



Best Practices

For Registered Dietitians Working with Telehealth Nutrition Companies to Provide Nutrition Services

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INTRODUCTION

Telehealth services have expanded rapidly, creating new opportunities for registered dietitians¹ (RDs) to deliver nutrition care and reach diverse populations. Alongside these opportunities, however, complex questions emerged involving licensure, billing, ethics, and contracting with telehealth nutrition companies.

The Academy of Nutrition and Dietetics (the Academy) recognizes both the benefits and risks associated with the delivery of nutrition services via telehealth and is committed to supporting RDs as they navigate the evolving telehealth landscape. This guide is intended to promote transparency and support RDs in making informed decisions when entering or maintaining nutrition service contracts with telehealth companies. It outlines key considerations designed to protect the interests of RDs, safeguard professional integrity, ensure compliance with applicable state and federal laws, and uphold the standards of the profession—ultimately ensuring that patients who are appropriate for telehealth receive nutrition services that are on par with those delivered in traditional, in-person settings.

DISCLAIMER

This document is for educational and informational purposes only and does not constitute or replace professional judgement or legal advice. Registered dietitians are encouraged to consult with a qualified healthcare attorney before signing any contract or providing telehealth services. The Academy does not endorse or oppose any specific telehealth company. References to company practices are illustrative of issues raised by members and are provided solely to guide professional decision-making.

¹It is recognized that some telehealth platforms may also create opportunities for dietetic technicians, registered (DTRs). While certain principles outlined in this document may apply broadly to dietetics and nutrition professionals providing remote nutrition-related services, the guidance in this document primarily addresses issues specific to registered dietitians (RDs) who are contracted to independently deliver medical nutrition therapy. Accordingly, the RD credential is referenced throughout this document.

DUE DILIGENCE BEFORE CONTRACTING

Get to Know the Company Before Entering into a Contract

- Evaluate the mission, values, philosophy, and culture of the company by reviewing and comparing how different telehealth nutrition companies operate and differentiate themselves. Do not assume that all companies operate with the same record and level of commitment to excellence, service, integrity, collegiality, quality, and patient outcomes.
- Research the company's history and reputation. Check public records, Better Business Bureau listings, articles comparing companies, and online reviews to identify any business patterns or practices and whether the company is the right fit for you.
- Inquire about available resources. Does the company maintain a provider handbook, compliance manual, and/or supervision policy? What level of training and support does the company provide?
- Verify the company complies with all applicable laws and regulations governing the delivery of care and requires providers to do the same. This includes compliance with state licensure or certification requirements and telehealth authorization laws. Registered dietitians should confirm that the company has processes in place to support providers in obtaining and maintaining appropriate state authorization to practice.
- Verify the technology platform is Health Insurance Portability and Accountability Act (HIPAA) compliant, providing encryption, and secure data storage.
- Inquire if the company conducts regular internal audits of its medical records to ensure compliance with payer policies.
- Determine whether the company offers ongoing supervision, peer review, or quality assurance to support clinical excellence and adherence to the RD's [Scope and Standards of Practice](#) and [Code of Ethics](#).
- Contact current or former RDs who have worked with the company to learn about their experiences and challenges.
- Examine the marketing materials (including the website) to understand the aspirations of the company and their strategies to achieve them.
- Inquire about how well the company retains RDs and whether they conduct satisfaction surveys of patients and RDs.
- Ask questions directly of the company to help determine whether the company is a good fit for you and your practice (e.g., what is expected of you on a day-to-day basis, how will you and your patients be supported).

Training and Clinical Preparation

Assess the type and quality of training the company provides. Proper onboarding is essential to ensure safe, compliant, and effective delivery of nutrition care. RDs should verify that the company provides training on:

- **Standards of care** for telehealth delivery, including patient safety (e.g., gauging whether a patient is appropriate for electronic delivery of care) and obtaining informed consent.
- **Charting and documentation** in the electronic medical record (EMR), including data privacy and secure communication protocols.
- **Billing and coding practices**, including use of Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes and payer-specific rules.
- **Scheduling and administrative procedures**, including how patients are assigned, whether RDs can adjust schedules, requirements (if any) for appointment duration, expectations for appointment follow-up, and minimum patient quotas (if any).
- **Referring out or how to seek mentorship** when a patient presents with a condition not appropriate for telehealth treatment or the provider is not competent in treating.
- **Procedure for verifying current medical diagnosis or referring out** for medical diagnosis when the patient presents with a diagnosis that may not be current or an undiagnosed condition.

CONTRACT CONSIDERATIONS

When evaluating whether to contract with a telehealth company to provide nutrition services, RDs should conduct a careful and thorough review of the agreement. Contracts with telehealth companies can vary significantly in terms of structure, level of control, risks, rights, and duties. A deliberate review can help RDs protect their professional integrity and achieve their goals. What is fair and reasonable in a contract is best understood in the context of evaluating and comparing the terms and conditions of contracts from multiple companies. When reviewing a proposed contract, RDs should pay close attention to the following considerations.

Employment Status

Determine whether you have a choice to be engaged as an employee or as an independent contractor. Evaluate the implications of this distinction, including issues related to control, liability, and compensation. Companies generally prefer to engage individuals as independent contractors versus employees to avoid the added costs associated with employment, which they can shift to independent contractors.

EMPLOYEES	
May receive benefits such as:	
• paid time off • health insurance • retirement contributions • malpractice coverage • access to company-provided technology	• Companies are also required to pay half of the cost of payroll taxes (i.e., Social Security, Medicare, and unemployment benefits)
INDEPENDENT CONTRACTORS	
(i) provide for their own business structure and benefits; (ii) do not receive paid time off, health insurance, or retirement contributions; (iii) pay one hundred percent (100%) of payroll taxes (which is twice the amount of payroll taxes paid by employees); (iv) manage tax withholdings and reporting income to the Internal Revenue Service; and (v) deduct business expenses not available to employees.	

Independent contractors typically have greater flexibility and control over employees as to when and how they provide services. However, RDs should ask about scheduling expectations in both employment and independent contractor arrangements, as some companies offer similar levels of flexibility regardless of classification. In certain cases, RDs may be able to negotiate employment terms that provide scheduling flexibility comparable to that of an independent contractor.

Whether an employment or independent contractor agreement is most appropriate for a particular RD depends on that RD’s individual circumstances, priorities, and professional needs. For example, some RDs may prefer an independent contractor arrangement because it can offer opportunities for business deductions and tax-advantaged retirement contributions that are not available in an employment model. Other RDs may place greater value on employer-sponsored benefits that are typically available only to employees.

In practice, even when an employment arrangement may be more advantageous for an RD, a telehealth company may offer only an independent contractor model to manage labor costs. Because independent contractors generally do not receive employee benefits, they often expect, and often receive higher hourly compensation than employees who provide similar services.

Companies and RDs should consult with their tax and legal advisors for their opinions about whether the Internal Revenue Service (IRS) would classify the proposed arrangement as an employment or independent contractor relationship based upon the

EMPLOYMENT STATUS (CONTINUED)

IRS's published guidelines.

