One Word

A close reading of the seven-part petition asking CMS to recognise a physician nutrition specialty, the single edit that changed what it was asking for, and the comment period that closes 14 September 2026.

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Methods and scope

Every figure on this page was built from primary documents retrieved on 30 July 2026: the National Uniform Claim Committee Health Care Provider Taxonomy Code Set, and the 19 August 2025 letter from the American Society for Nutrition to the Centers for Medicare and Medicaid Services requesting a specialty code for Physician Nutrition Specialists. Figure 2 reports the length of the answer the letter gives to each of the seven considerations that CMS requires a specialty-code request to address, per the Medicare Claims Processing Manual, Publication 100-04, Chapter 26, section 10.8. Counts were measured from the letter's text with headings, footnote blocks and URLs removed. Word count is a crude proxy for evidentiary weight and is offered as a description of the document rather than as a judgement of the underlying credential. The seventh consideration is excluded because its answer consists largely of a table. Figures 1 and 3 describe the Medicare benefit structure, not clinical appropriateness. The dietitian columns reflect the medical nutrition therapy benefit at 42 CFR 410.130-410.134 and the duration limits in national coverage determination 180.1. The physician columns reflect ordinary evaluation and management office visits, which carry no diagnosis restriction; medical necessity still applies to every claim. Dollar figures are national fee-schedule amounts and vary by locality. Two limits should be stated plainly. This page describes what a petition asked for; it does not establish what CMS decided, and the author could not confirm the grant of a specialty code in any CMS primary source. And the number of physicians holding the credential is not published in the petition or in any source the author could locate, so nothing here should be read as an estimate of the size of this workforce.

