

FSY 2008 ILLINOIS

REVISED Medical Nutrition Therapy Fees

Specialty 71

LOCALITY	CODE	*Non-Facility Setting FEE	*Facility Setting FEE
12	97802	\$22.54	\$22.24
12	97803	\$19.98	\$19.68
12	97804	\$11.60	\$11.30
12	G0108	\$25.79	\$25.79
12	G0109	\$14.82	\$14.82
12	G0270	\$19.98	\$19.68
12	G0271	\$11.60	\$11.30
15	97802	\$24.31	\$23.96
15	97803	\$21.65	\$21.30
15	97804	\$12.37	\$12.02
15	G0108	\$30.18	\$30.18
15	G0109	\$17.27	\$17.27
15	G0270	\$21.65	\$21.30
15	G0271	\$12.37	\$12.02
16	97802	\$24.61	\$24.25
16	97803	\$21.93	\$21.57
16	97804	\$12.55	\$12.20
16	G0108	\$30.57	\$30.57
16	G0109	\$17.54	\$17.54
16	G0270	\$21.93	\$21.57
16	G0271	\$12.55	\$12.20
99	97802	\$21.85	\$21.57
99	97803	\$19.30	\$19.02
99	97804	\$11.20	\$10.91
99	G0108	\$24.17	\$24.17
99	G0109	\$13.82	\$13.82
99	G0270	\$19.30	\$19.02
99	G0271	\$11.20	\$10.91