



FuelLife

SUPERBILL

Patient's name:	Date:
Address:	Date of birth:

ICD-10 Diagnosis Codes—Medical Nutrition Therapy					
	R63.5	Abnormal weight gain		E74.12	Fructose Intolerance
	R63.4	Abnormal weight loss		K29.5	Gastritis
	F90.9	ADD		K52.89	Gastroenteritis
	J30.5	Allergic rhinitis due to food		K21.9	Gastroesophageal reflux
	N91.1	Amenorrhea		R72.02	Glucose intolerance (IGT)
	D64.9	Anemia, unspecified		G43.C0	Headache, periodic
	F50.00	Anorexia nervosa		I51.9	Heart disease, unspecified
	F41.9	Anxiety		K44.9	Hiatal hernia
	M13.8	Arthritis		E16.1	Hyperinsulinemia
	J45.998	Asthma		E78.5	Hyperlipidemia
	F50.2	Bulimia		I10	Hypertension, essential
	B37.9	Candidiasis		E05.90	Hyperthyroid
	K90.0	Celiac disease		E16.2	Hypoglycemia
	R53.82	Chronic fatigue syndrome		E03.9	Hypothyroid
	N18.9	Chronic kidney disease		K58.0	Irritable bowel syndrome
	K51.80	Colitis, ulcerative		E73.9	Lactose intolerance
	I50.9	Congestive heart failure		N95.1	Menopausal syndrome
	K59.00	Constipation		G43.91	Migraine, unspecified
	I27.9	COPD		E66.9	Obesity
	I25.10	Coronary artery disease		M81.0	Osteoporosis (age-related)
	K50.90	Crohn's disease		M19.9	Osteoarthritis, unspecified
	E84.0	Cystic fibrosis		M85.8	Osteopenia
	O24.419	Diabetes, gestational (unspecified control)		Z87.11	Peptic ulcer disease
	E10.9	Diabetes, type I		N94.3	PMS
	E11.9	Diabetes, type II		E28.2	Polycystic ovary syndrome
	O24.91	Diabetes, with pregnancy		N28.9	Renal disease, unspecified
	K52.89	Diarrhea		M06.9	Rheumatoid arthritis
	Z71.3	Dietary surveillance		G40.89	Seizure disorder
	K57.32	Diverticulitis		J32.9	Sinusitis
	F50.9	Eating disorder, unspecified		K26.9	Ulcer, duodenal
	G40.409	Epilepsy		K27.9	Ulcer, peptic
	R53.83	Fatigue		R35.0	Urinary frequency
	M79.7	Fibromyalgia		B97.89	Viral syndrome
	T78.40XA	Food allergy (unspecified)		E56.9	Vitamin deficiency

Services and CPT Code					
	Fee		Fee		
<input type="checkbox"/> 97802 —Initial consultation and assessment		<input type="checkbox"/> Supplements		Previous Balance	
<input type="checkbox"/> 97803 —Follow-up/reassessment consultation		<input type="checkbox"/> Other		Total Charges	
<input type="checkbox"/> 97804 —Group (>2 individuals)		<input type="checkbox"/> Other		Amount Paid	
<input type="checkbox"/> 99372 —Telephone consultation		<input type="checkbox"/> Other		Balance Due	

CPT = Current procedural terminology

RD/RDN signature: _____