

CASE STUDY – Initiating Orders for Nutrition-Related Laboratory Tests for RDNs Practicing in Hospital, Ambulatory and Private Practice Settings

Case: A registered dietitian nutritionist requests to initiate orders for laboratory tests as a component of nutrition assessment for patients/clients referred for weight management.

Statement: The Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist (RDN) does not guarantee that a RDN will be able to perform expanded practice skills, but it can guide the RDN to the resources and options that can be used to evaluate whether the RDN can safely and effectively provide an expanded practice skill and advance individual practice.

Explanation of Case: In this example, the RDN working in an ambulatory care setting uses the Scope of Practice for the RDN and focus area standards of practice and standards of professional performance applicable to practice area to determine whether writing orders for laboratory tests is within their individual scope of practice. Although the RDN may seek advice and direction from colleagues, the initial review is the RDN's responsibility.

Case Study Resources:

The resources listed below and throughout the case study are intended to provide additional knowledge, guidance, and tools related to initiating orders for nutrition-related laboratory tests. Note: Some of the resources require non-members to pay a fee to access.

- Available from the Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration (CDR)
 - Education Core Knowledge and Competencies for the RDN (ACEND):
<https://www.eatrightpro.org/acend>
 - Code of Ethics for the Nutrition and Dietetics Profession:
<https://www.cdrnet.org/codeofethics>
 - Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists: CDR Webpage
<https://www.cdrnet.org/scope> leads to the *Journal* Website to access Scope and Standards for RDNs and NDTRs Collection: <https://jandonline.org/content/core>
 - Focus Area Standards of Practice and Standards of Professional Performance for RDNs, e.g., Adult Weight Management (October 2022), Pediatric Nutrition (November 2022), Diabetes Care (May 2018), and Nutrition in Integrative and Functional Medicine (June 2019): CDR Webpage <https://www.cdrnet.org/scope> leads to *Journal* access to Focus Area Standards for CDR Specialist Credential Collection: <https://jandonline.org/content/credentialed>; and Focus Area Standards for RDNs Collection: <https://jandonline.org/content/focus>.
 - Essential Practice Competencies for the Commission on Dietetic Registration's (CDR) Credentialed Nutrition and Dietetics Practitioners:
https://admin.cdrnet.org/vault/2459/web/New_CDR_Competencies_2021.pdf

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- CDR Practice Tips on Regulation: <https://www.cdrnet.org/tips>
 - Academy resources on payment and reimbursement under Career > Payment (membership required): <https://www.eatrightpro.org/career/payment>
 - Academy Evidence Analysis Library (membership required): <https://www.andean.org/>
 - Nutrition Care Process Terminology (eNCPT) (membership required): <https://www.ncpro.org/>
 - Commission on Dietetic Registration Certifications: <https://www.cdrnet.org/certifications>
- Institutional, regulatory, and other resources include:
- - Organization, program, or service policies and procedures
 - In hospital settings, organization and medical staff process and bylaws for RDNs to obtain clinical privileges for therapeutic diet order writing or expanded role/nutrition-related services
 - Facility/program accreditation standards, if applicable
 - State licensure laws and regulations: <https://www.cdrnet.org/licensure>
 - Centers for Medicare & Medicaid Services State Operations Manual: <https://www.cms.gov/files/document/som107appendicestoc.pdf>

Using the Scope of Practice Decision Algorithm:

<https://www.cdrnet.org/scope>

The Scope of Practice Decision Algorithm is a resource that permits a RDN to answer a series of questions to determine whether a particular activity is within their individual scope of practice. The algorithm is designed to allow a RDN to critically evaluate their knowledge, skills, experience, judgment and demonstrated competence using criteria resources. The algorithm is used by the RDN to evaluate each separate activity.

PRACTITIONER QUESTIONS:

Question 1: Has this activity become routine in nutrition and dietetics literature and in nutrition and dietetics practice?

