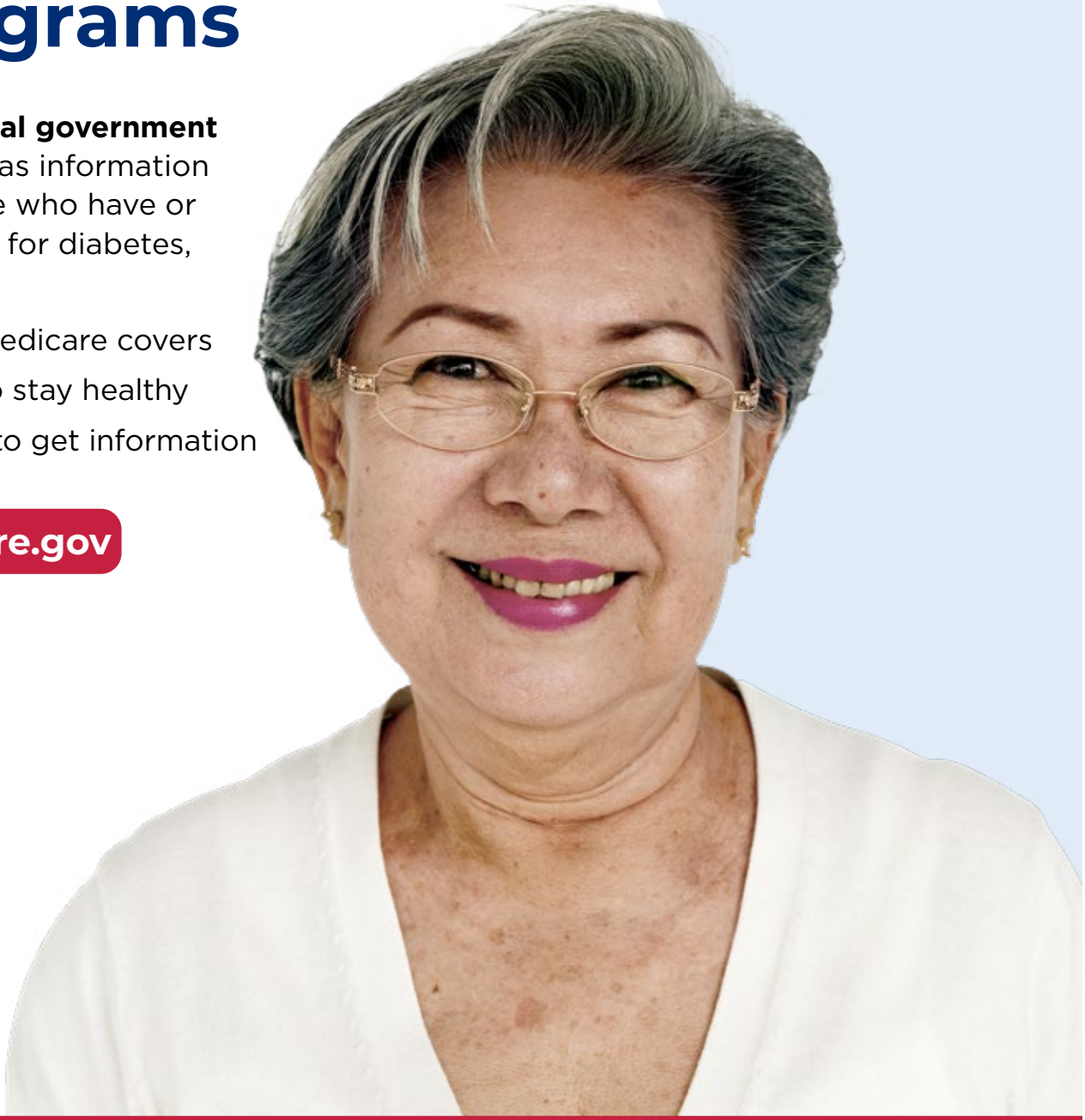
Medicare Coverage of Diabetes Supplies, Services, & Prevention Programs

This **official government booklet** has information for people who have or are at risk for diabetes, including:

- What Medicare covers
- Ways to stay healthy
- Where to get information

Medicare.gov



Medicare

Table of contents

Section 1:

The basics

This booklet describes the diabetes supplies, services, and prevention programs that Original Medicare and Medicare drug coverage (Part D) cover.