Figures

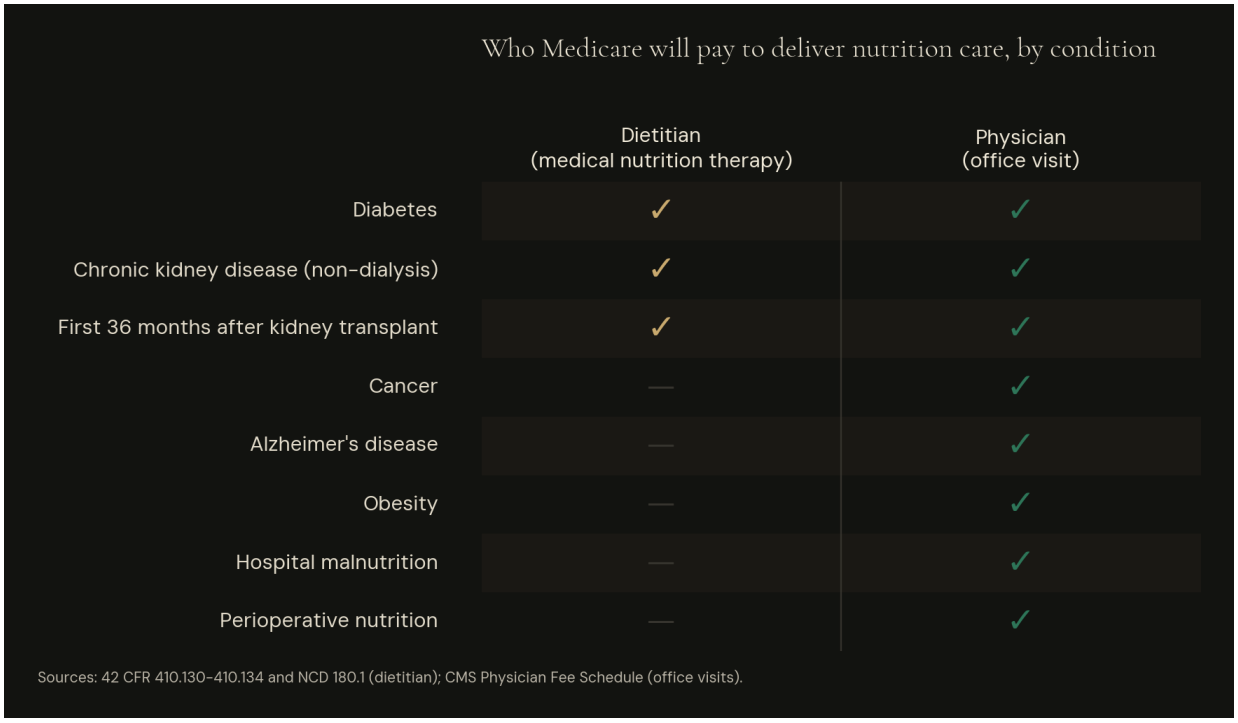

Figure 1. The dietitian is paid for medical nutrition therapy in three situations only: diabetes, non-dialysis chronic kidney disease, and the 36 months after a kidney transplant. A physician addressing nutrition in any condition bills an ordinary office visit instead, and those codes carry no diagnosis restriction. The gap is not a difference in skill. It is a difference in which code family each profession is permitted to touch.

Sources: 42 CFR 410.130-410.134 and NCD 180.1 (dietitian); CMS Physician Fee Schedule (office visits).

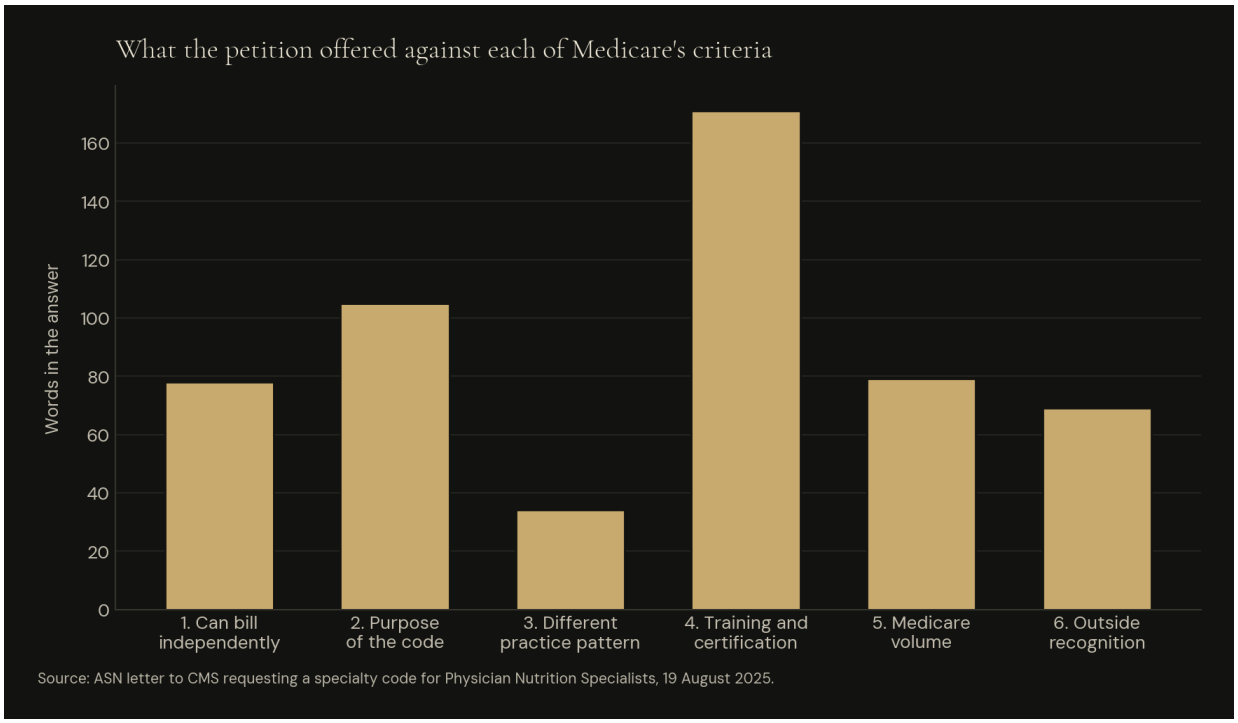

Figure 2. Length of the answer given to each consideration CMS requires for a new specialty code. The third consideration, which asks for evidence that the specialty's practice pattern is markedly different from its parent specialty, received the shortest answer in the document: 34 words, containing no data, no comparison and no citation. The question about training received five times as much.

Source: ASN letter to CMS requesting a specialty code for Physician Nutrition Specialists, 19 August 2025.

