

Dietary and Nutritional services

Provider Specialty 203

Taxonomy: 133N00000X;133V00000X;133VN1004X;133VN1005X;133VN1101X;133VN1201X;133VN1301X;133VN1401X;133VN1501X

Fee Schedule Updated on:8/10/2020

The Agency's fee schedule rates below were set as of January 1, 2014 unless otherwise noted

Rate changes after January 1, 2014 are based on the January 1st RVU of the year in which the service was initially established

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the DMA Web Site.

Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes and deletion to this schedule.

PROCEDURE CODE	MODIFIER	PROCEDURE DESCRIPTION	Medicaid Maximum Allowable		Effective Date of Rate	End Date of Rate
			FACILITY RATE	NON-FACILITY RATE		
97802		Medical nutrition indiv in	28.57	31.46	7/27/2020	12/31/9999
97803		Med nutrition indiv subseq	24.1	27.27	7/27/2020	12/31/9999