In either option, RDs should confirm and compare who is responsible for:

- Purchasing and maintaining professional liability and other types of insurance; and
- Covering technology, licensing, and continuing education expenses.

Compensation

The goal is for you to be paid fair market value for your services. The contract should specify either how much you will be compensated, such as a fixed amount for a base salary and incentive amount related to productivity, or how you will be compensated, such as a fixed dollar amount per appointment or per unit of time.

- Fair market value is determined by such factors as supply and demand of RDs available to provide telehealth services and what other companies are paying for similar services. Typically, there is a range for fair market value compensation based on such factors as productivity, the amount of cash collected for services, and the overhead of the companies.
- Productivity can be measured in a number of ways, including cash collections, billed charges, time worked, hours of availability, appointments scheduled, and number of patients seen.
- Some contracts may also offer incentive compensation if certain targets are achieved. The terms of incentive compensation plans are best laid out in advance and in writing with sufficient specificity to avoid misunderstandings and to limit the level of discretion in how the plans are applied. RDs should be wary of any proposed incentives that do not align with best practices or support independent clinical judgement.
- Be mindful of your potential total compensation which will be determined not just by the payment per appointment but also by:
 - how many patients the company is likely to steer to you because of its marketing, operations, and reputation;
 - how many hours (and when) you are available to provide telehealth services;

- the state(s) where you are licensed and authorized to practice;
 - the clinical outcomes for your patients; and
 - your ability to form relationships and retain patients.
- Pay attention to whether the compensation or compensation methodology can be changed without your approval.
 - Be careful comparing offers of compensation in employment versus independent contractor models unless you make adjustments for projected costs related to payroll taxes and benefits.

Questions to consider asking the company include:

- Is compensation for services rendered by RDs dependent on cash collected from the patient or payor? Who is at risk for non-payment?
- What does the company project as your monthly/annual volume of patients and total compensation?
- Are there any limits, outside of clinical judgement, on the number of visits, frequency of visits, and duration of visits?
- What data/reports will you have access to and how often?
- What is the financial consequence of cancellations of appointments by patients, RDs, and the company without sufficient notice?
- What is the process for identifying and correcting errors in data gathering about your productivity or performance?
- What appeal process does the contract provide to protect the RD if the company withholds payment for services the RD has already rendered based on alleged fraud or other concerns about inappropriate conduct?

Contract Terms and Obligations

Carefully review the fine print to understand what you are agreeing to when contracting.

The following questions should be considered before signing:

✓ ***Rights and Restrictions***

What rights are you releasing under the contract (e.g., restrictions on marketing, ownership of intellectual property, or ability to maintain a private practice)?

✓ ***Personal and Professional Information***

What information does the company require access to (e.g., your National Provider Identifier (NPI), license numbers, your DataSpring CAQH profile, or bank information) and is allowing such access in line with best practices?

✓ ***Data Use***

How will any data you provide the company be stored and/or used?

✓ ***Contract Duration***

What is the length of the agreement? Does it renew automatically?

✓ ***Client Referrals and Scope of Authorization***

Will the company limit client referrals to services you are legally authorized to provide under applicable state law, including ensuring that any services requiring licensure or certification are referred only when you hold the appropriate state authorization?

✓ ***Segregation***

If the contract allows you to see company patients in person in your office, what additional steps will you need to take to (i) keep your operations and records separate; and (ii) communicate clearly to patients the arrangement so as to avoid confusion about the responsibility of the company versus your private practice?

✓ ***Intellectual Property***

Companies want to protect their investment in intellectual property. They often use extremely broad language to assert their rights for any intellectual property developed in any manner using assets of the company. Therefore, you should verify that the contract will not give the company rights to your intellectual property by claiming you somehow used the company's know-how, processes, confidential information, patients, or software to develop your intellectual property. This verification may occur by you disclosing in advance the intellectual property you created before you signed the agreement with the company and obtaining assurances that it is excluded as prior work and/or invention. Confirm that the definition of confidential information does not include information already publicly available. If you want to create intellectual property, then identify ways to keep your work fully separate from the company.

✓ ***Amendment***

Does the contract allow the company to amend the contract without your approval?

Termination, Disputes, and Access to Patient Records

The termination provisions of a contract are critical for protecting your ability to comply with legal and ethical requirements after separation.

- Clarify the process for termination—how much notice must be given for each party to terminate without cause.
- Understand when and how the contract can be terminated for cause and the implications for you and whether there is a mechanism to appeal.
- Evaluate whether the contract addresses how disputes will be resolved.
- Confirm whether the provider will have continued access to patient records and other documentation for legal defense, payer audits, or continuity of care.
- Inquire about how quickly the company will remove the RD's name and image from the company's website and other promotional materials after the contract is terminated.

Indemnification and Liability

Contracts sometimes contain **indemnification provisions** that pose substantial risk requiring the RD to reimburse the company if a plaintiff obtains a large settlement or judgement against the company related to the actions or inactions of the RD, including negligence.

- There is no insurance available to RDs to reimburse companies for claims they pay out to plaintiffs for the negligence of RDs. Registered dietitians can only obtain insurance for negligence claims filed against them as professionals and not claims against them by companies via indemnification clauses.
- The standard and best practice is for a company to obtain sufficient insurance to cover claims against the company related to the actions of its employees and independent contractors so that the company does not need RDs to assume the financial risk of indemnifying the company.
- With an indemnification provision the company can demand that the RD pay the company the amount the company pays a plaintiff as part of a settlement or judgement related to the negligence of an RD. Since plaintiffs demand and expect bigger settlements from larger organizations, providers working for large companies with indemnification provisions are at more financial risk to be exposed to larger claims that are not covered by insurance than if they work on their own.

Questions to consider asking the company regarding any indemnification provision:

- Is the indemnification so broadly written as to include professional liability claims or limited in scope to apply only to acts that require the RD to have intent?
- Is the indemnification provision reciprocal so that the company indemnifies the RD for claims against the RD related to actions or inactions of the company?



Malpractice Insurance

RDs need professional liability insurance coverage for the services they render on behalf of the company. If the RD is an employee, the company should provide coverage. If the RD is an independent contractor, either the RD or company could provide coverage.

RDs do not need two insurance policies to cover the same potential claim. If there is duplicative coverage, then the policies need to be clear about which policy is controlling and whether one policy is supplementing coverage for the other.

RDs may need to be covered by two policies if one policy is for services rendered on behalf of the company and a different policy for services not on behalf of the company.

Insurance coverage should extend to the states in which patients are located at the time services are rendered—not solely the state in which the RD resides—because patients may bring claims in the state where they receive care. Coverage may also need to extend to the state where the RD is physically located when providing telehealth services, particularly if the RD is practicing from a location outside their home state. While it is generally understood that an RD must maintain coverage in their state of permanent residence, it is less clear, and therefore important to confirm, whether coverage is also required in the state where the RD is physically located at the time telehealth services are delivered.

