

Power of Nutrition Podcast: Approval of New Taxonomy Codes for Physician Nutrition Specialists

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TRANSCRIPT

Bice Dolciato: On January 1st, 2025, new taxonomy codes were added by the National Uniform Claim Committee. These new codes enhance our ability to accurately classify the work of physician nutrition specialists.

Welcome to today's podcast, where we will explore the latest education topics in healthcare education. My name is Bice Dolciato, and I am with the Abbott Nutrition Health Institute. At ANHI, our mission is to improve lives through the power of nutrition, and we're joined today by a few healthcare professionals who are doing just that.

Today, we're going to dive into an update that will support physicians specializing in nutritional care. We will discuss the newly approved taxonomy codes for physician nutrition specialists with Dr. Rothkopf, Dr. Chawla, and Kim Iles. Dr. Rothkopf is a board-certified physician nutrition specialist and recognized national leader in the field.

Dr. Chawla is director of pediatric gastroenterology and nutrition at Stony Brook University Hospital in New York. Currently, Dr. Chawla is serving as the president of the Board of Physician Nutrition Specialists.

Kim Isles is a registered dietitian nutritionist and recognized leader in nutrition policy and payment advocacy and currently serves as senior manager of nutrition services coverage at the Academy of Nutrition and Dietetics. To start a discussion, let's go ahead and touch on optimal nutrition care and what that looks like across the interdisciplinary team.

So, Kim, let's start with you.

Kim Iles: When we think about optimal nutrition care, that really happens when it's embedded in the interdisciplinary team and integrated into an individual's care plan or treatment plan from the very beginning and not really coming in as an afterthought. Ideally, it's when physicians also recognize nutrition as a foundational part of treatment and well-being and bring both nutrition and dietitians into the care conversation early.

I think when physicians and dietitians are aligned and both understand the critical role of nutrition in managing chronic and complex conditions, whether that's managing diabetes or a condition like ulcerative colitis or even supporting patients before and after surgery, they can really co-manage much more effectively. And ultimately, it really is that combination of physician and dietitian collaboration that can provide that optimal nutrition care, drive that patient engagement, and really shift nutrition from being this sort of siloed intervention to a central component of care.

Bice Dolciato: Kim, you bring up a good point about the connection that needs to be there between the dietitians and physicians, Dr. Rothkopf, can you tell me more about physician nutrition specialists and how one can train for such a specialty?

Dr. Michael Rothkopf: A physician nutrition specialist is a fully trained and fully licensed physician that knows about surgery, knows about medicine, knows about all the various physical therapies, et cetera, that all physicians' practice would be utilizing, but are now integrating nutrition into that practice and we function to offer nutritional approaches to the prevention and management of diseases and to support the care that's being given by our colleagues. But we also serve a role to educate and inform our colleagues about how nutrition integrates with the care of their patients

To train as a physician nutrition specialist, there are a number of routes available. There are in-person fellowships that you can attend, and there are also online fellowships that are listed on our website, on our nbpns.org website.

Bice Dolciato: In January of this year, new taxonomy codes were added. Dr. Chawla, can you explain more about these codes and what specialties they cover exactly?

Anupama Chawla: Taxonomy codes are codes utilized by health care providers to identify their specialty, but to date physician nutrition specialists did not have a taxonomy code.

In pediatrics, which is my field, I have my own taxonomy codes, but physician nutrition specialists till this year really had no taxonomy code. Since January of 2025, physician nutrition specialists now have a taxonomy code. This is a subspecialty that has been awarded or can be earned in five different specialties, namely internal medicine, pediatrics, surgery, anesthesia, and family medicine.

Bice Dolciato: How will these new codes benefit physicians and their patients, and what changes can health care providers expect with the implementation of these new codes?

Anupama Chawla: This will definitely benefit both the physicians as well as the patients. These codes will facilitate the recognition of physicians with authentic training and authentic credentials in the field of nutrition. This will help tremendously by weeding out the self-proclaimed titles.

It will also lead to accurate claim processing and provide a standardized way for providers and insurance companies to identify nutrition as a subspecialty. Patients will be actually able to go on the internet under Physicians NPI, which is available to the public, and figure out which subspecialties they have. Given this recognition by both patients and the insurance companies, this will enforce the medical centers to hire physicians with this recognition and reflect their training and expertise to lead medical nutrition divisions rather than self-proclaimed people who might feel they are experts but without the credentials.

Bice Dolciato: Dr. Rothkopf, what do physicians need to know about these new codes?

Dr. Michael Rothkopf: it's really an important moment in the field because it has really brought the physician nutrition specialist on a par with other specialists in medicine. The first concept of a physician nutrition specialist was actually dates all the way back to 1948. What we're trying to do is now encourage all physicians who have an interest in nutrition, there's a home base now for physician nutrition specialists and to come and join us and to follow up with their training to get certified and to get recognized as a physician nutrition specialist.

