

Medicaid MNT Coverage Information by State:

INDIANA

*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: IN 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 <input checked="" type="checkbox"/> None	Medical Nutrition Therapy (MNT) <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Referral, prescription, order (by physician, NP, or other) required <input type="checkbox"/> Yes <input type="checkbox"/> No
Adults	No		RDs cannot bill for these codes		No	
Children	No		RDs cannot bill for these codes		No	
Other	Registered Dietitians do not currently have a pathway to become fully participating Indiana Health Coverage Program providers capable of rendering services and receiving reimbursement. While RDNs can enroll as Ordering Prescribing Referring (OPR) providers to obtain an Indiana Medicaid ID number and make referrals, they are not permitted to furnish services or receive reimbursement in that role.		The codes are listed on both the Professional Fee Schedule and Outpatient Fee Schedule, but no pricing is provided. Indiana does not have published guidance specific to these codes. However, they are covered and reimbursed for physicians and other licensed practitioners eligible to enroll with the Indiana Health Coverage Programs.			

Managed Care Medicaid

State: IN Managed Care	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 <input checked="" type="checkbox"/> None	Medical Nutrition Therapy <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	Prior Authorization required to determine Medical Necessity <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral, prescription, order (by physician, NP, or other) required <input type="checkbox"/> Yes <input type="checkbox"/> No
Adults	No		Yes, but RDs cannot bill for these codes Since 2020, covered for HIP enrollees under the preventive benefit and exempt from copayment (diagnosis code match required): Managed care entities (MCEs) must monitor these guidelines and update coverage as necessary.			
Children	No		Yes, but RDs cannot bill for these codes			
Other	Registered Dietitians do not currently have a pathway to become fully participating IHCP providers capable of rendering services and receiving reimbursement. While RDNs can enroll as Ordering Prescribing Referring (OPR) providers to obtain an Indiana Medicaid ID number and make referrals, they are not permitted to furnish		Yes (people with special needs)			

	services or receive reimbursement in that role.					
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NOTES:

All providers eligible to participate in Hoosier Healthwise (children, pregnant persons, parents) **when provider enrolls with the Indiana Health Coverage Program (IHCP) first**. **RDs do not have a pathway right now to become fully participating IHCP providers.**

For Hoosier Healthwise (children, pregnant persons, parents) and HIP (mandatory enrollment for adults under 200% FPL), MCEs (Managed Care Entities) must provide at a minimum all benefits and services deemed medically reasonable and necessary and covered by the IHCP; appropriate limits may be permissible.



More Medicaid Information for Providers

General

<https://www.in.gov/fssa/ompp/provider-information4/>

Telehealth

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

Medicaid Managed Care Program Name(s) and Website

Indiana Health Coverage Program (IHCP) includes the following managed care components:

Hoosier Healthwise (children, pregnant persons, parents)

Healthy Indiana Plan or HIP (mandatory enrollment for adults with incomes below 200% FPL)

Hoosier Care Connect (aged, blind disabled not eligible for Medicare)

Indiana PathWays for Aging (ages 60 and older)

Indiana Care Select (voluntary PCCM program for people with special needs)

Website: <https://www.in.gov/medicaid/partners/medicaid-partners/managed-care-health-plans/>

Current Medicaid Waivers

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

State Licensure of Dietitians

<https://www.eatrightpro.org/advocacy/licensure/licensure-map-and-statutes-by-state/indiana>