

CFR Attachment 10 - Medical Nutrition Therapy - (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97802	**		0-20	N		\$27.51	\$27.51	\$30.31	\$30.31	10.18%
1	97802	**		0-20	F		\$25.82	\$25.82	\$26.66	\$26.66	3.25%
1	97803	**		0-20	N		\$23.86	\$23.86	\$26.10	\$26.10	9.39%
1	97803	**		0-20	F		\$21.89	\$21.89	\$22.73	\$22.73	3.84%
1	97804	**		0-20	N		\$12.63	\$12.63	\$13.75	\$13.75	8.87%
1	97804	**		0-20	F		\$12.07	\$12.07	\$12.63	\$12.63	4.64%

***Type of Service (TOS)**

1 Medical Services

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