

Educational Programs for Members

Policy Number: BIP056.M
Effective Date: May 1, 2025

 [Instructions for Use](#)

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Related Benefit Interpretation Policies

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

Related Medical Policy

- [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](#).

Texas, Oklahoma, Oregon, and Washington

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

Oklahoma

Oklahoma Administrative Code (OAC) Section 450:70-6-12, HIV Education, Testing and Counseling Services

<http://okrules.elaws.us/oac/450:70-6-12>

- (a) All OTPs shall provide and document the provision of HIV education, testing, and counseling services for drug dependent persons. Every OTP shall:
 - (1) Provide educational sessions regarding HIV to such persons, and also make the sessions available to spouses or other sexual partners of the drug dependent person;
 - (2) Refer all drug dependent persons for HIV infection testing and counseling;
- (b) Compliance with 450:70-6-12 may be determined by:
 - (1) A review of policies and procedures, and
 - (2) Treatment records.
 - (3) Other facility documentation.

Oklahoma Health Care Authority Section 317:30-5-232, Coverage

[317:30-5-232 Coverage \(oklahoma.gov\)](https://www.oklahoma.gov/317:30-5-232-Coverage)

Lactation Consultant services are covered for pregnant women and women up to twelve (12) months postpartum. SoonerCare members may self-refer or be referred by any provider. Reasons for lactation services include but are not limited to the following:

- (1) Prenatal education/training for first time mothers.

Oklahoma Human Services Section 340:105-10-74, Nutrition Education

[74 Nutrition Education \(oklahoma.gov\)](https://www.oklahoma.gov/340:105-10-74-Nutrition-Education)

- (a) Policy. The congregate and home delivered meals programs provide formal nutrition education to project participants.
- (b) Authority. The authority for this Section is Sections 331(3) and 339(2)(J) of the Older Americans Act of 1965, as amended.
- (c) Procedures. Nutrition education is registered dietitian (RD) approved and:
 - (1) At least once per month;
 - (2) Provided to congregate and home delivered meals participants;
 - (3) Documented on Form 02AG025E, Dietary Consultant's Report; and
 - (4) Participant questions related to the nutrition education are responded to by the RD.

Washington

Washington Administrative Code (WAC) Section 182-555-0100, General, Effective Date of Rule: Jan. 1, 2019

<https://apps.leg.wa.gov/wac/default.aspx?cite=182-555-0100>

The medical nutrition therapy program ensures that clients have access to medically necessary outpatient medical nutrition therapy and associated follow-ups.

WAC Section 182-555-0200, Definitions

<https://apps.leg.wa.gov/wac/default.aspx?cite=182-555-0200>

The following definitions and those found in chapter [182-500](https://apps.leg.wa.gov/wac/default.aspx?cite=182-500) WAC apply to this chapter:

- “**Enteral nutrition**” – See WAC [182-554-200](https://apps.leg.wa.gov/wac/default.aspx?cite=182-554-200).
- “**Medical nutrition therapy**” – Means an interaction between the registered dietitian (RD) and the client or client's guardian for the purpose of evaluating and making recommendations regarding the client's nutritional status.
- “**Nutrition assessment**” – Means the collection and documentation of information such as food or nutrition-related history; biochemical data, medical tests and procedures; anthropometric measurements, nutrition-focused physical findings and client history.
- “**Nutrition care process**” – Means a systematic approach to providing high-quality nutrition care. Provides a framework for the registered dietitian to individualize care, taking into account the client's needs and values and evidence available to make decisions.
- “**Nutrition-related diagnosis**” – Means a diagnosis within the scope of practice for an RD to diagnose and treat as defined by the Academy of Nutrition and Dietetics.
- “**Registered dietitian**” – Means a dietitian who is registered with the Academy of Nutrition and Dietetics and who is certified by the Washington state department of health (DOH).

WAC Section 182-555-0300, Eligibility

<https://apps.leg.wa.gov/wac/default.aspx?cite=182-555-0300>

- (1) The Medicaid agency covers medical nutrition therapy for clients who are referred to a registered dietitian for medical nutrition therapy by a physician, physician assistant (PA), or an advanced registered nurse practitioner (ARNP).

WAC Section 182-555-0400, Provider Requirements

<https://apps.leg.wa.gov/wac/default.aspx?cite=182-555-0400>

Medical nutrition therapy services must be delivered by a registered dietitian (RD) who:

- (1) Has a current core provider agreement with the Medicaid agency; and
- (2) Has a national provider identifier (NPI).

WAC Section 182-555-0500, Covered Services

<https://apps.leg.wa.gov/wac/default.aspx?cite=182-555-0500>

- (1) The Medicaid agency covers medically necessary medical nutrition therapy when related to a nutrition-related diagnosis for eligible clients, as described under WAC [182-555-0300](https://apps.leg.wa.gov/wac/default.aspx?cite=182-555-0300).

- (2) The agency covers medical nutrition therapy, nutrition assessment, and counseling for conditions that are within the scope of practice for a registered dietitian (RD) to evaluate and treat.
- (3) Medical nutrition therapy services may require prior authorization or expedited prior authorization, as described in WAC [182-501-0163](#).

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 injections
 - Follow a prescribed diet
 - Administer colostomy care
 - Administer medical gases (e.g., oxygen)
 - Carry out a maintenance program designed by a physical therapist (PT)
- 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 PCP. Refer to the Benefit Interpretation Policies titled [Weight Gain or Weight Loss Programs](#) and [Treatment of Extreme Obesity](#).
- For wellness programs and/or preventative services, 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 cares

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
05/01/2025	All	Supporting Information <ul style="list-style-type: none">Archived previous policy version BIP056.L
	Oklahoma	Federal/State Mandated Regulations <ul style="list-style-type: none">Updated reference link to the <i>Oklahoma Administrative Code Section 450:70-6-12</i>
	Washington	Federal/State Mandated Regulations <ul style="list-style-type: none">Revised language pertaining to the <i>Washington Administrative Code</i>:<ul style="list-style-type: none"><i>Section 182-555-0300</i><i>Section 182-555-0500</i>

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.