Original Medicare includes Part A (Hospital Insurance) and Part B (Medical Insurance). If you have Original Medicare, you can join a separate Medicare drug plan to get Part D.

If you have Medicare Advantage (also known as Part C), you have Part A, Part B, and usually Part D coverage. Contact your plan to find out more about your coverage of diabetes supplies and services.

Your coverage at a glance

The chart on the following pages gives you a summary of some of the diabetes supplies and services that Part B and Part D cover.

Note: Go to page 19 for definitions of **blue** words

Supply or service	What Medicare covers	What you pay
Diabetes drugs Go to page 10.	Part D covers most diabetes drugs to maintain blood glucose (sugar). In some cases, Part B may cover insulin.	Coinsurance or copayment. Part D deductible may also apply.
Diabetes screenings Go to page 12.	Part B covers these screenings if your doctor determines you're at risk for diabetes. You may be able to get up to 2 diabetes screenings each year if you qualify.	Nothing if your health care provider accepts assignment.
Medicare Diabetes Prevention Program Go to pages 12–13.	Part B covers a health behavior change program to help you prevent diabetes, once in your lifetime.	Nothing if you qualify.
Diabetes self-management training Go to pages 13–14.	Part B covers this training if you've been diagnosed with diabetes and want to learn how to manage your disease. To get this training, you must have a written order from your doctor or other health care provider.	20% of the Medicare-approved amount after you meet the Part B deductible.
Diabetes supplies & equipment Go to page 6.	Part B covers blood glucose (sugar) meters and related supplies (like test strips and lancets), continuous glucose monitors, and durable insulin pumps. There may be limits on how much or how often you get these supplies.	20% of the Medicare-approved amount after you meet the Part B deductible. $35 (or less) for a one-month supply of insulin if you use an insulin pump that's covered under Medicare's durable medical equipment benefit. The Part B deductible doesn't apply.

Supply or service	What Medicare covers	What you pay
Foot care Go to page 15.	Part B covers foot exams or treatment every 6 months if you have diabetes-related lower leg damage that can increase the risk of limb loss, as long as you haven't seen a foot care professional for another reason between visits.	20% of the **Medicare-approved amount** after you meet the Part B **deductible**.
Glaucoma screenings Go to page 15.	Part B covers these screenings to check your vision and optic nerve health to look for signs of the eye disease glaucoma. You can get one every 12 months if you're at high risk for glaucoma. For Medicare to cover these screenings, an eye doctor who's legally allowed to do glaucoma tests in your state must do or supervise the screening.	20% of the Medicare-approved amount after you meet the Part B deductible.
Insulin Go to page 10.	Part B covers insulin if you use an insulin pump that's covered under the Part B durable medical equipment benefit. Part D covers: • Injectable insulin that isn't used with a traditional insulin pump. • Insulin used with a disposable insulin pump. • Insulin that's inhaled.	$35 (or less) for a one-month supply of insulin under Part B and Part D. The Part B deductible doesn't apply.
Insulin-related supplies Go to page 10.	Part D covers certain medical supplies used for insulin injections (like syringes, needles, alcohol swabs, gauze). Some Medicare Part D plans may also cover disposable pump devices that deliver insulin.	**Coinsurance** or **copayment**. Part D deductible may also apply.
Shots (or vaccines) Go to pages 15–16.	If you have diabetes, you have a higher risk of complications from certain diseases. To reduce your risk for infections: • Part B covers flu, pneumococcal, Hepatitis B, and COVID-19 shots. • Part D covers all vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends, including zoster (shingles), Respiratory Syncytial Virus (RSV), and other shots.	Nothing for Part B vaccines if your doctor or health care provider accepts **assignment**. Nothing for Part D vaccines if the ACIP recommends them.

