

Educational Programs

Policy Number: MCS030.02
Approval Date: August 17, 2021

[Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
• Institutional or Home Care Educational Programs	1
• Non-Covered Programs	1
• Nutritional Counseling	2
• Face to Face Kidney Disease Education Services	2
Policy History/Revision Information	2
Instructions for Use	2

Related Medicare Advantage Policy Guidelines

- [Medical Nutrition Therapy \(NCD 180.1\)](#)

Coverage Guidelines

Institutional and home care educational programs are covered when Medicare coverage criteria are met.

Institutional or Home Care Educational Programs

Institutional or home care educational programs may be covered under for such programs furnished by providers of services (i.e., hospitals, SNFs, HHAs, and OPT providers) to the extent that the programs are appropriate, integral parts in the rendition of covered services which are reasonable and necessary for the treatment of the individual's illness or injury.

Refer to the [National Coverage Determination \(NCD\) for Institutional and Home Care Patient Education Programs \(170.1\)](#). (Accessed July 30, 2021)

Note: Teaching and training services (also referred to as educational services) can be covered only where they provide knowledge essential for the chronically ill patient's participation in his or her own treatment and only where they can be reasonably related to such treatment or diagnosis. Educational services that provide more elaborate instruction than is necessary to achieve the required level of patient education are not covered. After essential information has been provided, the patient should be relied upon to obtain additional information on his or her own.

Refer to the [Medicare Benefit Manual, Chapter 15, §60.4 – Services Incident to a Physician's Service to Homebound Patients Under General Physician Supervision](#). (Accessed July 30, 2021)

Non-Covered Programs

Educational activities not closely related to the care and treatment of the patient, such as programs directed toward instructing patients or the public generally in preventive health care activities are not covered since these are not reasonable and necessary for the treatment of an illness or injury.

Examples of non-covered programs include those designed to prevent illness by instructing the general public in the importance of good nutritional habits, exercise regimens, and good hygiene are not covered. Refer to the [NCD for Institutional and Home Care Patient Education Programs \(170.1\)](#). (Accessed August 10, 2020)

Nutritional Counseling

Nutritional counseling, i.e., Medical Nutritional Therapy (MNT) are covered when criteria are met. Refer to the Coverage Summary titled [Diabetes Management, Equipment and Supplies](#).

Face to Face Kidney Disease Education (KDE) Services

Face to face Kidney Disease Education (KDE) services are covered when criteria are met. Refer to the Coverage Summary titled [Preventive Health Services and Procedures](#).

Policy History/Revision Information

Date	Summary of Changes
08/17/2021	<p>Related Medicare Advantage Policy Guidelines</p> <ul style="list-style-type: none">Removed reference link to the policy titled <i>Institutional and Home Care Patient Education Programs (NCD 170.1)</i> (retired) <p>Coverage Guidelines</p> <p><i>Institutional or Home Care Educational Programs</i></p> <ul style="list-style-type: none">Removed list of examples of institutional and home care educational programs <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version MCS030.01

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

CPT® is a registered trademark of the American Medical Association.