Bice Dolciato: All right, Kim, How are dietitians already providing medical nutrition therapy to patients? And how do you see registered dietitian nutritionists and physician nutrition specialists working together?

Kim Iles: Dietitians are already providing MNT on a daily basis. MNT is a targeted evidence-based intervention that involves assessing a patient, looking at their medical history, their labs, medications, lifestyle, all to develop and then help the patient implement a personalized nutrition care plan with the intent of managing, treating, or preventing a chronic condition across a continuum of care settings—

most of the same settings where physicians would practice. So, it makes a lot of sense for physician nutrition specialists and dietitians to then partner together to bring complementary strengths to this work, much in the same way, I think, as physical therapists and physicians specializing in rehabilitative medicine have collaborated and complemented each other's work.

While dietitians may be the ones on the ground delivering MNT, nutrition counseling to patients, I think our physician nutrition specialists really play that key role in elevating the visibility of nutrition and giving priority to nutrition in the care plan and how that interacts with all the different facets of medical care making for that more coordinated and impactful care. Physician nutrition specialists can really ensure that the nutrition care plan is in alignment at the core of the overall medical treatment plan. And so, it's the dietitian that might translate that plan into something practical for the patient. But together, they're able to expand access and improve the outcomes

Bice Dolciato: So, Dr. Rothkopf and Dr. Chawla, what would you add to this on how physician nutrition specialists can work with registered dietitians. Dr. Chawla. What are your thoughts?

Anupama Chawla: Teamwork is definitely sacrosanct for the medical care and nutrition care that we provide. I am extremely fortunate to work with a brilliant group of RDs in both my inpatient and outpatient settings. And because of our teamwork, we are able to render very safe, efficient, and complex care to kids. At our center, we have specialty clinics, not only for home TPN/enteral feed-dependent patients, but for very complex patients and a very robust healthy weight center for metabolic conditions.

So, yesterday, actually, my dietitian, Brianna and I, were taking care of a 14-month-old with very complex congenital heart disease, single ventricle, and with only 30% function of her kidneys this child is now 100% G-tube dependent. we cannot fluid overload her. We cannot give her excessive minerals like potassium or phosphorus. Now the child is 14 months old, and this is only a 20-calorie formula. And if we add more of the powder to the formula, the minerals will go completely haywire.

We had to come up with ways to concentrate this formula, monitor the electrolytes, and provide adequate nutrition, keeping both the cardiac, as well as the renal function in mind. Now, we thought we had won the battle, we came up with a phenomenal plan.

And then the parents absolutely insisted that they want to give the child cooked food.

Strict instructions needed to be provided because of that, because all foods have different minerals, different phosphorus, different potassium content. And the cardiac function, as well as the monitoring of the renal function had to be very, very closely monitored. And it was almost an hour and a half to two-hour visit, much of the time spent before the visit and much spent after the visit as well. But we were able to come up with a phenomenal plan to keep this child healthy and the parents to remain totally involved despite the severe medical and nutritional needs. I can say a hundred percent that without my RD support, I would not have been able to provide the optimal care that this child needed.

And I'm sure my RD would feel the same. So, this example is really, I hope it illustrates the tremendous nutrition knowledge base needed for the care of this child. And it required both myself and my RD in order to complement each other to, care for this very, very brittle and fragile child.

I'll let Mike talk about the adult world.

Dr. Michael Rothkopf: I'm currently working in a heart transplant unit and with very critical cardiac surgery patients and heart failure patients. I couldn't function without the RDs involvement. We go over every patient in the unit every day. We review them in terms of their oral intake, their supplement intake, their micronutrient intakes. We talk about the biochemistry in terms of finding abnormalities that need to be corrected or some clues into the patient's metabolism. We will measure their metabolic rate with an indirect calorimeter and discuss those findings. We'll look at substrate analysis together. It's a very, very thorough relationship and very detailed.

Another thing I should mention is the nutrition-focused physical examination, which my dietitians are fully trained on, and they can perform the exam as well. Sometimes they'll pick up something that I didn't notice. or vice versa. The physical examination of a malnourished patient is an art to itself. And I agree with everything Dr. Chavez said. I couldn't function in the world that I'm taking care of these really, really sick patients without the input of the dietitian.

And what all of us on this call are trying to do is to recognize that you cannot take care of a human being without addressing their nutritional problems and their nutritional deficiencies. We are trying to bring nutrition care to its rightful place. It doesn't belong on the edge of care. It belongs in the center of every patient's care.

Bice Dolciato: "Bringing nutrition care to its rightful place." That is a brilliant way to put it. Now how do you see these new taxonomy codes influencing the future of nutritional health and disease prevention?

Dr. Michael Rothkopf: The great thinker of ancient Greece, Archimedes, was Archimedes of Syracuse. said in 287 BC, "Give me a lever long enough and a fulcrum to rest it on and I can move the world." So, what he was saying is that the principle of physics is that if you have a long enough lever and a tall enough fulcrum, you can accomplish great things.

