

****REVISED****

**FSY 2007
ILLINOIS**

Medical Nutrition Therapy Fees

Specialty 71

LOCALITY	CODE	*Non-Facility Setting FEE	*Facility Setting FEE
12	97802	\$25.25	\$24.95
12	97803	\$22.70	\$22.70
12	97804	\$12.18	\$12.18
12	G0108	\$28.08	\$28.08
12	G0109	\$16.33	\$16.33
12	G0270	\$22.70	\$22.70
12	G0271	\$12.18	\$12.18
15	97802	\$27.68	\$27.31
15	97803	\$25.02	\$25.02
15	97804	\$13.13	\$13.13
15	G0108	\$33.21	\$33.21
15	G0109	\$19.24	\$19.24
15	G0270	\$25.02	\$25.02
15	G0271	\$13.13	\$13.13
16	97802	\$27.97	\$27.61
16	97803	\$25.30	\$25.30
16	97804	\$13.30	\$13.30
16	G0108	\$33.61	\$33.61
16	G0109	\$19.51	\$19.51
16	G0270	\$25.30	\$25.30
16	G0271	\$13.30	\$13.30
99	97802	\$24.24	\$23.96
99	97803	\$21.71	\$21.71
99	97804	\$11.69	\$11.69
99	G0108	\$25.95	\$25.95
99	G0109	\$15.02	\$15.02
99	G0270	\$21.71	\$21.71
99	G0271	\$11.69	\$11.69