

## Provider Type 15 Registered Dietitian Medical Nutrition Therapy Reimbursement Schedule

This schedule reflects rate data as of : 8/1/2018

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

This provider type was last subject to a rate review\* on : **04/2018**

\*Rate review refers to a comprehensive review of all the rates associated with this provider type. In 2017 the NV Legislature passed Assembly Bill 108 which, starting in 2018, requires NV Medicaid to perform a comprehensive rate review for each provider type at least once every four years. These reviews may or may not result in changes to reimbursement amounts.

**Note:**

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Proc	Desc	Mod	Rate	Rate Begin Date
97802	Medical nutrition indiv in		22.79	1/1/2018
97803	Med nutrition indiv subseq		19.63	1/1/2018
97804	Medical nutrition group		10.15	1/1/2018
G0270	Mnt subs tx for change dx		19.63	1/1/2018
G0271	Group mnt 2 or more 30 min		10.15	1/1/2018
Q3014	Telehealth facility fee		24.24	1/1/2018