

Medicaid MNT Coverage Information by State:

IDAHO

*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: ID	Dietitian Provider Enrollment	Dietitian provides independent services or incident to	Medical Nutrition Therapy (MNT)	Nutrition Counseling, Dietitian visit (S9470)	Prior Authorization required to determine Medical Necessity	Referral, prescription, order (by physician, NP, or other) required
Traditional FFS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Independent <input checked="" type="checkbox"/> Incident to <input type="checkbox"/> None	<input type="checkbox"/> 97802 <input type="checkbox"/> 97803 <input type="checkbox"/> 97804	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Adults	Yes	Independent and incident-to	No	Yes Also: ABP (Alternative Benefit Plan) Populations; pregnant people through postpartum period.		Yes
Children	Yes	Independent and incident-to	No	Yes		Yes
Other		FQHC in-house nutritional education or dietary counseling or monitoring by a Registered Dietitian are services incidental to a billable encounter. See additional notes below.		With limits: 2 visits per CY, more with PA. Must be provided by a Registered Dietitian or an individual who has a baccalaureate degree from a U.S. regionally accredited college or university and has met the academic and professional requirements in dietetics as approved by the American Dietetic Association.	Prior authorization for S9470 is not indicated on the fee schedule but can be used to request additional visits beyond the 2 visit max per year.	

NOTES: A Dietitian must enroll prior to submitting claims for services. A Dietitian may bill Idaho Medicaid directly for nutritional services but they must be medically necessary and ordered by a physician, nurse practitioner, physician assistant or nurse midwife unless the Dietitian is employed by a hospital, in which case the hospital would then bill for services.

More Medicaid Information for Providers

General

[ID Medicaid Provider Handbook Dietary and Nutritional Service Providers](#)

Telehealth

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

Medicaid Managed Care Program Name(s) and Website

N/A

Current Medicaid Waivers

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

State Licensure of Dietitians

[ID Statutes](#)