Since insurance companies do not have to write policy coverage for every state, RDs providing services across state lines need to inquire about whether their policy will cover them in the states where the patients reside when receiving services. (RDs can call their insurance brokers to confirm what states are covered and not covered by the terms of their policies.) If there is no such coverage in states where the RD is asked to provide services, then the RD should either secure such coverage or decline to provide services in those states. To reduce the risk of no coverage for a provider, many telehealth companies provide for policies that offer their employees and independent contractors insurance coverage in every state where the company operates. As a further safeguard, the contract should specify that

the company will not ask the RD to provide services to patients where the RD does not have coverage.

Key questions related to malpractice coverage include:

- Does the policy cover or exclude telehealth services?
- Does the policy cover or exclude digital media?
- What states are included and excluded from coverage under the terms of the policy?
- If applicable, does the policy cover the sale of supplements?
- Does the company have professional liability insurance for claims against the company and what are those limits?
- What is the insurance policy's requirements for maintaining professional licensure or certification and what is the impact on coverage if the RD is not properly licensed or certified in states where services are rendered?

Key questions related to malpractice coverage offered by telehealth companies include:

- Is the coverage an individual or group policy?
- How much coverage will you receive?
- How much is the premium and who is responsible for payment?
- What are the terms of the coverage? (e.g., Is the aggregate coverage shared by one RD or all RDs under contract with the company?)
- Does the policy offer occurrence-based coverage or claims-based coverage?
- If the policy is claims-based, who is responsible for paying for insurance coverage for claims filed after the last day the RD provides services on behalf of the company (sometimes referred to as "tail coverage")?
- Is the company self-insured or is it securing an insurance policy from an independent entity that is licensed and regulated by a state(s)?
- Who has authority to settle claims against the RD?
- Does the policy cover claims related to board investigations or licensing actions?

Restrictive Covenants: Non-Compete and Non-Solicitation Clauses

Some companies may ask RDs to sign contracts with non-compete and non-solicit provisions (“restrictive covenants”) which are often used by some health care organizations in traditional office settings.

Non-competes are intended to prohibit the provider from offering services and competing with the company in a geographic area defined under the contract (e.g., five-mile radius from the provider’s primary office) and/or for a fixed amount of time (e.g., during the term of the contract and one year after termination of the contract).

The enforceability of non-competes in independent contractor agreements and employment agreements depends on a careful state-by-state analysis of the applicable statutes, regulations, and case law, which can vary tremendously. Consequently, the enforceability of non-compete provisions in the context of telehealth services is unclear and evolving. While non-competes may not be enforceable in many states, they could serve as a practical financial roadblock for new opportunities for an RD.

Whether a court will enforce a non-compete turns not only on the law of each applicable state but on an analysis of many relevant facts. Non-compete provisions can be enforced against employees as well as independent contractors if the company can satisfy the standards under applicable state law for reasonableness and protectible interests in patient relationships. As a general proposition, it is reasonable to assume a non-compete provision in an employment agreement might be more enforceable than a non-compete in an independent contractor agreement to the extent the company can demonstrate additional facts that may be relevant to the court’s analysis such as a more extensive and more permanent relationship between the employee (than an independent contractor) with patients and the company.

Non-solicits prohibit the provider from soliciting company patients to receive services from the provider outside the scope of the contract during its term and/or after its termination. In contrast to non-compete restrictions, the law governing non-solicitation provisions is well established, consistent for most states, and more commonly used and enforced. Since non-solicitation provisions are subject to far less scrutiny by courts, it is reasonable to assume that courts would view the enforceability of non-solicitation provisions to be substantially the same for independent contractor agreements and employment agreements.

Key questions for RDs include:

- Does the contract contain a non-compete and/or non-solicit provision?
- Is the scope of the restrictive covenants clearly defined and reasonable?
- Does the non-compete prohibit or limit you from working for yourself or another telehealth company during the term of the contract?
- If the company covers the cost of additional training or certifications, are there any contractual limitations—during or after the engagement—on the provider’s ability to independently use, market, or rely upon those trainings or certifications outside of work performed for the company?
- What would be the practical implications of such restrictive covenants for the RD?
- How will your patients be notified when your contract terminates?
- Who will continue to see your patients when you no longer work for the company?

Compliance and Legal Requirements

Ensure the contract explicitly requires that the company and the RD complies with all applicable laws and professional standards, including:

- State licensure and certification laws. If the RD is expected to deliver medical nutrition therapy, practice is limited to jurisdictions where the RD has legal authority to deliver such services. In telehealth settings, this generally means the RD must be licensed or certified not only in the state where the RD is located, but also in the state where the patient is located when the service is rendered, if such states provide for licensure or certification;
- Telehealth statutes and regulations, including patient consent, technology standards, registration, and documentation requirements;
- HIPAA and data privacy laws, ensuring secure storage and transmission of health information; and
- Payer policies and ethical standards, including truthful documentation and billing practices consistent with industry standards.

Recognizing state licensing and certification standards and telehealth requirements vary across states, RDs delivering care via telehealth should review the Academy's [Telehealth Laws Impacting State Dietetics/Nutrition Authorization Requirements](#) and confirm that any telehealth company they partner with understands and adheres to (and expects RDs to adhere to) all relevant state practice and authorization requirements for every state in which services are provided.

Key Takeaways

A well-constructed contract should clearly memorialize obligations and expectations, safeguard professional independence, and ensure legal and ethical compliance. Registered dietitians should never feel pressured to sign an agreement without full understanding of its implications. When in doubt, seek review from an attorney familiar with health care and telehealth law.

Most states require RDs to be licensed or certified in the state where the patient resides and receives medical nutrition therapy. It is ultimately the personal responsibility of the RD to make sure they are legally authorized in all states where they seek to practice before delivering telehealth services. In addition to the risk of violating state law and the RD Code of Ethics, by engaging in the unauthorized practice of medical nutrition therapy, there is the risk that professional liability insurance policies may exclude coverage for unlicensed services.



PAYER CREDENTIALING

Credentialing for Group Practices: What RDs Need to Know

Whether you are a solo provider or joining a large organization, the credentialing process generally must occur before your services can legally be billed to insurance as an in-network provider. Understanding this process is essential, because even if the organization manages the administrative steps, the responsibility tied to your professional identity always remains with you.

Credentialing is more than just paperwork: it is the mechanism that allows payers to verify who a provider is, confirm their qualifications, and determine whether they are eligible to join their networks. In a telehealth setting where providers may only see patients virtually, credentialing is especially important to ensure the validity of providers.

NPI: The Foundation of your Professional Identity

To credential with a payer, every RD, regardless of setting, must have an individual National Provider Identifier (NPI), known as a Type 1 NPI. This number is a permanent, unique identifier assigned to the provider as directed under HIPAA. It will not change across employers, state lines, or even legal name changes. Because it identifies the health care provider, any claim that includes the provider's NPI serves as a digital footprint for the provider.

