

Educational Programs for Members

Policy Number: BIP055.O
Effective Date: March 1, 2026

[Instructions for Use](#)

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- | Related Benefit Interpretation Policies |
|---|
| <ul style="list-style-type: none"> • Diabetic Management, Services and Supplies • Hearing Services • Medical Necessity • Preventive Care Services • Telehealth and Virtual Care Services |
| Related Medical Policy |
| <ul style="list-style-type: none"> • Preventive Care Services |

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

Federal H.R. 3590, Section 2713, Preventive Care Services, Nutritional Counseling

<https://www.federalregister.gov/documents/2015/07/14/2015-17076/coverage-of-certain-preventive-services-under-the-affordable-care-act>

Summary: A non-grandfathered group health plan and a health insurance issuer offering group or individual health insurance coverage shall provide coverage for and shall not impose any cost sharing requirements for preventive coverage [as defined in the Affordable Care Act of 2010 (ACA)].

Preventive coverage under the ACA currently includes nutritional counseling for obese children and adolescents, and certain adult members at risk for cardiovascular and diet-related chronic disease. Refer to the Medical Policy titled [Preventive Care Services](#).

For California diabetic self-management training and education, refer to the Benefit Interpretation Policy titled [Diabetic Management, Services and Supplies](#).

California Health and Safety Code Section 1367.06

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=1367.06

(d) Education for pediatric asthma, including education to enable an enrollee to properly use the device identified in subdivisions (a) and (b), shall be consistent with current professional medical practice.

State Market Plan Enhancements

UnitedHealthcare offers educational health improvement programs which may be available to members. Contact UnitedHealthcare to determine program details, availability, and member eligibility.

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

- Member education programs furnished by providers of services (e.g., hospitals, outpatient settings, skilled nursing facilities, etc.) to the extent that the programs are appropriate and reasonable and medically necessary for the treatment and/or management of a member's illness or injury. The frequency of the health education services must be medically reasonable to the goals of the program.

Refer to the following Benefit Interpretation Policies for additional information:

- [Diabetic Management, Services and Supplies](#)
- [Hearing Services](#)
- [Medical Necessity](#)
- [Preventive Care Services](#)
- [Telehealth and Virtual Care Services](#)

Examples include but are not limited to:

- Teaching the member or caregiver how to:
 - Administer colostomy care
 - Administer injections
 - Administer medical gases (e.g., oxygen)
 - Carry out a maintenance program designed by a physical therapist (PT)
 - Follow a prescribed diet
- Instruction by an occupational therapist (OT) on techniques to improve the member's level of independence in their activities of daily living (ADLs) [Refer to the Benefit Interpretation Policy titled [Rehabilitation Services \(Physical, Occupational, and Speech Therapy\)](#)].
- Nutritional counseling: Refer to the Medical Policy titled [Preventive Care Services](#).
Note: Nutritional counseling is not covered for the purpose of weight alteration except when provided by the member's primary care physician. Refer to the Benefit Interpretation Policies titled [Weight Gain or Weight Loss Programs](#) and [Treatment of Morbid Obesity](#).
- For wellness programs and/or preventative benefits, refer to the Medical Policy titled [Preventive Care Services](#), unless there is a state mandate.

Not Covered

Health education services not closely related to the care and treatment of the member. Examples include but are not limited to:

- Programs directed toward instructing members or the general public in preventive health care activities
- Programs designed to prevent illness by instructing the general public in:
 - General nutritional habits
 - General exercise regimens
 - General hygiene and personal care

Policy History/Revision Information

Date	Summary of Changes
03/01/2026	<ul style="list-style-type: none"> • Routine review; no change to coverage guidelines • Archived previous policy version BIP055.N

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.