This taxonomy code is our lever. The NBPNS is our fulcrum to rest it on. And now we have cracked open the door that it took all this time from 1948 to the present to accomplish. Once we had the taxonomy code, we could then contact the CAQH—it's the place where you put your profile. We couldn't do anything before April 1st, 2025, because there was no taxonomy code.

So, Now every doctor can go on and modify their CAQH profile to say if they qualify, if they have the board certification, they can say that they're a physician nutrition specialist.

What happened after that? The Centers for Medicare and Medicaid have their own subspecialty codes for physicians. So NBPNS has now applied to them for recognition and for getting a physician specialty code for physician nutrition specialists. All of these people are talking about nutrition.

We are coming and saying, "We have a code for a physician nutrition specialist." And then we're going to the American Board of Medical Specialists and say, "Okay, it's time for you to also recognize the physician nutrition specialist as a specialty, as you recognize every other thing in medicine as a specialty."

Bice Dolciato: Dr. Chawla and Kim, anything else to add?

Anupama Chawla: We still have a long road ahead. Next step is working towards the Medicaid and Medicare, two agencies that serve two of the most vulnerable populations. And unfortunately, attention is paid to them at a much, much later point than it should be. So this is a great path ahead.

Bice Dolciato: Let me pull Kim in and just ask if there's anything you would like to add, knowing that you come from a different perspective.

Kim Iles: These codes, I think, as Dr. Chalwa pointed out, are going to help to identify people who have true expertise and credentials in the area of nutrition as physicians and going to help connect, policymakers to these individuals who can help to continue to bring evidence-based nutrition care to the forefront, but also good policymaking in terms of health and well-being for Americans.

Bice Dolciato: Dr. Chalwa, let me ask you specifically, do you anticipate any further updates or additions to the taxonomy code in the near future?

Anupama Chawla: Some of the specialties possibly could be widened to other specialties, and hopefully, if there is enough interest in some of the specialties like neurology, and if they are trained as physician nutrition specialists to earn the use of the taxonomy code.

I think it could be widened a little bit. But a lot of these specialties, fall into the broader category of internal medicine and pediatrics and surgery. So, I think it would cover those as well. Mike?

Dr. Michael Rothkopf: If physicians, let's say in OB/GYN or neurology or psychiatry, are saying to us, "Hey, we want to make use of these nutritional concepts. We know that there's an impact on dementia of nutritional status and that there's a whole workup for the nutritional deficiencies in dementia" or "We know that there are interactions with the gut microbiome and patients who have ADHD," then that would be a reason to go back to NUCC and say, "We'd like to add physician nutrition specialists as a subspecialty to these other primary medical focuses."

Kim Iles: Really, these codes are helping to set a foundation and providing an opportunity to strengthen the collaboration between physicians and dietitians. There was a scoping review done in 2021 where the authors of the study were looking at interdisciplinary, coordinated nutrition care in hospitalized patients. And, one of the findings of the scoping review was that when healthcare professionals work together, they gain a better and deeper understanding of each other's roles.

It improves their communication, and it also leads to more effective implementation of nutrition interventions. These taxonomy codes can really help promote professional identity, validity of expertise, and promoting those team-based workflows, leading to that more streamlined, collaborative, and ultimately patient-centered care.

Bice Dolciato: And Dr. Chawla?

Anupama Chawla: This will definitely provide mutual respect between the RDs and the physician nutrition specialists for each other. And sometimes I had noticed that when somebody is trying to pass themselves as a physician nutrition specialist and we have this phenomenally trained RD trying to follow those instructions, it's frustrating for them.

And on the flip side, I have also seen when a well-trained physician nutrition specialist is trying to render care and care is being provided by nutritionists who are not at all well-trained and are not RDs, it's also very frustrating. I see a great path ahead of providing phenomenal care, nutrition medical care, for our patients together.

Bice Dolciato: Thank you. And Dr. Rothkopf, anything you would like to add?

Dr. Michael Rothkopf: I'm a big believer the multidisciplinary care approach.

One of the places in the practice of medicine where it's really, really essential is in nutrition, because we have our own slightly different perspective. We need a multidisciplinary approach so that we can get the nutrition angle from the RD's perspective, from the physician nutrition specialist's perspective, maybe from the nurse's perspective, maybe sometimes from the pharmacist's perspective, maybe the physical therapist's perspective. That multidisciplinary team can work together. And these codes, give us the parameters by which we say, this is a valid person, an opinion from their discipline and from the other discipline. And this is how we create this multidisciplinary approach to care.

Bice Dolciato: I could not agree more.

And this wraps up our time together. I'd like to thank you all for joining me today. I love hearing your passion for bringing nutrition to the center of care. It's so critical. And for our listeners, to stay updated on nutrition education, we'd ask you to become an ANHI member by visiting anhi.org. While you are on the website, you'll want to click on "register" at the top of our homepage. Also, you may follow us on LinkedIn to access more educational resources. Thank you to everyone. Be safe and stay healthy.