When billing on a CMS-1500 claim form,² both individual and organizational NPIs play important but different roles. Organizations or group practices often use their organizational NPI (a Type 2 NPI) as the **billing provider**, because the company holds the contract with the payer

and receives payment for the service. At the same time, the individual RD's NPI (a Type 1 NPI) should be listed as the **rendering provider**, indicating who furnished the service to the patient. Understanding this distinction helps clarify that the organization manages the financial and administrative side of the claim, while the services are still professionally attributed to the rendering provider. In the event of a payer audit or medical record review, the provider's documentation and clinical work associated with the Type 1 NPI on the claim form may be evaluated, which is why it is important to ensure that what is documented on the claim form accurately reflects who provided the service.

Your DataSpring CAQH Profile: Why Accuracy Matters

A provider's profile contains key information about their identity, education, license, certifications, practice locations, malpractice coverage, and background which payers can utilize to complete their credentialing process.

Companies may request direct access to manage a provider's profile; however, the DataSpring Terms of Service³ (TOS) stipulates that providers are responsible for verifying and updating their data. All providers agree to the DataSpring TOS upon registration and can access the DataSpring TOS anytime using the link provided in the footer of the Provider Data Portal.

For companies that manage multiple RDs or practice sites, DataSpring offers two key tools to help manage providers' profiles: the Practice Manager Module and the Provider Data Portal for Groups (PDP for Groups). In most

cases, telehealth companies working with multiple RDs may benefit most from the PDP for Groups, which allows groups to maintain a centralized list of practitioners and locations and share location data directly with individual practitioners.

To help organizations get started, DataSpring's Clinician, Group, and Practice Manager Training Portal offers several self-paced courses that walk through how to use these tools. The Provider Data Portal for Groups introductory course also explains the differences between the Practice Manager Module and the Provider Data Portal for Groups, which can help users determine which tool best meets their needs. Members can create a free training account and access the courses at: <https://caqhproviewtraining.learnupon.com>.

²"The CMS-1500 claim form is used to submit non-institutional claims for health care services to many private payers, Medicare, Medicaid, and other government health insurance programs. (Most institution-based claims are submitted using a UB-04 form.) Provider agreements and billing guidelines provide additional instruction for claims completion." *Filing Claims Using the CMS 1500 Form*, Academy of Nutrition and Dietetics, available at: <https://www.eatrightpro.org/career/payment/coding-and-billing/filing-claims-using-the-cms-1500-form> (last accessed November 25, 2025).

³DataSpring, *DataSpring Provider Data Portal Terms of Service*, available at: <https://www.caqh.org/solutions/caqh-pdp-terms-service> (last accessed December 12, 2025).

YOUR DATASPRING CAQH PROFILE: WHY ACCURACY MATTERS (CONTINUED)

Recommended Clinician, Group, and Practice Manager Training Portal Courses:

- Provider Data Portal for Groups Course 1: Introduction
- Provider Data Portal for Groups Course 2: Adding Provider Data
- Provider Data Portal for Groups Course 3: Adding Location Data
- Provider Data Portal for Groups Course 4: Managing Data
- Provider Data Portal for Practice Managers

Key Takeaways

- RDs should never share their Provider Data Portal login or password with anyone.
- Companies may use practice management feature to push updates to the provider's profile, which allows the provider to accept these updates or reject them if they are incorrect.
- As with any record keeping system, errors can occur. Providers should always review their profile for accuracy before attesting.

Accessing your Provider Data Portal Account if Locked Out:

In the event that a provider does not have access to their Provider Data Portal password, simply click "Forgot Password" on the login page to receive a reset link sent to your primary email address on file.

If you no longer have access to the email address on file with DataSpring, you can securely change your primary email by answering verification questions, such as the last four digits of your SSN or professional details. Once verified, a provider will receive a new password reset link at their updated address.

If a provider cannot locate their Provider ID, a provider can retrieve the ID directly from the "Forgot Username" link by verifying their identity through similar security questions.

If further assistance is required, the **DataSpring Solutions Center** is available to help, **Monday–Friday, 8 a.m.–8 p.m. (EST) at 1-888-599-1771.**

Delegated Credentialing

Some health plans allow large organizations to participate in delegated credentialing. This means that instead of the payer directly reviewing each provider's credentials, the payer allows the organization to perform credentialing on its behalf. Delegated credentialing can speed up the timeline for network approval because the organization, not the payer, completes most of the verification steps.

Even though delegated credentialing allows the organization to perform many of the verification tasks, delegated groups may also use DataSpring to access

provider data as well as submit provider rosters to participating health plans. It is important to ensure that you keep your Provider Data Portal profile up-to-date even if your organization is engaging in the delegated credentialing process.

An organization may have delegated credentialing for some payers but not all. As a provider, it is important to understand the basics of the credentialing process and whether the company the RD works for maintains a delegated credentialing process.

When a Provider May Start Filing Claims

This answer is never based on scheduling software or onboarding checklists; it is always based on payer approval.

Unless the company has made separate agreements with the payer regarding credentialing and contracting, a provider may only begin filing in-network claims for insured patients once credentialing and enrollment are completed with that specific payer. This is known as being “effective” or “participating” with the plan. The timeline for this process varies significantly. Some payers approve providers in a few weeks; others may take several months. If the company you work for chooses to file out-of-network claims during the credentialing and contracting process, all applicable payer policies regarding out-of-network claims should be followed.

Delegated credentialing may shorten the timeline but does not eliminate the requirement.

It is good practice to ask:

- Does the company have separate credentialing and contracting agreements with any payer that allow providers to be credentialed more expeditiously than standard credentialing processes?
- Which payers am I active with?
- When is my effective date for each payer?
- Does this payer require a referral or supervising provider?
- Is my NPI listed as the rendering provider?

Understanding this information protects you from being placed in situations where claims are submitted under your NPI before you are eligible.⁴

Some organizations may say they “bill incident-to” a medical provider or operate under a collaborative care model. RDs often interpret this to mean:

- They do not need to be individually credentialed.
- Their NPI will not appear on the claim.
- Documentation requirements are reduced.

None of these assumptions are correct.

Incident-to refers to a billing mechanism where services provided by one provider may be billed under the NPI of a different provider when strict requirements are met. While this type of billing is most common under Medicare, there are some private payers that also allow incident-to billing.

In general, most payers do not allow an RD to bill incident-to another RD.

For Medicare, Medicaid, or commercial plans that allow an RD to bill incident-to a provider, it is important to ensure the supervising provider meets the payer’s criteria and that all other incident-to billing criteria are met. Organizations should not generalize policies across payers or provider types.

Locum tenens is another type of billing arrangement that generally does not apply to RDs. In health care, locum tenens refers to a licensed provider who temporarily fills in for another provider who is absent or when a facility has a staffing shortage.