Supply or service	What Medicare covers	What you pay
Hemoglobin A1C tests Go to page 15.	These lab tests measure how well your blood glucose (sugar) has been controlled over the past 3 months. If you have diabetes, Part B covers this test if your doctor orders it.	Nothing for Medicare-covered clinical diagnostic laboratory tests.
Medical nutrition therapy services Go to pages 14–15.	Part B may cover these services if you have diabetes or kidney disease. A doctor must refer you for these services. Only a registered dietitian or nutrition professional who meets certain requirements can provide these services.	Nothing if you qualify.
Therapeutic shoes or inserts Go to page 8.	Part B covers therapeutic shoes or inserts if you have diabetes and severe diabetes-related foot disease.	20% of the **Medicare-approved amount** after you meet the Part B **deductible**.
"Welcome to Medicare" preventive visit Go to page 16.	During the first 12 months that you have Part B, Medicare covers a one-time "Welcome to Medicare" preventive visit. This visit isn't a physical exam—it's a visit to review your health, give you education and counseling about preventive services (including certain screenings and shots), and get referrals for other care, if needed.	Nothing if your doctor or health care provider accepts **assignment**. The Part B deductible doesn't apply. You may have to pay a **coinsurance**, and the Part B deductible may apply if your provider performs additional tests or services during your visit that Medicare doesn't cover under this preventive visit.
Yearly "Wellness" visit Go to page 16.	If you've already had Part B for longer than 12 months, Medicare covers a yearly "Wellness" visit. This visit isn't a physical exam—it's a visit to develop or update your personalized plan to help prevent disease and disability, based on your current health and risk factors.	Nothing if your doctor or health care provider accepts assignment. The Part B deductible doesn't apply. You may have to pay a coinsurance, and the Part B deductible may apply if your provider performs additional tests or services during your visit that Medicare doesn't cover under this preventive visit.

Section 2:

Medicare coverage for diabetes supplies & equipment

This section gives you information about which supplies and equipment Part B (Medical Insurance) covers.

Note: Go to page 19 for definitions of **blue** words

Blood glucose equipment & supplies

Part B covers blood glucose (sugar) self-testing equipment and supplies as **durable medical equipment**, including:

- Blood sugar testing meters
- Blood sugar test strips
- Lancets and lancet holders
- Glucose control solutions (for checking test strip and monitor accuracy)

The amount of supplies Part B covers varies. Every 3 months, you may be able to:

- Get up to 300 test strips and 300 lancets, if you use insulin.
- Get 100 test strips and 100 lancets, if you don't use insulin.

Note: If your doctor says it's medically necessary, and you meet other requirements, **Medicare will allow you to get additional test strips and lancets**. You may need to keep a record that shows how often you're actually testing yourself.

Continuous glucose monitors

Continuous glucose monitors track your blood sugar levels through a device that's attached to your body. If you have diabetes, Part B may cover a continuous glucose monitor and related supplies if your doctor or other health care provider prescribes them for you, and you meet the following conditions:

- You take insulin or have a history of problems with low blood sugar.
- Your health care provider has decided that you or your caregiver have had enough training to use a continuous glucose monitor.

Before your provider prescribes a continuous glucose monitor, they must meet with you to evaluate your condition and decide if you qualify for one. If you do, you must make routine in-person or Medicare-approved telehealth visits with your doctor.

Insulin pumps

If you use an insulin pump worn outside the body (external) that isn't disposable, Part B may cover insulin used with the pump and the pump itself as durable medical equipment. If you live in certain areas of the country, you may have to use specific insulin pump suppliers for Medicare to pay for a durable insulin pump.

What do I need from my doctor to get these supplies covered?

Medicare will only cover this equipment and supplies if you get a prescription from your doctor. The prescription should include information, like:

- Whether you have diabetes.
- What kind of blood sugar equipment you need and why you need it. (If you need a special monitor because of vision problems, your doctor must explain that).
- Whether you use insulin.
- How often you should test your blood sugar.
- How many test strips and lancets you need for one month.

Note: You need a new prescription from your doctor for your lancets and test strips every 12 months. You also must ask for refills for your supplies.

Where can I get these supplies?

You can order your supplies from your pharmacy or through a medical equipment supplier (any company, person, or agency that gives you a medical item or service, except when you're an inpatient in a hospital or skilled nursing facility) after your doctor provides you or sends the prescription(s). If you use a mail-order pharmacy or medical equipment supplier, you'll need to call to place your order.

What pharmacy or supplier should I use?

Make sure you get your supplies from a pharmacy or supplier that's enrolled in Medicare. If they participate in Medicare, they must accept **assignment**. This means:

- Your out-of-pocket costs may be less.
- They agree to charge you only the Medicare **deductible** and **coinsurance** amount and usually wait for Medicare to pay its share before asking you to pay your share.
- They have to submit your claim directly to Medicare and can't charge you for submitting the claim.

