

## Medicaid MNT Coverage Information by State:

# ARIZONA

\*Disclaimer: Information contained in this document was originally gathered in Spring 2023 and made available to provide basic information to assist RDNs in identifying Medicaid coverage in a given state. A review and update were conducted in February 2025. The information contained in this document is not a guarantee by the Academy of Nutrition and Dietetics as to the current accuracy of the information contained herein. For example, coverage information, reimbursement rates, and links may not be accurate given ongoing updates to state programs.

## Traditional Fee for Service Medicaid

Medicaid is a crucial government program in the United States, providing essential healthcare coverage for low-income individuals and families. Traditional Medicaid offers a comprehensive array of medical services, including doctor visits, hospital stays, prescription drugs, and more, to eligible individuals, such as children, pregnant women, the elderly, and people with disabilities. While all state Medicaid programs must cover mandatory benefits, states have the autonomy to determine additional medical services, tailoring healthcare to their specific populations. This flexibility enables states to address unique healthcare needs. Eligibility rules differ by state.

### *Medicaid Expansion*

The Affordable Care Act (ACA) called for states to expand Medicaid coverage to additional low-income adults (up to 138% of the Federal Poverty Level) who previously were ineligible. States that have expanded Medicaid receive additional funding from the government to support their Medicaid programs. By allowing more lower incomes individuals into the Medicaid program, states are able to further support enhanced healthcare access, promote preventive care, and alleviate the burden of uncompensated care on hospitals and taxpayers.

## Medicaid Managed Care

The majority of Medicaid beneficiaries nationwide receive Medicaid program health care services through Medicaid Managed Care Programs. A state will contract with various types of Managed Care Organizations (MCOs) to deliver services to their beneficiaries. By utilizing an MCO, the state is able to provide additional flexibility in the delivery of services that is not allowable under the traditional Fee for Service Medicaid model. These models often provide a more integrated and person-centered approach to service delivery as well as cost savings. The State Medicaid program will either directly contract with an MCO or will utilize an administrator service to manage MCO contracts.

MCOs providing benefits under the state Medicaid Plan, at a minimum, must provide the same level of service offered via the state's traditional fee-for-service Medicaid plan. MNT may be a covered service and RDNs may be recognized providers. However, each RDN must contact each plan individually to apply to become a provider and must negotiate their individual provider contract terms to include desired MNT coverage details. Because covered benefits periodically change, coverage needs to be verified before providing services.

## Medicaid Waivers

Medicaid State Waivers, including Section 1115 demonstrations (which encompass In Lieu of Services (ILOS)) and Section 1915 waivers (covering Home and Community-Based Services or HCBS), allow states to innovate in healthcare delivery and financing within Medicaid and CHIP. Section 1115 waivers test new care models to improve outcomes, while Section 1915 waivers offer cost-effective alternatives to standard services, expanding care options for beneficiaries. These waivers have the potential to significantly impact nutrition care by integrating services like Medical Nutrition Therapy (MNT) and food assistance programs, thereby improving access for vulnerable populations and enhancing health outcomes through more comprehensive, patient-centered care.

## TABLE

### Instructions for Understanding the Table:

- **Purpose:** The table below presents findings from the Academy’s Medicaid Mapping Project, summarizing the status of nutrition services provision in state Medicaid programs.
- **Data Collection:** The information reflects a review of state-level policies and regulations as of June 2023. A review and update were conducted in February 2025.
- **Interpreting the Cells:**
  - **Filled Cells:** These contain specific information or language related to the provision of nutrition services in Medicaid programs as found in state documents.
  - **Blank Cells:** If a cell is blank, it means that the reviewed documents did not include relevant language. Interpret these blank cells with caution, as they may indicate either an absence of related policies or insufficient documentation.
- **Note:** This table serves as a snapshot of the available data at the time of review and may not capture subsequent changes or updates.