If a payer allows RDs to bill incident-to or under a locum tenens arrangement, companies should obtain this information in writing from the payer with clear delineation as to the terms and providers should obtain documentation of allowance of this arrangement in writing from the company.

⁴To learn more about payer credentialing, RDs should review, *The Complete Guide to Billing and Credentialing Essentials for RDs*, published by the Academy of Nutrition and Dietetics, last updated February 20, 2025. This guide is available to members at: <https://www.eatrightpro.org/career/payment/coding-and-billing/rdns-complete-guide-credentialing-billing> (last accessed January 29, 2026).

CODING AND BILLING

Telehealth services follow many of the same billing and coding best practices as in-person services. RDs are individually accountable for ensuring the service performed and the time spent with patients is accurately documented and payer-specific policies are followed.

Procedure Codes Must Reflect Services Performed

A company may code and bill the services performed; however, the RD maintains accountability for any services billed under their name and NPI. Companies should have policies and procedures in place to ensure services rendered align with services billed (e.g. internal auditing processes, opportunity for the rendering provider to review and confirm billed services, etc.)

- Misalignment between documentation of the service performed and procedure codes may constitute **fraudulent billing**.
- Telehealth companies may have recommended workflows but cannot override federal, state, or payer billing rules.

Services should be billed and coded to the greatest specificity. **Medical nutrition therapy (MNT) for a medical condition not typically classified as preventive should not be coded as preventive to bypass patient cost-sharing or bypass visitation limitations.**

For example, if the patient was counseled primarily for ulcerative colitis, and not heart disease reduction, using

Z82.49 - family history of ischemic heart disease, even if true, would not be appropriate as a primary diagnosis.

Another common coding issue involves data review. For instance, if a patient with type 2 diabetes sends a message through their patient portal asking for guidance on adjusting their intake after their blood sugar levels have been consistently elevated post-breakfast following implementation of a new meal plan, the RD might review the patient's inquiry and glucose readings uploaded to the portal. After assessing both the patient's intake and the patient's blood glucose records, the RD may provide recommendations for adjusting carbohydrate portions and timing and include a brief response back to the patient, along with links to educational materials. Under some payer policies, this type of service might be appropriately billed under a code such as *online digital management* or another virtual care code. However, this encounter would not qualify for billing under the MNT codes. The MNT codes are clear that the encounter must be face-to-face, either in person or via telehealth.

Time-based Services and Unit Billing

For time-based CPT® codes, the time documented must justify the units billed.

- Medicare follows the 8-minute rule, meaning:
 - 1 unit = 8-22 minutes
 - 2 units = 23-37 minutes
 - 3 units = 38-52 minutes
 - 4 units = 53-67 minutes
- Private payers and Medicaid programs may follow different thresholds, so it is important to verify units of billing with each payer.



Documentation Standards for Time-based Billing

The provider's documentation should support all billed time and services and in general should include:

- Start and stop times
- Patient location (state) and setting (virtual, audio-visual, audio only, in-person)
- Patient engagement and level of participation
- Summary of nutrition assessment, nutrition diagnosis/problem, intervention, and plan

- Education and counseling topics addressed
- Relevant clinical information along with clinical rationale and medical necessity of the service

Payers often have written policies regarding documentation requirements, and it is the responsibility of all organizations and providers to know and follow these policies.

Referral Requirements and Scope of Practice

Medicare Part B Referral Requirements

Medical nutrition therapy under Medicare Part B requires a referral from a:

- Medical Doctor (MD); or
- Doctor of Osteopathy (DO)

Only these two practitioner types are authorized under current Medicare law to provide a referral for MNT.

Referrals must include:

- Referring provider name, NPI, and signature
- Medical diagnosis code(s)
- Referral for MNT services
- Date of referral

Referrals for Medicaid and Commercial Payers

Referral policies vary by payer and state.

- Medicaid programs may allow referrals from medical providers other than physicians (e.g., nurse practitioners, physician assistants, mental health providers).
 - While many commercial plans do not require a referral, state law may.
 - Examples of states that require a referral for delivery of dietetic and nutrition services include Alabama,⁵ Tennessee,⁶ and California.⁷

Why a Referral May Be Needed Even when not Required by State Law or the Payer

If an RD intends to bill using medical diagnosis codes (this is any code other than a Z-code), a referral, order, or other form of documentation as defined by the telehealth company and/or the payer from the diagnosing provider is generally necessary to establish the medical diagnosis being treated and can serve to further support the medical necessity of the MNT intervention. Such information should be recorded in the medical record.

Diagnosis coding is generally based on the diagnoses documented by the patient's treating medical provider (the provider responsible for establishing the diagnosis). However, there are limited situations where certain information-based codes (Z-codes) can be assigned from documentation by other clinical staff, when allowed by regulation, accreditation standards, or policy. Examples include codes for BMI or social determinants of health, which can be recorded by providers such as RDs. In all cases, the primary medical diagnosis associated with the code (for example, obesity) must still be documented by the patient's medical provider where applicable.

⁵ AL Code § 34-34A-5 (2024): Persons Authorized to Practice. "Dietitians/nutritionists may offer advice and counsel on dietetics and nutrition as adjunct medical therapy when advice and counsel is given upon referral or directive of a licensed physician."

⁶ TN Code § 63-25-105 (2024): No therapeutic dietary regimen may be developed unless pursuant to the appropriate orders and/or referral of licensed practitioners of medicine, osteopathy, chiropractic, dentistry or podiatry when incidental to the practice of their respective professions.

⁷ CA Bus & Prof Code § 2586 (2024): (a) (1) Notwithstanding any other law, a registered dietitian, or other nutritional professional meeting the qualifications set forth in subdivision (e) of Section 2585 may, upon referral by a health care provider authorized to prescribe dietary treatments, provide nutritional and dietary counseling, conduct nutritional and dietary assessments, and develop and recommend nutritional and dietary treatments, including therapeutic diets, for individuals or groups of patients in licensed institutional facilities or in private office settings. The referral for medical nutrition therapy shall be accompanied by a written prescription signed by the health care provider detailing the patient's diagnosis and including either a statement of the desired objective of dietary treatment or a diet order.

REFERRAL REQUIREMENTS AND SCOPE OF PRACTICE (CONTINUED)

Providers should code to the highest level of specificity for diagnosis codes on the claim form and the diagnosis must be valid for the date of service reported and relevant to the service reported. Providers should use caution if choosing to use a diagnosis not listed in the current referral/order. If using a diagnosis code not listed

in the referral, RDs should verify with the diagnosing or treating provider that the condition is still active and if treatment is appropriate and document such verification in the medical record. If the record contains conflicting information, it is the billing provider's responsibility to clarify any discrepancies with the diagnosing provider.⁸

Clinical Judgment, Appointment Cadence, and Medical Necessity

Follow-up care is important, but appointment frequency must always be grounded in clinical need.

