

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

This schedule reflects rate data as of : 6/1/2019

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	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 mins	10.15	1/1/2018
Q3014	TELEHEALTH FACILITY FEE	24.24	1/1/2018