## Traditional Fee-For-Service Medicaid

State: AZ  Traditional FFS	Dietitian Provider Enrollment  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dietitian provides independent services or incident to  <input type="checkbox"/> Independent <input type="checkbox"/> Incident to	Medical Nutrition Therapy (MNT)  <input checked="" type="checkbox"/> 97802 <input checked="" type="checkbox"/> 97803 <input checked="" type="checkbox"/> 97804	Nutrition Counseling, Dietitian visit (S9470)  <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Prior Authorization required to determine Medical Necessity  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral, prescription, order (by physician, NP, or other) required  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Adults			Yes, facility and non-facility fees		For commercial oral nutritional supplements, enteral nutrition, and parenteral nutrition	Yes
Children			Yes, facility and non-facility fees		Refer to the specific AHCCCS AMPM Policy 820 for Fee-For-Service members regarding PA requirements  PA required from the AHCCCS DFSM for FFS members for Commercial Oral Supplemental Nutrition, unless the member is also currently receiving nutrition through Enteral Nutrition or TPN Therapy	Yes
Other	RD are non-contracted, atypical providers according to Arizona's Provider Enrollment Provider Manual					

NOTES:

For adults, **nutritional assessment services** provided by a **registered dietitian** also are covered when ordered by the member's PCP. AHCCCS covers **nutritional therapy** on an enteral, parenteral or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member's daily nutritional and caloric intake. AHCCCS follows Medicare requirements for the provision of TPN services.

For children, AHCCCS also covers **nutritional assessments** provided by a **registered dietitian** when ordered by the member's PCP. This includes EPSDT members who are underweight or overweight. If a member qualifies for **nutritional therapy due to a medical condition**, the following is covered: i. For medically necessary Arizona WIC formulary ii. Refer to Arizona WIC Programs Food List, iii. For medically necessary WIC-exempt formula, the Contractor shall also be responsible for procurement of and the primary funding source for any other nutritional supplementation that is medically necessary, iv. For medically necessary WIC-exempt formula, the FFS provider shall also be responsible for procurement of any other nutritional supplementation that is medically necessary. Nutritional Therapy a. AHCCCS covers nutritional therapy for EPSDT members on an Enteral Nutrition, TPN Therapy, or oral basis when determined medically necessary to provide either complete daily dietary requirements, or to supplement a member's daily nutritional and caloric intake. Members receiving nutritional therapy shall be physically assessed by the member's PCP, specialty provider, or **registered dietitian** at least annually. Additionally, documentation demonstrating encouragement and assistance provided to the parent/HCDM, DR in weaning the member from supplemental nutritional feedings should be included, when appropriate.

## Managed Care Medicaid

State: AZ  Managed Care	Dietitian Provider Enrollment  <input type="checkbox"/> Yes <input type="checkbox"/> No	Dietitian provides independent services or incident to  <input type="checkbox"/> Independent <input type="checkbox"/> Incident to <input type="checkbox"/> None	Medical Nutrition Therapy  <input type="checkbox"/> 97802 <input type="checkbox"/> 97803 <input type="checkbox"/> 97804	Nutrition Counseling, Dietitian visit (S9470)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Authorization required to determine Medical Necessity  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Referral, prescription, order (by physician, NP, or other) required  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Adults			Yes		PA is specifically mentioned for commercial oral nutritional supplements, enteral nutrition, and parenteral nutrition	Yes
Children			Yes		Refer to the specific AHCCCS Contractor for managed care members regarding PA requirements  PA is required from the member's Managed Care Contractor or Tribal ALTCS Case Manager for Commercial Oral Supplemental Nutrition, unless the member is also currently receiving nutrition through Enteral Nutrition or TPN Therapy.	Yes
Other			MNT benefit is specifically mentioned but whether codes are specifically recognized by each Managed Care plan needs to be verified with the plan itself.			

NOTES:

For children, AHCCCS also covers nutritional assessments provided by a registered dietitian when ordered by the member's PCP. This includes EPSDT members who are underweight or overweight. To initiate the referral for a nutritional assessment, the PCP shall use the Contractor's referral form in accordance with Contractor protocols.



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## ***More Medicaid Information for Providers***

### ***General***

[AMPM POLICY 310-GG](#) (Adults ages 21 and older)

[AMPM Policy 430](#) (EPSDT/children under age 21)

[Provider Enrollment Policy Manual](#)

### ***Telehealth***

<https://www.eatrightpro.org/practice/telehealth-for-dietetics-practitioners>

### ***Medicaid Managed Care Program Name(s) and Website***

The Arizona Health Care Cost Containment System (AHCCCS) contracts with several health plans to provide covered services. An AHCCCS health plan works like a Health Maintenance Organization (HMO). The health plan works with doctors, hospitals, pharmacies, specialists, etc. to provide care.

Website: [AHCCCS Health Plans](#)

### ***Current Medicaid Waivers***

**Search State Waivers List at:** [Medicaid.gov](https://www.medicaid.gov)

### ***State Licensure of Dietitians***

[No Arizona Statutes](#)