RDs should:

- Assess medical necessity of continued care individually for each patient
- Determine appropriate cadence based on:
 - Medical condition(s) and disease state
 - Nutrition goals
 - Patient complexity
 - Readiness for change
 - Risk level and need for monitoring
- Document justification for follow-up visits clearly and thoroughly

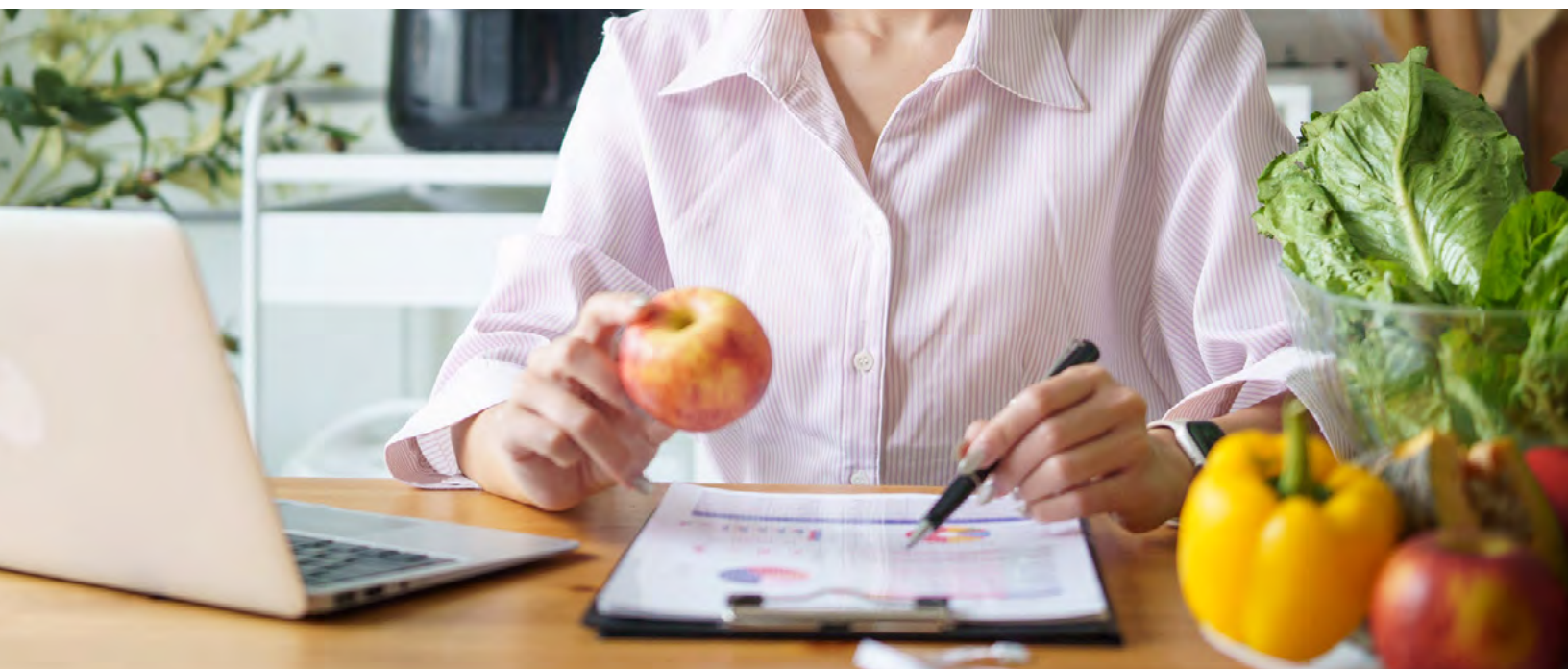
Medical Necessity Documentation

To withstand an audit or legal review, documentation generally should require, at a minimum:

- Why follow-up care is required
- What clinical risk exists if follow-up does not occur
- How the patient's condition, behavior, or progress informs the frequency of visits
- Measurable changes monitored over time

RDs should ensure that:

- Each encounter is distinct and individualized
- Cadence is justified based on clinical standards
- Records demonstrate medical necessity, compliance with payer policy, and accurate coding



⁸See Centers for Medicare & Medicaid Services, & National Center for Health Statistics (2025). ICD-10-CM official guidelines for coding and reporting, FY 2026: Updated October 1, 2025 (October 1, 2025–September 30, 2026). U.S. Department of Health and Human Services.

DETERMINING IF TELEHEALTH IS AN APPROPRIATE MODALITY

Factors to Consider

Telehealth can be an effective tool to deliver care especially for populations that may otherwise not receive the care they need.⁹ However, it is important RDs make the determination if telehealth is an appropriate modality for care on a case-by-case basis ensuring that if MNT is delivered via telehealth, the care delivered will meet the same standard of care as an in-person visit.

Before scheduling or continuing a telehealth visit, clinicians should confirm that:

Clinical need and acuity fit telehealth.

- The patient's condition can be evaluated and managed safely without a hands-on exam, procedure, or immediate access to anthropometric measurements.¹⁰ Examples of conditions that may need to be seen in-person for at least initial assessment and periodic monitoring include malnutrition and disordered eating.

Telehealth can meet the standard of care.

- Available technology (video or, if permitted, audio-only) allows an adequate history, visual assessment if needed, medication review, and shared decision-making.¹¹
- The RD has access to tools and resources that would support clinical decision making comparable to an in-person visit.

The patient, setting, and technology are suitable.

- The patient (and caregiver, if applicable) can access and use the technology or has support to do so, and has a private, safe, and distraction-free environment.¹²
- Telehealth will not worsen disparities such as language barriers or disability, or low digital literacy will not materially degrade care quality.¹³

Regulatory, ethical, and payer requirements are met.

- The modality is permitted for the clinical service in the patient's state, under applicable licensure, and by the patient's payer.^{14,15}
- The clinician follows ethical telemedicine principles: transparent telehealth-specific informed consent, privacy/confidentiality protection, data security, and clear plans for follow-up and escalation to in-person care if needed.¹⁶

If any of these domains cannot be met, best practice is to pivot to an in-person visit or higher level of care and document the rationale.

⁹ Telehealth for nutrition care and services, *Getting started: Understanding telehealth for nutrition care*, Health Resources & Service Administration, available at: <https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-nutrition-care-and-services/getting-started-telenutrition> (last accessed January 5, 2026).

¹⁰ Nutrition Counseling Checklist: Two-Way Interactive Audio-Video Telehealth, California Telehealth Resource Center, available at: <https://caltrc.org/news/nutrition-counseling-checklist-two-way-interactive-audio-video-telehealth/> (last accessed November 24, 2025).

¹¹ Telehealth for nutrition care and services, *Preparing patients to receive nutrition care using telehealth*, Telehealth.HHS.gov, available at: <https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-nutrition-care-and-services/preparing-patients-telenutrition> (last accessed November 24, 2025).

¹² Telehealth for Providers: What You Need to Know, Centers for Medicare & Medicaid Services, available at: <https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf> (last accessed November 24, 2025).