If your pharmacy or supplier **doesn't** accept assignment, you'll pay the entire charge at the time of service. Before you get any supplies, ask the pharmacy or supplier:

- Are you enrolled in Medicare?
- Do you accept assignment?

To find a supplier that's enrolled in Medicare, visit **Medicare.gov/medical-equipment-suppliers**, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Note: Medicare won't pay for any supplies you didn't ask for, or supplies that were sent to you automatically from suppliers, including blood sugar monitors, test strips, and lancets. If you're getting supplies sent automatically, are getting misleading advertisements, or suspect fraud related to your supplies, call 1-800-MEDICARE.

How do I replace lost or damaged durable medical equipment or supplies in a disaster or emergency?

If Original Medicare already paid for **durable medical equipment** (like a traditional insulin pump) or supplies (like diabetes-related supplies) and they're damaged or lost due to an emergency or disaster:

- In certain cases, Medicare will cover the cost to repair or replace your equipment or supplies.
- Generally, Medicare will also cover the cost of rentals for items (like wheelchairs) while your equipment is being repaired.

For more information, visit **Medicare.gov/providers-services/disaster-emergency**, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Therapeutic shoes or inserts

If you have diabetes and severe diabetes-related foot disease, Part B will cover **one** of these each year:

- One pair of depth-inlay shoes and 3 pairs of inserts
- One pair of custom-molded shoes (including inserts) if you can't wear depth-inlay shoes because of a foot deformity, and 2 more 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 or inserts?

For Medicare to pay for your therapeutic shoes or inserts, the doctor treating your diabetes must certify that you meet these 3 conditions:

- You have diabetes.
- You have at least one of these 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
  - A deformed foot
- You're being treated under a comprehensive diabetes care plan and need therapeutic shoes and/or inserts because of diabetes.

Medicare also requires that:

- A podiatrist (foot doctor) or other qualified health care provider prescribes the shoes or inserts.
- A doctor or other qualified individual (like a pedorthist, orthotist, or prosthetist) fits and provides your shoes or inserts.

Section 3:

Medicare coverage for diabetes drugs

This section gives you information about which diabetes drugs are covered by Medicare drug coverage (Part D) or a Medicare Advantage Plan with drug coverage. Medicare drug coverage covers diabetes drugs, including insulin and supplies related to your insulin.

Note: Go to page 19 for definitions of **blue** words

Diabetes drugs

Medicare Part D can cover a variety of diabetes drugs. Check with your plan to find out which drugs they cover.

Insulin

Part B covers insulin if you use an insulin pump that's covered under Part B's **durable medical equipment** benefit. Part B covers durable insulin pumps worn outside the body (external), including the insulin used with the pump.

If you have a Part D plan, it may cover:

- Injectable insulin that isn't used with a traditional insulin pump
- Insulin used with a disposable insulin pump
- Insulin that's inhaled

The cost of a one-month supply of each Part B- and D-covered insulin is no more than $35, and you don't have to pay a **deductible** for your insulin. This applies to everyone who takes insulin, even if you get Extra Help (a Medicare program to help people with limited income and resources pay Medicare Part D premiums, deductibles, **coinsurance**, and other costs).

If you get a two-month or three-month supply of insulin, your costs can't be more than $35 for each month's supply of each covered insulin product. For example, you'll generally pay no more than $70 for a two-month supply of covered insulin. Similar limits on costs apply for insulin used in traditional insulin pumps covered under Part B.

Insulin-related supplies

If you have a Part D plan, supplies that you use to inject insulin to your body are covered, like:

- Alcohol swabs
- Needles
- Gauze
- Syringes

Some Medicare Part D plans may also cover disposable pump devices that deliver insulin.

Part B doesn't cover insulin pens, or insulin-related supplies, like syringes, needles, alcohol swabs, or gauze.

Section 4:

Medicare coverage for diabetes services & prevention programs

This section gives you information about services and prevention programs Part B (Medical Insurance) covers, including trainings to help you prevent, find, and treat diabetes. This section also gives you information about vaccines that Part B and Medicare drug coverage (Part D) cover.