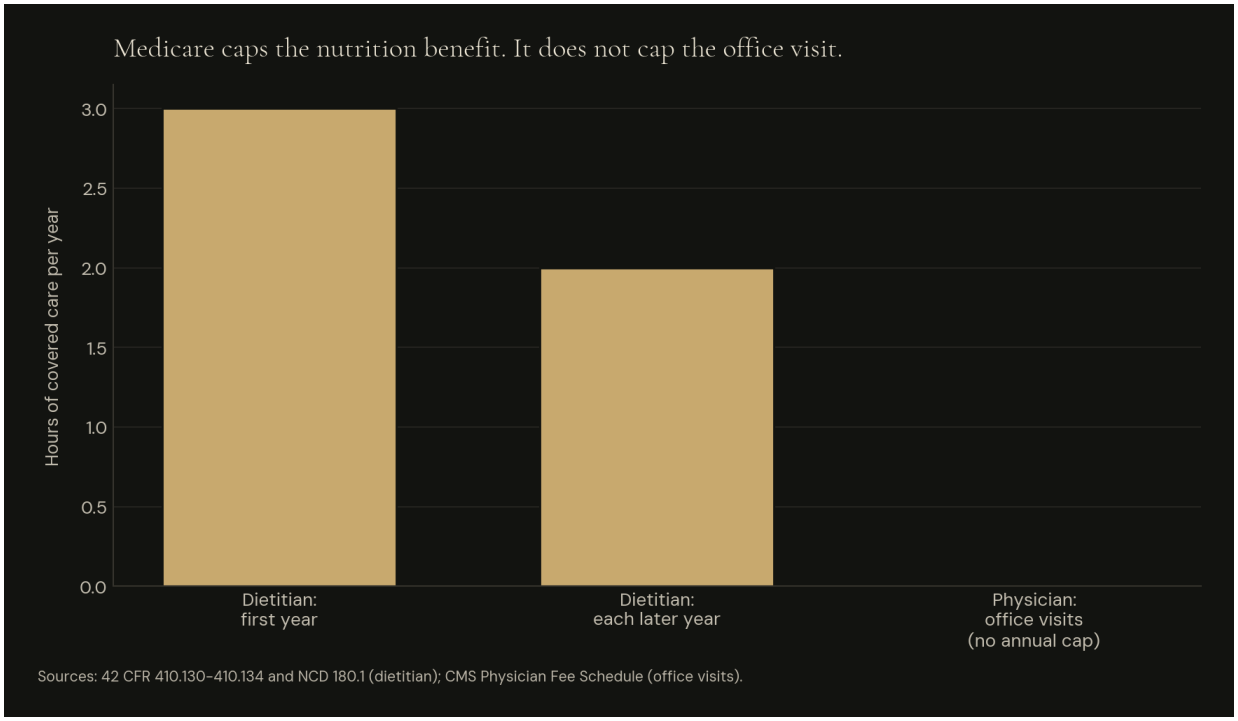

Figure 3. Medicare covers three hours of medical nutrition therapy in a beneficiary's first year and two hours in every year after that, for three diagnoses, and only on a physician referral. The physician office visit that treats the same disease carries no annual ceiling, no diagnosis restriction and no referral requirement. The asymmetry is not in the hourly rate. It is in the fact that one side of this comparison has a ceiling at all.

Sources: 42 CFR 410.130-410.134 and NCD 180.1 (dietitian); CMS Physician Fee Schedule (office visits).

