



Ohio Administrative Code Rule 5160-8-41 Services provided by a dietitian.

Effective: October 1, 2024

(A) Providers.

(1) Rendering providers. The following practitioners, defined in Chapter 4759. of the Revised Code, may enroll in medicaid as eligible providers of dietitian services:

(a) A licensed dietitian; and

(b) A registered dietitian.

(2) Billing ("pay-to") providers. The following eligible providers may receive medicaid payment for submitting a claim for a covered service on behalf of a rendering provider:

(a) An independent licensed dietitian;

(b) An independent registered dietitian;

(c) A professional medical group;

(d) An ambulatory health care clinic; or

(e) A federally qualified health center (FQHC) or rural health clinic (RHC).

(B) Coverage. Payment may be made for the following services provided by a dietitian:

(1) Medical nutrition therapy services specified in "Current Procedural Terminology," published by the American medical association (AMA), <http://www.ama-assn.org>;

(2) Lactation consultation services; and



(3) Diabetes self-management training (DSMT) services, in accordance with rule 5160-8-53 of the Administrative Code.

(C) Claim payment.

(1) Payment for a covered service provided by a dietitian in an FQHC site or RHC site is determined in accordance with Chapter 5160-28 of the Administrative Code.

(2) Payment for a covered service provided by a dietitian in a setting other than an FQHC site or RHC site is the lesser of the submitted charge or the amount shown in appendix DD to rule 5160-1-60 of the Administrative Code.