Note: Go to page 19 for definitions of **blue** words

Diabetes screenings

Part B covers blood glucose (sugar) laboratory test screenings if your doctor or other health care provider determines you're at risk for developing diabetes. You may be at risk for diabetes if you have:

- High blood pressure
- History of abnormal cholesterol and triglyceride levels
- Obesity (defined as a body mass index (BMI) of 30 or higher)
- Impaired glucose (sugar) tolerance
- History of high blood sugar

Part B also covers these screenings if you have 2 or more of these risk factors:

- You're overweight (defined as having a BMI between 25 and 29.9)
- You have a family history of diabetes (parents or siblings)
- You have a history of gestational diabetes (having diabetes during pregnancy) or gave birth to a baby weighing more than 9 pounds
- You're 65 or older

If you qualify to get diabetes screenings, you can get up to 2 screenings every year (within 12 months of your most recent screening). After your initial diabetes screening test, your doctor will determine if you need a second test. Medicare covers these diabetes screenings:

- Fasting glucose (sugar) blood tests
- Hemoglobin A1C tests
- Other Medicare-approved glucose (sugar) blood tests as appropriate

If you think you may be at risk for diabetes, talk with your doctor to find out if you should get these tests.

Medicare Diabetes Prevention Program

Part B covers a health behavior change program to help you prevent type 2 diabetes, once in your lifetime. The program begins with 16 weekly group sessions led by coaches in a group setting over a six-month period. In these sessions, you'll get:

- Training to make realistic, lasting behavior changes around diet and exercise
- Tips on how to get more exercise
- Strategies to control your weight
- A specially trained coach to help keep you motivated
- Support from people with similar goals and challenges

You can choose to attend sessions in person, virtually, or both. Once you complete the core sessions, you'll get 6 monthly follow-up sessions to help you maintain healthy habits.

To qualify, you must have:

- Part B (or a Medicare Advantage Plan)
- Test results (within 12 months of your first session) that show you have prediabetes:
  - Hemoglobin A1C test result between 5.7% and 6.4%
  - Fasting plasma glucose of 110–125mg/dL
  - 2-hour plasma glucose of 140–199 mg/dL (oral glucose tolerant test)
- A body mass index (BMI) of 25 or more (BMI of 23 or more if you're Asian)
- No history of type 1 or type 2 diabetes
- No End-Stage Renal Disease (ESRD)
- Never participated in the Medicare Diabetes Prevention Program

Visit **Medicare.gov/coverage/medicare-diabetes-prevention-program** to find programs in your area.

Diabetes self-management training

If you've been diagnosed with diabetes, Part B covers diabetes self-management training to help you learn how to manage your diabetes. Your doctor or other qualified health care provider must give you a written order for you to get this training.

How much training is covered?

Medicare will cover up to 10 hours of initial training—1 hour of individual training and 9 hours of group training. You must complete the initial training within 12 months from the time you start it. You may also get 2 hours of follow-up training each year, after the year you get the initial training. The follow-up training can be one-on-one training or group sessions. Your provider must order this follow-up training each year for Medicare to cover it.

Important: Your provider may prescribe up to 10 hours of one-on-one training, rather than group sessions. You may get one-on-one training if you have low-vision, a hearing impairment, a language or other communication difficulty, or cognitive limitations. Medicare also covers one-on-one training if no groups are available within 2 months of the date of the order.

Where can I get this training?

You must get this training from an approved individual or program as part of a plan of care your provider prepares. Your provider will usually give you information about where to get this training.

Diabetes self-management training is available in many Federally Qualified Health Centers (FQHCs). FQHCs give health care services to medically underserved people and groups who don't have adequate access to health care. You don't have to pay a Part B **deductible**. Visit **findahealthcenter.hrsa.gov** to find a health center near you.

Telehealth: Through September 30, 2025, you can get diabetes self-management training at any location in the U.S., including your home. Starting October 1, 2025, you must be in an office or medical facility located in a rural area (in the U.S.) to get this training through telehealth.

What will I learn in this training?