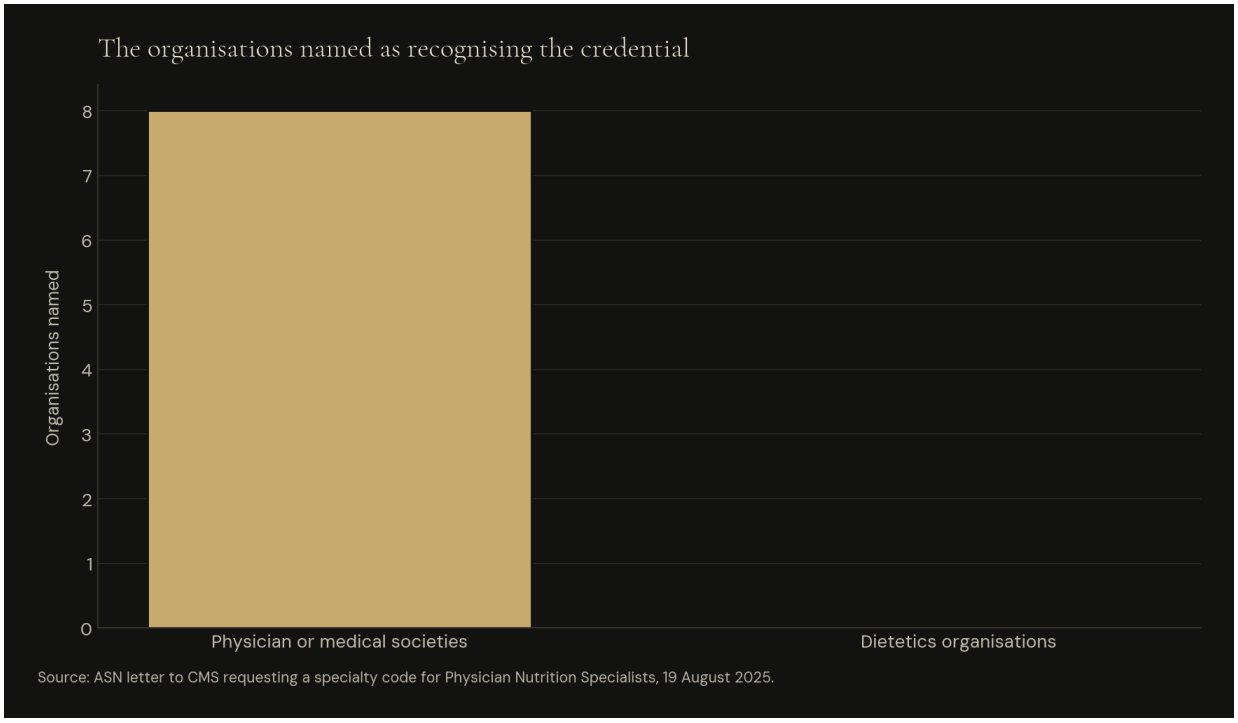

Figure 4. The petition states the credential is recognised by "all of the major nutrition professional societies" and lists eight. Every one is a physician or medical society. No dietetics organisation appears on the list, in a document asking CMS to accept that medical nutrition therapy is among the services only this specialty provides.

Source: ASN letter to CMS requesting a specialty code for Physician Nutrition Specialists, 19 August 2025.

How to file a comment on the Physician Fee Schedule before 14 September

The calendar year 2027 Medicare Physician Fee Schedule proposed rule, file code CMS-1848-P, was published in the Federal Register on 16 July 2026. The comment period closes on 14 September 2026. Anyone may file. Comments become part of the public record the agency is required to consider, and they are published under your name.

This is general guidance on a public process, not legal advice.

WHERE TO FILE
Online, the direct link: https://www.regulations.gov/commenton/CMS-2026-2377-0002
That is the comment form for this exact rule. The docket is CMS-2026-2377 and the document is CMS-2026-2377-0002. It asks for a name, an email and a text box, and it gives you a tracking number. If the link ever fails, search the file code CMS-1848-P on regulations.gov and you will land in the same place.
By mail: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1848-P, P.O. Box 8016, Baltimore, MD 21244-8016.
Confirm the docket and the closing date on regulations.gov before you file, because deadlines occasionally shift.

WHAT AGENCIES ACTUALLY USE
Rule writers are looking for things they can act on. In rough order of usefulness:
A specific operational consequence, described concretely. What breaks, for whom, under which rule, and what it costs.
First-hand experience from practice. You are the only person who can describe your own setting, and nobody else in the docket can supply it.
A precise citation. Name the regulation, the code, or the manual section you are talking about.
A concrete alternative. What you would have the agency do instead, stated in one sentence.

WHAT GETS DISCOUNTED
Volume without substance. Identical form letters are counted, not weighed.
Anything that reads as a turf complaint between professions. A comment framed as "our profession deserves this" is weighted as an interest-group position. The same point framed as "here is what happens to the patient when the rule works this way" is weighted as evidence.
Claims without a source, and numbers you cannot support.
Anger. It is understandable and it does not travel well in a docket.