¹³ Evidence- and Consensus-Based Digital Healthcare Equity Framework. (Prepared by Johns Hopkins University under Contract No. 75Q80120D00015.) AHRQ Publication No. 24-0020-1-EF. Rockville, MD: Agency for Healthcare Research and Quality, February 2024, available at: https://publichealth.jhu.edu/sites/default/files/2025-03/health-equity-framework_AHRQ-publication_2024.pdf (last accessed November 24, 2025).

¹⁴ Medicaid & Medicare Overview, Center for Connected Health Policy, available at: <https://www.cchpca.org/topic/overview/> (last accessed November 24, 2025).

¹⁵ Private Payer Requirements, Center for Connected Health Policy, available at: <https://www.cchpca.org/topic/requirements/> (last accessed November 24, 2025).

¹⁶ Legal considerations, Telehealth.HHS.gov, available at: <https://telehealth.hhs.gov/providers/legal-considerations> (last accessed November 24, 2025).

Telehealth and Nutrition-Focused Physical Exam (NFPE)

While telehealth has emerged as a beneficial platform for RDs to connect with patients and expand access to nutrition care, it is important to understand its limitation when identifying malnutrition (undernutrition) and conducting a Nutrition-Focused Physical Exam (NFPE). Some components of a nutrition assessment may be possible via telehealth; however, the hands-on portions of the NFPE are not compatible with this platform and should be completed in person when clinically indicated.

Limitations related to the NFPE and other components of a nutrition assessment that may arise when delivering care via telehealth include:

- **Unable to palpate the patient**

- A main limitation pertaining to the NFPE when delivering care electronically is that RDs are unable to palpate the patient to feel and assess the degree of muscle and/or subcutaneous fat loss. While RDs can potentially do a visual exam, visual exams by

themselves are not sufficient. Visual examination alone does not provide degree of loss data and can over or under identify malnutrition. Some patients may or may not visually appear to have wasting but when palpated, the tone, resistance, or bounce back of the areas may feel better or more severe than expected, respectively.

- **Unable to measure weight**

- RDs can gather reported weights from the patient but may not be able to confirm.

- **Video set-up (position/view of the patient, lighting, bandwidth, burden on the patient and/or caregiver).**

- RD needs to ensure that the patient has a camera and can set it up in a way that the RD can have a clear view of the patient. In some situations, this could be a burden for the patient and/or the caregiver, especially when the patient is in an already fragile state.

What RDs can do in the Telehealth Space when Malnutrition Suspected

- Ask detailed questions.
 - Such as diet history (any changes or intolerances), weight history (any changes or are clothes fitting differently), gastrointestinal history (bowel habits, abdominal concerns), fluid status (signs of edema or dehydration), functional status (activity level versus normal).
- Observe visual appearance and if an option, compare to previous pictures.
- Review medical chart.
- Is there documentation from a previous nutrition assessment or from other disciplines?
 - Diet, total energy, and protein intake history (reported versus measured)
 - Weight history (reported versus measured)
 - NFPE findings (muscle mass, subcutaneous fat, fluid accumulation, functional status)
- Document all information observed and obtained and refer to an in-person provider if clinically indicated.

Key Takeaways: Telehealth or In-person Care

- Telehealth is an appropriate alternative to in-person care when safe and effective care delivery can be achieved through this modality.
- When RDs utilize telehealth, clear protocols should be established to identify signs or symptoms indicating when patients should be followed up in person. RDs should confirm that telehealth companies, for whom they are providing nutrition services, have workable contingency plans in place for RDs to direct such patients toward appropriate, timely in-person follow-up evaluation.
- If an RD is concerned that a patient has malnutrition that has not yet been diagnosed, the patient should be referred for in-person evaluation and diagnosis by a medical provider.

CODE OF ETHICS FOR THE NUTRITION AND DIETETICS PROFESSION

The Code of Ethics for the Nutrition and Dietetics Profession (“the Code”) sets forth the values, principles, and standards that guide all CDR-credentialed practitioners.¹⁷ All practitioners credentialed by the Commission on Dietetic Registration are expected to uphold these ethical obligations in every practice setting—including telehealth. Although all provisions of the Code apply irrespective of the care delivery modality, the following principles may warrant particular attention for RDs delivering nutrition care services through telehealth companies.

Competence and Professional Development in Practice (Non-maleficence)

CODE PRINCIPLE

Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.

Application for Telehealth Practice

When contracting with a telehealth company, RDs may be assigned patients with complex medical conditions the RD is not competent to treat. Ethical practice requires recognizing such limitations and taking appropriate action. Such action may involve seeking supervision and/or obtaining additional training (if doing so does not pose risk to the patient) or referring out to a qualified provider.

CODE PRINCIPLE

Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.

Application for Telehealth Practice

RDs must use sound professional judgment in determining whether telehealth is clinically appropriate for each patient. Factors include:

- Reliability of the patient’s internet connection and access to technology;
- Severity or acuity of the condition and the ability to refer for in person care if needed;
- Whether an in-person NFPE is necessary for accurate assessment; and
- Whether a valid, current medical diagnosis or referral is available.

If telehealth may compromise care quality, the RD should refer the patient for in person or hybrid care and document the rationale for that decision.



¹⁷ Peregrin, T., *Revisions to the Code of Ethics for the Nutrition and Dietetics Profession*, J. of the Academy of Nutrition and Dietetics (2018), available at: <https://www.cdrnet.org/codeofethics> (last accessed Nov. 11, 2025).

Integrity in Personal and Organizational Behaviors and Practices (Autonomy)

CODE PRINCIPLE

Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.

Application for Telehealth Practice

RDs have a legal and ethical duty to comply with all statutory and regulatory requirements governing the practice of dietetics and nutrition. All but four states presently provide for licensure or certification requirements.¹⁸ Because MNT constitutes medical treatment, RDs generally may provide MNT only under state licensure or certification laws granting such authority. Failure to comply with these laws not only violates state statutes but also breaches the Code.

Unless a specific exemption applies or a state lacks licensure or certification, RDs providing MNT must hold active licensure or certification in every state where their patients are located at the time of service. An RD may need a state license not only in the states where the RD sees patients in person but also in the state where the RD is located when they provide telehealth services. RDs should also be aware of additional telehealth-specific requirements enacted by states. [The Academy's Telehealth Laws Impacting State Dietetics/Nutrition Authorization Requirements \(August 2025\)](#), and the [Center for Connected Health Policy's](#) database of telehealth laws, provide essential guidance. RDs may also consider utilizing the [Dietitian Licensure Compact](#), once operational, to facilitate multi-state practice compliance.

CODE PRINCIPLE

Document, code, and bill to most accurately reflect the character and extent of delivered services.

Application for Telehealth Practice

RDs must ensure that documentation and billing accurately represent the services provided. Telehealth companies may submit claims on behalf of RDs, but practitioners remain ethically responsible for accuracy. For example, if a company bills using a surveillance code when the RD provided medical nutrition therapy for a diagnosed condition, this would misrepresent the nature of the service and violate the Code (and likely payer policies). RDs must review and understand billing practices and retain professional control over their NPI usage.