Hospitals and hospital-associated ambulatory clinics: The July 11, 2014, CMS Final Rule revising the Hospital Conditions of Participation allows a hospital and its medical staff the option of granting clinical privileges to RDNs or other clinically qualified nutrition professionals which could include ordering nutrition-related laboratory or other diagnostic services if consistent with state laws and regulations, and organization policies. The option to include nutrition-related laboratory or other diagnostic services in the list of scope of care services granted to individual RDNs first requires investigation of relevant state law as well as any other requirements and/or incentives that CMS or other insurers might have. This investigation should also include hospital policies for Medicare payment requirements

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as well as Electronic Health Record incentives, and reimbursement requirements from Medicare, Medicaid, or private payers (i.e., may require a physician's order).^{1,2}

Integrative and Functional Medicine: A literature search on the role of RDNs in initiating orders for functional medicine labs in non-hospital settings, a review of current practice in the area, and networking provides information that there is a growing trend of RDNs initiating orders for functional medicine labs with the appropriate training and competence performing this task.^{3, 4}

Question 2: Is this activity consistent with the Academy of Nutrition and Dietetics/Commission on Dietetic Registration Code of Ethics and standards of practice and standards of professional performance, evidence-based practice, nutrition practice guidelines or protocols, other national organization standards of practice and/or practice guidelines, accreditation standards, federal and state laws and regulations, and good business practices?

The Code of Ethics⁵, 2017 Revised Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists⁶ do not explicitly permit or restrict initiating lab orders including functional medicine lab orders.

The Revised 2017 Scope of Practice for the RDN includes “Order and monitor nutrition-related laboratory tests and waived point-of-care laboratory testing, in cases where an RDN has been granted ordering privileges or received a delegated order from a referring physician”.⁷ Thus, if an RDN desires to include ordering nutrition-laboratory testing relevant to patient/client population, it is an option if all qualifications are met, i.e., privileged to write laboratory orders in hospitals and associated ambulatory clinics, or by delegated orders or physician-approved protocol in non-hospital settings (e.g., long-term care facility, free standing dialysis center, physician office or clinic).⁸ RDNs practicing in non-hospital settings such as post-acute and long-term care settings (see Figure 8 in Scope of Practice for the RDN)⁷ should work with their organization administration and medical staff/director to determine if writing orders for nutrition-related labs is an option through independent or delegated order writing, as part of physician-ordered protocol(s), and/or by direct physician order.⁸

The Revised 2017 SOP in Nutrition Care and SOPP for RDNs state RDNs assess diagnostic tests, procedures, and evaluations, which include laboratory result assessment (SOP 1.3), and RDNs participate in patient/client data collection (SOP 3.14).⁶

The focus area SOP and SOPP for RDNs published since the July 2014 CMS Final Rule for Hospital Conditions of Participation⁹⁻¹⁵ now include language that would allow a hospital and its medical staff the option of granting privileges to allow a RDN(s) to write orders for nutrition-related laboratory tests (SOP 3.12, SOPP 3.4D) if consistent with state licensure laws and regulations, organization policies, and payer policies. Investigation of Medicare, Medicaid and private payer policies is required.^{1,2,9}

Two articles in the Dietitians in Integrative and Functional Medicine Dietetic Practice Group newsletter provide RDNs and healthcare professionals useful background and points to consider when recommending or ordering conventional or functional laboratory tests:

- “Laboratory Testing for Nutrition and Healthcare Professionals”³; and
- “The Biochemistry Behind Functional Lab Assessment”⁴.

Question 3: Do you have the necessary knowledge, skills and demonstrated competence in practice to perform this activity?

