

PRACTICE TIPS: Delivering Nutrition-Related Services Via Telehealth

Telehealth is a delivery method routinely used by Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetics Technicians, Registered (NDTRs) to provide virtual nutrition-related care and services to clients/patients via 2-way, interactive technology.^{1,2} While no standard definition for the terms “telehealth” and “telemedicine” have been adopted in practice or in the literature, these terms are often used interchangeably and are referenced in the electronic health system (“e-health”).³ In short, this method of communication can improve health outcomes by increasing access to care and may also contribute to expanding RDNs or NDTRs scope of practice.¹ For definitions of terms specific to this practice tip, see the [Definition of Terms list](#).

The Academy of Nutrition and Dietetics (Academy) and the Commission on Dietetic Registration (CDR) offer valuable telehealth-related resources to guide credentialed practitioners through the process of transitioning delivery of care/services from in-person to telehealth.

- Academy [Telehealth Quick Guide](#) and [Payment/Insurance](#) (membership required)
- [Academy telehealth policy and advocacy](#)
- [Telehealth Laws Impacting State Dietetics/Nutrition Authorization Requirements](#)
- CDR [State Licensure](#) and [telehealth](#) resources
- [Telehealth-related Practice Tools](#)
- The 2024 Scope and Standards of Practice for the [RDN](#) and for the [NDTR](#)
- [Focus Area Standards of Practice \(SOP\) & Standards of Professional Performance \(SOPP\)](#)

Additional On-Line Resources

- [The Joint Commission Speak Up™ Patient Safety Campaign](#)
- [CMS - Creating a Roadmap for the end of the COVID-19 Public Health Emergency](#)
- [American Telemedicine Association](#)
- [CCHP State Telehealth Laws and Reimbursement Policies Report](#)
- [Federation of State Medical Boards](#)
- [Agency for Healthcare Research and Quality](#)
- [Health Resources and Services Administration \(HRSA\): Telehealth](#)
- [Medicare and Telehealth](#)
- [National Conference of State Legislatures: State Telehealth Policies](#)
- [National Rural Health Association](#)
- [National Consortium of Telehealth Resource Centers](#)
- [US Department of Veterans Affairs Office of Telehealth Services](#)
- [Telehealth.HHS.gov](#)

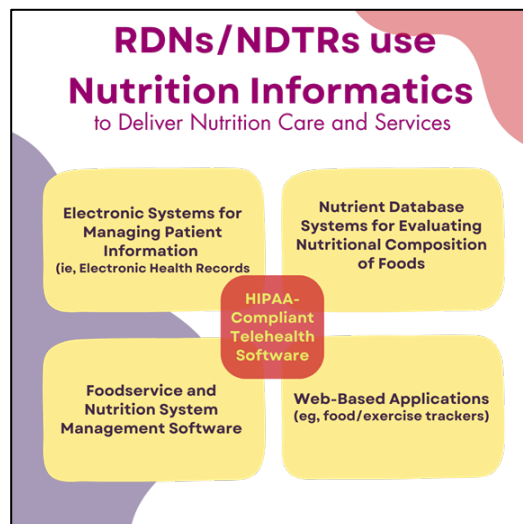
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Beyond communicating with clients/patients via telehealth, RDNs and NDTRs develop and apply nutrition informatics in many other ways.¹ Prior to providing any type of telehealth service, you must research and implement (when appropriate) factors such as technology and privacy requirements, laws and regulations, insurance coverage, licensing, etc. based on the services you will be providing and whether you will be working across state lines.

Technology

[Telehealth](#) is generally conducted live via secure interactive videoconferences and requires two sites, the “originating site” where the patient is located, and the “distance site” where the health care professional is located. The technical infrastructure requirements will depend on the services being provided, however, most telehealth programs require high rates of data transmission, so access to reliable broadband internet is necessary. Typically, a public internet connection is not sufficient for this purpose, even when encryption is available to prevent the communications from being intercepted.^{4,5}



Regulations and Accreditation Standards

All credentialed nutrition and dietetics practitioners need to understand [regulations and accreditation standards](#) to provide safe and effective telehealth services in their specific work environments. In May of 2011, [substantial revisions](#) were made to the credentialing and privileging processes for physicians and non-physician practitioners (eg, RDNs) providing telemedicine services.⁶ To view current conditions of participation for hospitals and critical access hospitals, see section below.

Centers for Medicare & Medicaid Services (CMS) – Conditions of Participation

1. Go to the [Medicare State Operations Manual Appendix](#)
2. Based on your setting, click on the appropriate appendix (A: hospital or W: critical access hospital)
3. Search by regulation number, if known, and/or search the document for relevant search terms (eg, click “control F” and search for telemedicine, dietitian/dietician).

***NOTE:** Key information on providing telemedicine services and on the requirements for licensure can be found in Appendix A - §482.11(c) and Appendix W - §485.608(d). The most recent changes are indicated in red. If you are interested in earlier changes, note the revision number (eg, R78) and click the Transmittals link at the top of the appropriate Appendix.