When patients self-refer or present with undiagnosed conditions, RDs must refer them to a licensed medical provider for proper diagnosis before rendering treatment. Accurate documentation protects both patient safety and professional integrity.

CODE PRINCIPLE

Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

Application for Telehealth Practice

A benefit of contracting with a telehealth company is that RDs typically are not responsible for developing the electronic platform used to deliver care. However, RDs have a continuing duty to protect patient confidentiality and ensure that all systems used for telehealth meet applicable privacy and security standards. Before entering a contract, RDs should perform due diligence—verifying that the platform complies with HIPAA requirements, that data is encrypted during transmission, and that appropriate safeguards are in place to prevent unauthorized access. RDs should raise concerns or seek clarification before providing services through systems that may place patient data at risk.

Key Takeaways

- The Code of Ethics applies to telehealth practice the same as it would to in-person care.
- Practice only within your education, training, and competence; refer when appropriate.
- Use professional judgment to determine whether telehealth is clinically appropriate.
- Hold required licensure or certification in all applicable states and comply with all applicable state telehealth laws and authorization requirements.
- Ensure documentation, coding, and billing accurately reflect services provided.
- Maintain control over and proper use of your NPI.
- Protect patient confidentiality and verify platform privacy and security safeguards.

¹⁸ The following states currently do not provide for licensure or certification of dietitians or nutritionists: Arizona, California, Colorado, and Virginia. In addition, while Michigan and New Jersey have enacted licensure laws, as of February 2026, the regulations needed to implement those laws have not yet been adopted. As a result, RDs are not yet able to obtain a license in either state.

Consequences of Noncompliance with State Authorizations, Billing, and Ethical Requirements

Providers who fail to comply with state authorization requirements, scope-of-practice laws, or applicable billing rules—and thereby violate the Code of Ethics—may face significant professional, legal, and financial consequences. These consequences can include investigation and disciplinary action by state licensing or regulatory authorities, civil or criminal penalties for the unauthorized practice of medical nutrition therapy or medicine, repayment demands, fines, or exclusion from payer networks arising from improper or fraudulent

billing, and termination of contracts with telehealth companies or payers. In addition, violations may result in corrective action by CDR, including suspension or revocation of credentials, as well as professional review, censure, or sanctions by the Academy.¹⁹ Importantly, reliance on a company's assurances does not absolve an individual practitioner of responsibility; RDs remain individually accountable for compliance with state law, ethical standards, and accurate billing practices.

CONCLUSION

Telehealth offers RDs unprecedented opportunities to expand access to care, improve patient outcomes, and innovate in the delivery of nutrition services. These opportunities, however, are accompanied by important responsibilities that require deliberate planning and informed decision-making. Through appropriate due diligence, developing a clear understanding of contractual obligations, and adherence to licensure, billing, and ethical standards, RDs can protect their professional integrity while ensuring patient safety and compliance with applicable laws.

What constitutes a fair and reasonable employment or independent contractor agreement may vary based on the experience, perspectives, interests, and expectations of the parties involved. Market conditions and competition also play a meaningful role in shaping how telehealth companies and RDs assess and define acceptable contractual terms.

Although RDs may seek to modify certain agreement provisions to better align with their individual circumstances, some telehealth companies may maintain that their contracts are non-negotiable. Even in such cases, this guide can assist RDs in evaluating the risks and benefits of available options to make informed decisions that align with their professional goals and practice needs.

As telehealth continues to evolve, practitioners should remain proactive in updating their knowledge of state regulations, payer requirements, and best practices for virtual care. Maintaining transparency, protecting patient privacy, and exercising sound clinical judgment are essential to delivering high-quality nutrition care in a digital environment. Ultimately, the goal is to leverage telehealth as a tool that complements—not compromises—the standards of the profession, ensuring that every patient receives safe, effective, and evidence-based nutrition services.

¹⁹ For more information on the Academy of Nutrition and Dietetics/Commission on Dietetic Registration's Disciplinary and Ethics Complaints Policy, see Ethics Complaints and Violations, available at: <https://www.eatrightpro.org/practice/code-of-ethics/ethics-complaints-and-violations> (last accessed December 15, 2025).

ACADEMY RESOURCES

AMBA Insurance Options

<https://www.eatrightpro.org/career/career-resources/member-advantage-program-discounts/amba-insurance-options>.

Compensation and Benefits Survey of the Dietetics Profession

<https://www.eatrightpro.org/career/career-resources/compensation-and-benefits-survey-of-the-dietetics-profession>.

CPT and HCPCS Codes

<https://www.eatrightpro.org/career/payment/coding-and-billing/cpt-and-hcpcs-codes>.

Dietitian Licensure Compact

<https://www.eatrightpro.org/advocacy/licensure/dietitian-licensure-compact>.

DIY or Hire a Billing Specialist

<https://www.eatrightpro.org/career/payment/coding-and-billing/diy-or-hire-a-billing-specialist>.

Ethics Complaints and Violations

<https://www.eatrightpro.org/practice/code-of-ethics/ethics-complaints-and-violations>.

Filing Claims Using the CMS 1500 Form

<https://www.eatrightpro.org/career/payment/coding-and-billing/filing-claims-using-the-cms-1500-form>.

HIPAA and Patient Privacy

<https://www.eatrightpro.org/career/payment/hipaa-and-patient-privacy>.

ICD Codes

<https://www.eatrightpro.org/career/payment/coding-and-billing/icd-codes>.

Licensure Map and Statutes by State

<https://www.eatrightpro.org/advocacy/licensure/licensure-map-and-statutes-by-state>.

Obtaining a National Provider Identifier

<https://www.eatrightpro.org/career/payment/coding-and-billing/obtaining-a-national-provider-identifier>.

Power of Payment Videos

<https://www.eatrightpro.org/career/payment/power-of-payment-videos>.

Referrals to an RDN: Primary Care Provider Toolkit

<https://www.eatrightpro.org/referrals-to-an-rdn-primary-care-provider-toolkit>.

Salary Calculators

<https://www.eatrightpro.org/career/career-resources/salary-calculators>.

Telehealth Laws Impacting State Dietetics/Nutrition Authorization Requirements

https://www.eatrightpro.org/-/media/files/eatrightpro/advocacy/summary_state_telehealth_laws_2025_final.pdf?rev=978d00be243c41d78078f7eb71c19636&hash=E3B9BCA3C07677CD6FA85A35428ED08E.

Telehealth Quick Guide, available at

<https://www.eatrightpro.org/practice/telehealth-for-dietetics-practitioners>.

The Complete Guide to Billing and Credentialing Essentials for RDNs

<https://www.eatrightpro.org/career/payment/coding-and-billing/rdns-complete-guide-credentialing-billing>.

The 8-Minute Rule

<https://www.eatrightpro.org/career/payment/coding-and-billing/the-8-minute-rule>.