In reviewing their education and training, the RDN notes knowledge and ability to perform the Nutrition Care Process to enhance wellness in diverse individuals and groups, as well as competence to assess a patient’s/client’s nutrition status in a variety of settings and then monitor and evaluate problems after nutrition intervention (KRD 3.1, 3.2 and 3.3).¹⁶ Continuing education activities addressing care of patient/client population(s) includes relevant laboratory and diagnostic tests. Organization’s competency assessment process, which includes review by experienced RDN or by a physician in a facility without other RDNs, addresses knowledge and interpretation of nutrition-related laboratory and diagnostic tests used for nutrition assessment and evaluation of nutrition interventions for individual patients/clients.

RDNs practicing in a focus area setting, e.g., pediatric clinic/outpatient medical practice, diabetes education program, integrative and functional medicine clinic/program, or private practice setting would be expected to demonstrate knowledge, skills, and competence in use and interpretation of nutrition-related laboratory and diagnostic tests applicable to the specific population of patients/clients receiving care in the setting.

Question 4: Did you use the Standards of Practice and Standards of Professional Performance to determine your competence? Did you demonstrate your competence to an individual with the knowledge and skills to appropriately assess your ability to perform the activity? Is your competence documented in your employee personnel record?

The RDN reviews the Revised 2017 SOP in Nutrition Care and SOPP for Registered Dietitian Nutritionists⁶ and focus area SOP and SOPP applicable to area(s) of practice, e.g., but not limited to, Adult Weight Management,¹² Diabetes Care,¹⁴ Nutrition in Integrative and Functional Medicine¹⁵ (<https://jandonline.org/content/focus>; <https://jandonline.org/content/credentialed>). For the focus area SOP and SOPP, it is important to consider the level of practice identified for activities, i.e., competent, proficient, or expert. On self-assessment, if an activity is at a higher level than current knowledge and skills, seek out opportunities and mentoring to gain needed knowledge, skills and demonstrated competence to advance and expand practice.

The SOP and SOPP for RDNs in Nutrition Support states that RDNs at the proficient and expert level of practice select and order tests and procedures based on indications, clinical utility, and cost

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effectiveness for assessing nutritional status and diagnosing nutrition problems (per facility granted clinical privileges) (SOP 3.4B, SOP 3.12A1iv, SOP 3.12A2iii).¹⁰

The SOP and SOPP for RDNs in Nutrition in Integrative and Functional Medicine state that RDNs at the proficient and expert level of practice assess functional laboratory data related to nutritional insufficiencies, deficiencies and/or imbalance... (SOP 1.3C). RDNs at the expert level of practice use and evaluate functional laboratory assessment values to identify metabolic pathways and long latency nutritional insufficiencies (SOP 1.9, 1.9E).¹⁵

Depending on the setting and availability of another experienced/qualified RDN, a competency assessment/verification process incorporating physician review needs to be established consistent with the organization's processes.

The RDN demonstrates competence in identifying and interpreting the results of laboratory tests in follow-up discussions with physicians for patients/clients referred for weight management and other chronic conditions. The RDN received support of these physicians to write orders for additional nutrition-related laboratory tests when needed as part of the nutrition assessment. The RDN's competence is monitored and documented on an annual basis by another experienced RDN or the MD or DO per the organization's/clinic's policies and procedures. The RDN's personnel file contains documentation to support this yearly assessment of competence.

Question 5: If the state(s) where you work license RDNs, is there any language that prohibits this activity? Are there provisions within the scope of practice of any other professions that would limit performing this activity?

Researching the applicable state licensure law/state practice act, the occupational practice acts for other disciplines (e.g., Nurse Practitioners, Physician Assistants, Naturopathic Doctor in integrative and functional medicine setting), and federal and state regulations applicable for the specified organization, the RDN finds that initiating laboratory orders is not explicitly restricted or permitted. In hospital settings that would include hospital-associated ambulatory clinics, the medical staff may grant a RDN privileges to write nutrition-related laboratory orders, if consistent with state law and regulations and not in conflict with payer policies.^{1,2}

The RDN determines that initiating laboratory orders meets the requirements of the state licensure law because it is a step in the nutritional assessment process for determining nutrition needs based on lab results. For those RDNs who practice in states without licensure laws, the organization would determine if the RDN can initiate orders for laboratory tests.