A STRUCTURE THAT WORKS
One page is plenty. Five paragraphs:
1. Who you are, your credential, your practice setting, and any interest you have in the outcome. Disclose it rather than hide it.
2. The specific provision or question you are addressing, cited.
3. The operational consequence you have seen first hand, with detail. This is the part only you can write.
4. What you are asking the agency to do, in one or two sentences.
5. A short close offering to provide further detail.

IF YOU ARE WRITING ABOUT NUTRITION SCOPE

Useful specifics, if they are true for you:

How the physician-referral requirement at 42 CFR 410.132 works or fails in your setting, including referrals you could not obtain.

What the three-hour and two-hour duration limits in NCD 180.1 mean for a patient with newly diagnosed diabetes or declining kidney function.

Whether patients in your practice know the benefit exists and comes without cost sharing.

What happens to nutrition care for the conditions the benefit does not cover.

Any effect you have observed from the 85 percent payment reduction applied to non-physician providers.

THE SECOND THING IN THE SAME RULE

This proposed rule also contains a request for information about the coding and valuation system itself, including whether building payment on the CPT code set creates contradictory incentives. If your comment touches on how medical nutrition therapy is valued, say so explicitly and reference that request, because a comment filed into an open question the agency actually asked carries more weight than one raising a subject it did not.

Twelve other non-physician professions sit alongside dietitians on the advisory committee that feeds that valuation process, and all of them are paid a reduced percentage of the same schedule. If you have colleagues in physical therapy, speech pathology, occupational therapy, psychology or social work who would say the same thing from their own practice, independent comments arriving from several professions are far more persuasive than many comments from one.

TONE

Write it the way you would write a consult note for a colleague you respect who disagrees with you. Specific, unemotional, sourced, and willing to state what you do not know. That is the register that gets read twice.

AFTER YOU FILE

Keep the tracking number. Comments post publicly, usually within a few days. If you cite your own experience, expect it to be quoted, so write only what you are willing to have attached to your name permanently.

This appendix is general education about a public regulatory process. It is not legal advice, and it is not a prediction about what any agency will do.

References

American Society for Nutrition. CMS Specialty Code Request for Physician Nutrition Specialists, letter to CMS, 19 August 2025. — https://nutrition.org/wp-content/uploads/2025/10/ASN-Letter-to-CMS-to-Request-Speciality-Code-for-Physician-Nutrition-Specialists.pdf

National Uniform Claim Committee. Health Care Provider Taxonomy Code Set (PNS codes 207LP4000X, 207QP0002X, 207RP1002X, 2080P1004X, 2086P0122X; effective 1 April 2025). — https://nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40

CMS. CY 2027 Payment Policies Under the Physician Fee Schedule (CMS-1848-P), Federal Register, 16 July 2026. Comments close 14 September 2026. — https://www.federalregister.gov/documents/2026/07/16/2026-14327/medicare-and-medicaid-programs-cy-2027-payment-policies-under-the-physician-fee-schedule-and-other

Regulations.gov. Docket CMS-2026-2377, document CMS-2026-2377-0002 — the comment form for this rule. Comments close 14 September 2026. — https://www.regulations.gov/commenton/CMS-2026-2377-0002

42 CFR 410.132, Medical nutrition therapy. — https://www.govinfo.gov/app/details/CFR-2024-title42-vol2/CFR-2024-title42-vol2-sec410-132

42 CFR 410.134, Provider qualifications for medical nutrition therapy. — https://www.govinfo.gov/app/details/CFR-2024-title42-vol2/CFR-2024-title42-vol2-sec410-134

National Board of Physician Nutrition Specialists. — https://nbpns.org/

CMS. CY 2027 PFS proposed rule fact sheet (includes the request for information on the CPT code set and payment valuation). — https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2027-medicare-physician-fee-schedule-proposed-rule

American Medical Association. RUC Health Care Professionals Advisory Committee (HCPAC) Review Board — the 13 seated non-physician organizations. — https://www.ama-assn.org/about/rvs-update-committee-ruc/ruc-health-care-professionals-advisory-committee-hcpac-review-board

Uhl S, et al. Malnutrition in Hospitalized Adults: A Systematic Review. AHRQ Comparative Effectiveness Review No. 249, October 2021 (cited by the petition). — https://doi.org/10.23970/AHRQEPCCER249

This appendix is general education, not individual medical advice. Confirm personal targets with your own clinical team.