

**Chapter 182-555 WAC
MEDICAL NUTRITION THERAPY**

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WAC 182-555-0100 General. The medical nutrition therapy program ensures that clients have access to medically necessary outpatient medical nutrition therapy and associated follow-ups.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 18-22-060, § 182-555-0100, filed 10/31/18, effective 1/1/19.]

WAC 182-555-0200 Definitions. The following definitions and those found in chapter 182-500 WAC apply to this chapter:

"Enteral nutrition" - See WAC 182-554-200.

"Medical nutrition therapy" - Means an interaction between the registered dietitian (RD) and the client or client's guardian for the purpose of evaluating and making recommendations regarding the client's nutritional status.

"Nutrition assessment" - Means the collection and documentation of information such as food or nutrition-related history; biochemical data, medical tests and procedures; anthropometric measurements, nutrition-focused physical findings and client history.

"Nutrition care process" - Means a systematic approach to providing high-quality nutrition care. Provides a framework for the registered dietitian to individualize care, taking into account the client's needs and values and evidence available to make decisions.

"Nutrition-related diagnosis" - Means a diagnosis within the scope of practice for an RD to diagnose and treat as defined by the Academy of Nutrition and Dietetics.

"Registered dietitian" - Means a dietitian who is registered with the Academy of Nutrition and Dietetics and who is certified by the Washington state department of health (DOH).

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 18-22-060, § 182-555-0200, filed 10/31/18, effective 1/1/19.]

WAC 182-555-0300 Eligibility. (1) The medicaid agency covers medical nutrition therapy for clients who are referred to a registered dietitian for medical nutrition therapy by a physician, physician assistant (PA), or an advanced registered nurse practitioner (ARNP).

(2) For clients age 20 and younger, see the early periodic screening, diagnosis, and treatment (EPSDT) program described in chapter 182-534 WAC.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 26-07-031, § 182-555-0300, filed 3/11/26, effective 4/11/26; WSR 23-07-132, § 182-555-0300, filed 3/22/23, effective 4/22/23; WSR 18-22-060, § 182-555-0300, filed 10/31/18, effective 1/1/19.]

WAC 182-555-0400 Provider requirements. Medical nutrition therapy services must be delivered by a registered dietitian (RD) who:

- (1) Has a current core provider agreement with the medicaid agency; and
- (2) Has a national provider identifier (NPI).

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 18-22-060, § 182-555-0400, filed 10/31/18, effective 1/1/19.]

WAC 182-555-0500 Covered services. (1) The medicaid agency covers medically necessary medical nutrition therapy when related to a nutrition-related diagnosis for eligible clients, as described under WAC 182-555-0300.

(2) The agency covers medical nutrition therapy, nutrition assessment, and counseling for conditions that are within the scope of practice for a registered dietitian (RD) to evaluate and treat.

(3) Medical nutrition therapy services may require prior authorization or expedited prior authorization, as described in WAC 182-501-0163.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 23-07-132, § 182-555-0500, filed 3/22/23, effective 4/22/23; WSR 18-22-060, § 182-555-0500, filed 10/31/18, effective 1/1/19.]

WAC 182-555-0600 Documentation requirements. In addition to the health care record requirements found in WAC 182-502-0020, the medical nutrition therapy provider must maintain the following documentation in the client's file:

(1) Referral from the provider, as described under WAC 182-555-0300;

(2) The medical nutrition therapy provider assessment following the nutrition care process:

- (a) Nutrition assessment;
 - (b) Nutrition diagnosis, including the problem, etiology, signs, and symptoms (PES) statement;
 - (c) Nutrition intervention;
 - (d) Nutrition monitoring and evaluation.
- (3) Any correspondence with the referring provider;
- (4) Information on associated medical conditions; and
- (5) Information concerning the medical need.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 18-22-060, § 182-555-0600, filed 10/31/18, effective 1/1/19.]