The first diabetes self-management training session is an individual (one-on-one) meeting to help the instructors better understand your needs. Classroom training will cover topics, like:

- General information about diabetes, including:
  - Benefits of blood sugar control
  - Risks of poor blood sugar control
  - Blood sugar testing and how to improve your diabetes control
  - How diet, exercise, and medication affect blood sugar
  - How to manage and improve blood sugar control
- Behavior changes, goal setting, and problem solving, including:
  - How to prevent, recognize, and treat complications from your diabetes
  - Nutrition and how to manage your diet
  - Why exercising is important to your health
  - Taking your medications properly
  - Foot, skin, and dental care
  - How to adjust emotionally to having diabetes
  - Family involvement and support
  - Using the health care system and resources in your community

Medical nutrition therapy services

In addition to diabetes self-management training, Part B covers medical nutrition therapy services if you have diabetes or kidney disease, and meet certain criteria. A doctor must refer you for these services. A registered dietitian (or certain other nutrition professionals) can give you these services:

- An initial nutrition and lifestyle assessment
- Nutrition counseling (what foods to eat and how to follow an individualized diabetic meal plan)
- Tips on how to manage lifestyle factors that affect your diabetes
- Follow-up visits to check on your progress

Medical nutrition therapy is available in many Federally Qualified Health Centers (FQHCs). Visit **findahealthcenter.hrsa.gov** to find a health center near you.

Telehealth: Through September 30, 2025, you can get medical nutrition therapy services at any location in the U.S. through telehealth. Starting October 1, 2025, you must be in an office or medical facility located in a rural area (in the U.S.) to get medical nutrition therapy services from a registered dietitian or other nutrition professional through telehealth.

Foot care

If you have diabetes-related lower leg damage that can increase the risk of limb loss, Part B will cover one foot exam every 6 months by a podiatrist (foot doctor) or other foot care specialist, as long as you haven't seen a foot care professional for another reason between visits. Medicare may cover more frequent visits if you've had a non-traumatic (not caused by an injury) amputation of all or part of your foot, or your feet have changed in the way they look, which may signal that you have serious foot disease.

Hemoglobin A1C tests

A hemoglobin A1C test is a lab test that measures how well your blood glucose (sugar) has been controlled over the past 3 months. If you have diabetes, Part B covers this test if your doctor or other health care provider orders it.

Glaucoma screenings

Glaucoma screenings painlessly check your vision and optic nerve health to look for signs of the eye disease glaucoma. Part B will cover this screening once every 12 months if you're at increased risk of developing glaucoma because you have at least one of these conditions:

- Diabetes
- A family history of glaucoma
- Are African-American and 50 or older
- Are Hispanic and 65 or older

An eye doctor who's legally allowed to give this service in your state must give you the screening or supervise it.

Shots (or vaccines)

If you have diabetes, you have a higher risk of complications from certain diseases. It's important to stay up to date with recommended vaccinations to reduce your risk for infection.

Part B covers:

- Flu shots
- COVID-19 vaccines
- Hepatitis B shots
- Pneumococcal shots

Part D covers all vaccines that the Advisory Committee on Immunization Practices (ACIP) recommends, including Measles, Mumps and Rubella (MMR), Respiratory Syncytial Virus (RSV), Zoster (shingles), Tdap, and more.

Talk with your doctor or other health care provider to find out about which vaccines are right for you.

"Welcome to Medicare" preventive visit

During the first 12 months that you have Part B, you can get a "Welcome to Medicare" preventive visit. During the visit, you and your doctor or other health care provider will talk about things like your medical and social history related to your health, education and counseling about preventive services (like screenings and shots or vaccines), and referrals for other care you may need. **The "Welcome to Medicare" preventive visit isn't a physical exam.**

Yearly "Wellness" visit

If you've had Part B for longer than 12 months, you can get a yearly "Wellness" visit. This visit can help you develop or update your personalized plan based on your current health and risk factors. **The yearly "Wellness" visit isn't a physical exam.**

Medicare covers this visit once every 12 months, and it includes:

- A review of your medical and family history
- A review of your current prescriptions
- Your height, weight, blood pressure, and other routine measurements
- A review of preventive services
- Your risk factors and treatment options
- A "social determinants of health risk assessment" questionnaire to understand your social needs and refer you for appropriate services and support
- A cognitive assessment to look for signs of dementia, including Alzheimer's disease

Supplies & services that Medicare doesn't cover

Original Medicare and Medicare drug coverage (Part D) don't cover:

- Eyeglasses and exams for glasses, except after cataract surgery
- Orthopedic shoes (shoes for people whose feet are impaired, but intact)
- Cosmetic surgery

Section 5:

More information

This section gives you information about resources available to help you make health care choices and decisions that meet your needs.

