

**FSY 2008  
IOWA**

**Medical Nutrition Therapy Fees**

**Specialty 71**

<b>LOCALITY</b>	<b>CODE</b>	<b>Non-Facility Fee</b>	<b>* Facility Fee</b>
99	97802	21.56	21.28
99	97803	19.01	18.73
99	97804	10.94	10.66
99	G0108	23.69	23.69
99	G0109	13.43	13.43
99	G0270	19.01	18.73
99	G0271	10.94	10.66

\* These amounts apply when the service is performed in a facility setting.

Inclusion or exclusion of a fee schedule amount for an item or service does not imply any health insurance coverage.