Question 6: Are there any additional credentials (i.e., CSO, CSR, CDCES, CNSC, CSSD) or training (i.e., residency/fellowship, certificate of training in Obesity for Pediatrics and Adults) described in published practice guidelines that would be expected of a health professional performing the activity?

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The RDN has the Certified Diabetes Care and Education Specialist (CDCES) credential because many of the patients/clients seen for weight management have pre-diabetes, diabetes, or other chronic conditions. In addition, the RDN has completed the Commission on Dietetic Registration Certificate of Training in Obesity for Pediatrics and Adults.

An RDN working in an integrative and functional medicine setting may have completed continuing education opportunities in integrative and functional medicine, including the Academy's Online Certificate of Training in Integrative and Functional Nutrition (5 modules); and the "Applying Functional Medicine in Clinical Practice" program sponsored by the [Institute for Functional Medicine](#)¹⁷. Refer to Figure 5 in the SOP and SOPP for RDNs in Nutrition in Integrative Medicine for additional resources.¹⁵

All relevant education and training, including mentoring and observations, and competence is documented in the RDN's personnel file and/or Professional Development Portfolio.

Question 7: Does your employer/organization, in its policies and procedures, protocols or medical staff bylaws, rules and regulations (if applicable to setting) recognize the RDN as qualified to perform the activity?

The RDN reviews the organization's policies and procedures to determine if the organization supports RDNs initiating orders for laboratory tests. The RDN determines that the organization does not currently list the RDN as one of the providers who will be ordering laboratory testing.

The RDN obtains medical staff/medical director and administration support for the RDN to initiate orders for nutrition-related laboratory tests as a means to implement more timely and improved quality of care.

- In hospital settings with privileging of RDNs, ordering laboratory tests is one of the scope of care services that may be granted to a qualified RDN.²
- In organizations without privileging (e.g., medical practice/clinic, home care, rehabilitation or long-term care setting), the organization's administration and the medical staff/director would determine what orders a RDN may be able to initiate through delegated orders or physician-approved protocol, consistent with state law and regulations, and reimbursement policies of Medicare, Medicaid, and third-party payers.^{1,2}
- In private practice settings, the RDN would determine what orders they may be able to initiate, consistent with the practice policies, state law and regulations, and reimbursement policies of Medicare, Medicaid, and third-party payers (may require a physician order).

Once the RDN has acquired the necessary approval and demonstrated the needed skill and competence, the RDN's job description and department and/or organization policies and procedures are then amended to support the changes to the RDN's role.

The case example provides information on what things need to be considered before beginning to order nutrition-related laboratory tests. Before performing the activity:

- If privileging to write laboratory orders is required by the organization, complete this process, or apply to have laboratory orders included in list of granted scope of care services.
- Ensure that the activity is included in your job description and applicable policies and procedures.
- Ensure that your personnel file contains primary source verification of education, training, credentials, if applicable, and competence in performing the activity.
- Investigate your organization's liability coverage and need for personal professional liability insurance. RDNs who initiate orders for laboratory tests or other nutrition-related services and interpret results are advised to carry additional liability insurance beyond what the organization may provide that is appropriate to that role, especially as this function is typically performed by a MD, DO, and licensed independent healthcare practitioners.
- For billable services, investigate whether this activity, as performed by an RDN, will be reimbursed by health plan insurers, including Medicare.

Disclaimer: *The Case Studies are intended solely as models to assist practitioners in using the Scope of Practice, Standards of Practice in Nutrition Care, Standards of Professional Performance, and Scope of Practice Decision Algorithm and in determining his or her individual scope of practice. They should not be viewed as determinative of any particular inquiry or outcome. The results of an actual inquiry may differ according to the specific factual circumstances, state laws applicable to the specific situation, and organization policies and procedures.*

In this Case Study, 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).

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