

**FSY 2008
WISCONSIN**

REVISED Medical Nutrition Therapy Fees

Specialty 71

LOCALITY	CODE	Non-Facility Fee	* Facility Fee
00	97802	22.07	21.78
00	97803	19.52	19.22
00	97804	11.19	10.89
00	G0108	25.10	25.10
00	G0109	14.24	14.24
00	G0270	19.52	19.22
00	G0271	11.19	10.89

* 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.