

**ATTACHMENT 1 - Medical Nutrition Therapy**

TOS*	Procedure Code	Long Description	Place of Service	Age Range	CURRENT				PROPOSED			
					Current Medicaid RVU**	Current Medicaid Conversion Factor	Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid RVU**	Proposed Medicaid Conversion Factor	Proposed Medicaid Fee	Proposed Adjusted Fee
1	97802	***	NF	0-20	0.78	\$28.640	\$22.34	\$21.89	1.03	\$28.0672	\$28.91	\$28.33
1	97802	***	F	0-20	0.78	\$28.640	\$22.34	\$21.89	0.96	\$28.0672	\$26.94	\$26.40
1	97803	***	NF	0-20	0.67	\$28.640	\$19.19	\$18.81	0.89	\$28.0672	\$24.98	\$24.48
1	97803	***	F	0-20	0.67	\$28.640	\$19.19	\$18.81	0.82	\$28.0672	\$23.02	\$22.56
1	97804	***	NF	0-20	0.36	\$28.640	\$10.31	\$10.10	0.46	\$28.0672	\$12.91	\$12.65
1	97804	***	F	0-20	0.36	\$28.640	\$10.31	\$10.10	0.44	\$28.0672	\$12.35	\$12.10

<b>*Type of Service (TOS)</b>	
1	Medical Services
<b>**RVU</b>	
	Relative Value Unit
<b>Place of Service</b>	
F	Facility (example: hospital or clinic)
NF	Nonfacility (example: office)

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