

****REVISED****

**FSY 2007
MINNESOTA**

Medical Nutrition Therapy Fees

Specialty 71

LOCALITY	CODE	Non-Facility Fee	* Facility Fee Amount
Statewide	97802	25.65	25.33
Statewide	97803	23.08	23.08
Statewide	97804	12.08	12.08
Statewide	G0108	29.51	29.51
Statewide	G0109	16.93	16.93
Statewide	G0270	23.08	23.08
Statewide	G0271	12.08	12.08

* This amount applies when the service is performed in a facility setting.