Hospital Accreditation Organizations

Review the hospital’s accreditation standards (eg, The Joint Commission, Accreditation Commission for Health Care [ACHC]), for relevant wording, such as “telemedicine” or “telehealth” to determine the credentialing requirements specific to your area of practice. Although medical staff privileging of physicians and non-physician practitioners providing telemedicine services is required by CMS, if your hospital does not privilege RDs, an alternate process that meets regulations must be followed for RDNs to provide telemedicine services.^{6,7}

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Reimbursement

Private insurance coverage and reimbursement for MNT-related services in general, varies significantly by insurance company and specific products/plans. Since there is no federal legislation requiring private payer reimbursement for telehealth services, states determine if and how telehealth practice and reimbursement is regulated, and each insurer sets its own policies related to coverage, coding, and payment for these services.⁵

Medicare covers Medical Nutrition Therapy (MNT), Diabetes Self-Management Training (DSMT), and Intensive Behavioral Therapy for Obesity, when provided via telehealth IF it meets specific criteria. For more information and to review telehealth-specific topics (eg, restrictions, regulations, requirements, eligible services, CPT codes) see the [Medicare Benefit Policy Manual](#) and do a word search for “Telehealth Services”.

Licensing

The goal of licensure is to ensure that practitioners have the minimum degree of competency necessary to ensure that the public’s health, safety, and welfare are reasonably well protected.⁸ However, licensure requirements for providing telehealth services can be challenging and complicated. In general, you should be able to provide telehealth services to patients/clients who reside in the state(s) where you hold licensure/certification (if applicable), given your license is in good standing and you’re complying with all applicable standards.

Some states offer reciprocity or other types of exemptions that may allow you to provide services under certain circumstances without licensure/certification. Because each state’s requirements are different, credentialed practitioners are responsible for reviewing all applicable laws and regulations before providing services. RDNs in states without licensure laws must be credentialed and privileged, via the traditional route, by each hospital in which they practice (see [Telehealth Laws Impacting State Dietetics/Nutrition Authorization Requirements](#)).^{6,7}

Privacy

It is imperative that any entity that handles protected health information, including RDNs and NDTRs, must understand and comply with the [Health Insurance Privacy and Accountability Act \(HIPAA\)](#) regulations. In short, the rules require entities to:⁹

- distribute a privacy notice to all patients;
- post the privacy notice in practitioners’ offices;
- make a good-faith-effort to obtain the written acknowledgement from the patient of their receipt of the notice;
- allow patients access to their records if requested; and
- complete training and train staff to understand and fully implement privacy requirements.

Legal and Insurance

Prior to starting or transitioning to a telehealth practice, review your malpractice and liability insurance policies (with help from legal counsel if needed) to ensure telehealth services are a covered activity, as some policies specifically exclude it and others don’t mention it at all. If telehealth is not specified as a covered activity, supplemental insurance may be needed.⁵ The [Academy](#) offers liability insurance to members in private practice or working in traditional roles.

This Practice Tip is intended to provide general guidance for credentialed practitioners who are interested in providing nutrition and dietetics care/service via telehealth. To determine whether you

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have the necessary competence and/or whether providing this type of care is allowable based on your individual situation (eg, laws, regulations, policies, etc.), please use the [Scope of Practice Decision Algorithm](#), which guides you through a series of questions to determine whether a particular activity is within your individual scope of practice.

In this Practice Tips, CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

References

1. Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist. Commission on Dietetic Registration Scope and Standards of Practice Task Force. Accessed June 23, 2025. www.cdrnet.org/scope
2. Revised 2024 Scope and Standards of Practice for the Nutrition and Dietetics Technician, Registered. Commission on Dietetic Registration Scope and Standards of Practice Task Force. Accessed June 23, 2025. www.cdrnet.org/scope
3. Telehealth, Telemedicine, and Telecare: What's What? Federal Communications Commission. Accessed June 23, 2025. <https://www.fcc.gov/general/telehealth-telemedicine-and-telecare-whats-what>
4. Centers for Medicare and Medicaid Services (CMS) MLN Fact Sheet - Telehealth Services. Accessed June 23, 2025. <https://www.cms.gov/files/document/mln901705-telehealth-services.pdf>
5. Telehealth.HHS.gov. Accessed June 23, 2025. <https://telehealth.hhs.gov/>
6. Federal Register. Medicare and Medicaid Programs: Changes Affecting Hospital and Critical Access Hospital Conditions of Participation for Telemedicine Credentialing and Privileging. Accessed June 23, 2025. <https://www.federalregister.gov/documents/2011/05/05/2011-10875/medicare-and-medicare-programs-changes-affecting-hospital-and-critical-access-hospital-conditions-of>
7. Standards for Joint Commission Accreditation and Certification. The Joint Commission. Accessed June 23, 2025. <https://www.jointcommission.org/standards/>
8. Definition of Terms List. Commission on Dietetic Registration. Accessed June 23, 2025. <https://www.cdrnet.org/definitions>
9. Summary of the HIPAA Privacy Rule. HHS.gov. Accessed June 23, 2025. <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

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