

Department of Social and Health Services
Community Services Division
Social Services Manual

Revision: # ~~219~~ 218

Category: **Disability Determination - Acceptable Medical Evidence**

Issued: April 18, 2025

Revision Author: Evelyn Acopan

Division: CSD

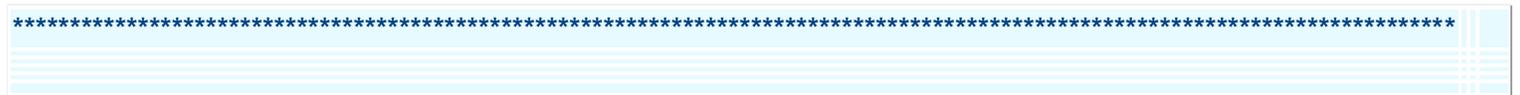
Mail Stop: 45440

Phone: 360-397-4845

Email: evelyn.acopan@dshs.wa.gov

Summary

Updated page to include clarification regarding ARNP as an acceptable medical source.



Disability Determination - Acceptable Medical Evidence

Revised on: ~~July 18, 2019~~ [April 18, 2025](#)

[WAC 388-449-0010](#) What evidence do we consider to determine disability?

[WAC 388-449-0015](#) What medical evidence do I need to provide?

Clarifying Information- WAC 388-449-0010

1. A diagnosis of a medically determinable impairment must be from an “acceptable medical source” as defined in WAC 388-449-0010. The diagnosis must be supported by objective medical evidence described in WAC 388-449-0015 and be based on an examination within 5 years of the application date.

2. After a diagnosis is established, we can use medical evidence from “treating medical sources” as current medical evidence.
3. Once we have a diagnosis and current medical evidence, we may include “other evidence” as supporting documentation.

Clarifying Information- WAC 388-449-0015

1. Statements regarding how the impairment(s) limit a client’s functioning must be consistent with objective medical evidence.
2. We only use primary diagnoses that produce potentially disabling symptoms or impairments.
 - a. Symptoms can be the direct result of the disease or injury, or a result of treatment for the condition.
 - b. Some examples of diagnoses that don’t typically qualify as a potentially disabling impairment are:
 - i. Hypertension;
 - ii. Hepatitis;
 - A. Hepatitis is typically asymptomatic or produces mild symptoms. If the disease has progressed, interferon treatment could result in significant fatigue, but may not meet the duration requirement for disability.
 - c. Pain cannot be used as a diagnosis.
 - d. Once a diagnosis has been established by an “acceptable medical source,” written evidence from treating professionals or non-medical sources can be used to determine how the impairment affects the client’s ability to function.

NOTE: Advanced Registered Nurse Practitioner (ARNP) is a type of licensure for registered nurses with advanced degrees (master’s or doctoral). WAC 246-840-302 lists ARNP designations as:

- Nurse practitioner (NP)
- Certified nurse-midwife (CNM)
- Certified registered nurse anesthetist (CRNA)
- Clinical nurse specialist (CNS)

Medical evidence from an ARNP within their scope of practice is considered acceptable.

EXAMPLE: Milly has a diagnosis of degenerative disc disease from a physician. Milly’s MRI indicates moderate stenosis. Milly provides a letter from their daughter describing how Milly

complains of a tingling sensation in their hands, and that Milly has recently dropped objects that weigh more than 10 lbs. Since Milly has a medically determinable impairment that could result in the symptoms described, the daughter's statements can be used to help determine the severity of Milly's impairments and level of exertion.

EXAMPLE: Bart states that pain in their knee keeps them from working. The physician who examined Bart found mild edema, but no crepitus, or other abnormal findings. Bart's gait and station were noted within normal limits (WNL). Bart also provided a statement from a physician assistant (PA) which stated Bart was limited to sedentary work due to knee pain. Since Bart does not have a medically determinable impairment, the statement from the PA **can't** be used when making a determination of disability.