Academy of Nutrition and Dietetics

Medicaid MNT Coverage Information by State:

OKLAHOMA

*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: OK Traditional FFS	Dietitian Provider Enrollment ☒ Yes ☐ No	Dietitian provides independent services or incident to ☒ Independent ☐ Incident to	Medical Nutrition Therapy (MNT) ☒ 97802 ☒ 97803 ☒ 97804	Nutrition Counseling, Dietitian visit (S9470) ☐ Yes ☒ No	Prior Authorization required to determine Medical Necessity ☐ Yes ☒ No	Referral, prescription, order (by physician, NP, or other) required ☒ Yes ☐ No
Adults	Yes	Independent	Yes	No	No	Yes
Children	Yes	Independent	Yes	No	No	Yes
Other	Can enroll if holds a license as a Dietitian from the Oklahoma State Board of Medical Licensure and Supervision.	Dietitians must have a current provider agreement/contract with the Oklahoma Health Care Authority (OHCA) for payment to be made.	Facility and non-facility fees		The fee schedule does not indicate that MNT codes require additional criteria for payment (i.e., prior authorization, medical review, etc.).	

NOTES:

Nutrition services, including nutritional counseling, are also covered with limits on total hours for EPSDT, early intervention, HCBS, PACE. Licensed Dietitians are eligible providers but must have a current contract with Medicaid.

Payment is made for nutritional services as set forth below:
(1) Adults: Payment is made for six hours of medically necessary nutritional counseling per year by a licensed registered dietitian via either in person or telehealth appointments. All services must be prescribed by a physician, physician assistant, advanced practice nurse or nurse midwife and be face-to-face encounters between a licensed registered dietitian and the member. Services must be expressly for diagnosing, treating, preventing or minimizing the effects of illness. Nutritional services for the treatment of obesity are not covered unless there is documentation the obesity is a contributing factor in another illness.
(2) Children: Payment is made for medically necessary nutritional counseling as described above for adults. Nutritional services for the treatment of obesity may be covered for children as part of the EPSDT benefit. Additional services which are deemed medically necessary and allowable under federal regulations may be covered by the EPSDT benefit found at 317:30-3-65 and 317:30-3-65.11.

(3) Home and Community-Based Waiver Services for the Intellectually Disabled: All providers participating in the Home and Community-Based Waiver Services for the intellectually disabled program must have a separate contract with OHCA to provide nutrition services under this program. All services are specified in the individual's plan of care.
(4) Individuals Eligible for Part B of Medicare: Payment is made utilizing the Medicaid allowable for comparable services. Services which are not covered under Medicare should be billed directly to OHCA.
(5) Obstetrical patients: Payment is made for a maximum of six hours of medically necessary nutritional counseling per year by a licensed registered dietitian for members at risk for or those who have been recently diagnosed with gestational diabetes. The initial consultation may be in a group setting for a maximum of two hours of class time. Thereafter, four hours of nutritional counseling by a licensed registered dietitian may be provided to the individual if deemed medically necessary, which may include a post-partum visit (typically done at six weeks after delivery). All services must be prescribed by a physician, physician assistant, advanced practice nurse or a nurse midwife and be face-to-face be-tween a licensed registered dietitian and the member(s). Services must be solely for the prevention, diagnosis or treatment of gestational diabetes and either in-person or telehealth appointments.

Managed Care Medicaid

State: OK Managed Care	Dietitian Provider Enrollment ☐ Yes ☐ No	Dietitian provides independent services or incident to ☐ Independent ☐ Incident to ☐ None	Medical Nutrition Therapy ☐ 97802 ☐ 97803 ☐ 97804	Nutrition Counseling, Dietitian visit (S9470) ☐ Yes ☐ No	Prior Authorization required to determine Medical Necessity ☐ Yes ☐ No	Referral, prescription, order (by physician, NP, or other) required ☐ Yes ☐ No
Adults						
Children						
Other	MCOs credential and recredential network providers according to state Medicaid agency-defined process.					

NOTES:

SoonerSelect is Oklahoma's full-risk managed care program, which only began in 2024.

Nutrition services by Dietitians are covered in full for children under age 21 and with limits (up to 6 hours per year) for adults. Nutritional services for the treatment of obesity are not covered. Services must be for diagnosing, treating or preventing or minimizing the effects of illness. Limits can be exceeded based on medical necessity for adults in the Alternative Benefit Plan or ABP (i.e., Medicaid expansion adults).

More Medicaid Information for Providers

General

SoonerCare (Oklahoma Medicaid) Provider Enrollment (click on Dietitian from scroll down menu)

Telehealth

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

Medicaid Managed Care Program Name(s) and Website

PCCM program (SoonerCare Choice)

SoonerSelect is Oklahoma's full-risk managed care program, which began in 2024.

Website: https://oklahoma.gov/ohca/soonerselect/provider-resources/faqs.html

Current Medicaid Waivers

Search State Waivers List at: Medicaid.gov

State Licensure of Dietitians

OK Statutes