To get more information about diabetes supplies, services, and prevention programs:

- Visit **Medicare.gov/coverage**.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Call your local State Health Insurance Assistance Program (SHIP) to get free, personalized health insurance counseling. To find your local SHIP, visit **shiphelp.org**.

Websites & phone numbers

Centers for Disease Control and Prevention (CDC)

The CDC has information and resources on prediabetes, type 2 diabetes prevention, and diabetes management.

Visit CDC.gov/diabetes
Call 1-800-232-4636

National Diabetes Prevention Program

The National Diabetes Prevention Program is a lifestyle change program led by the CDC. The program helps people prevent or delay type 2 diabetes.

Visit CDC.gov/diabetes-prevention

Find a Health Center

This site helps you search for HRSA-funded health centers, like Federally Qualified Health Center (FQHC), near you.

Visit findahealthcenter.hrsa.gov

Indian Health Service (IHS)

IHS gives federal health services to American Indians and Alaska Natives. This site has information to help you prevent and manage diabetes, success stories, and educational materials.

Visit IHS.gov/diabetes

MyHealthfinder

The MyHealthfinder tool gives you personalized recommendations for preventive health care services based on your age and sex. You can also find health information about diabetes.

Visit odphp.health.gov/myhealthfinder/health-conditions/diabetes

State Health Insurance Assistance Program (SHIP)

SHIP gives people with Medicare, their families, and caregivers free, personalized health insurance counseling.

Visit shiphelp.org
Call 1-800-860-8747

Section 6:

Definitions

Assignment: An agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and any applicable coinsurance or copayment amounts.

Coinsurance: An amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment: An amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. A copayment is a fixed amount, like $30.

Deductible: The amount you must pay for health care or prescriptions before Original Medicare, your Medicare Advantage Plan, your Medicare drug plan, or your other insurance begins to pay.

Durable medical equipment: Certain medical equipment, like a walker, wheelchair, or hospital bed, that's ordered by your doctor for use in the home.

Medicare-approved amount: The payment amount that Original Medicare sets for a covered service or item. When your provider accepts assignment, Medicare pays its share and you pay your share of that amount.

CMS Accessible Communications

Medicare provides free auxiliary aids and services, including information in accessible formats like braille, large print, data or audio files, relay services and TTY communications. If you request information in an accessible format, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format you can:

1. **Call us:**
   For Medicare: 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048
   For Marketplace: 1-800-318-2596 TTY: 1-855-889-4325
2. **Email us:** altformatrequest@cms.hhs.gov
3. **Send us a fax:** 1-844-530-3676
4. **Send us a letter:**
   Centers for Medicare & Medicaid Services
   Offices of Hearings and Inquiries (OHI)
   7500 Security Boulevard, Mail Stop DO-01-20
   Baltimore, MD 21244-1850
   Attn: Customer Accessibility Resource Staff (CARS)

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

Note: If you're enrolled in a Medicare Advantage Plan or Medicare drug plan, contact your plan to request its information in an accessible format. For Medicaid, contact your state or local Medicaid office.

Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You can contact CMS in any of the ways included in this notice if you have any concerns about getting information in a format that you can use.

You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare drug plan, state or local Medicaid office, or Marketplace Qualified Health Plans. There are 3 ways to file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights:

1. **Online:**
   HHS.gov/civil-rights/filing-a-complaint/complaint-process/index.html
2. **By phone:**
   Call 1-800-368-1019.
   TTY users can call 1-800-537-7697.
3. **In writing:** Send information about your complaint to:
   Office for Civil Rights
   U.S. Department of Health & Human Services
   200 Independence Avenue, SW
   Room 509F, HHH Building
   Washington, D.C. 20201

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Official Business
Penalty for Private Use, $300

Need a copy of this booklet in Spanish?

This booklet is available in Spanish. To get a free copy, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Esta publicación está disponible en español. Para obtener una copia gratis, visite Medicare.gov o llame al 1-800-MEDICARE.

Medicare

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit **Medicare.gov**, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

"Medicare Coverage of Diabetes Supplies, Services, & Prevention Programs" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

This product was produced at U.S. taxpayer expense.

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