



Medical Documentation

WIC-Eligible Nutritionals and Therapeutic Formula

WIC Clinic:
Fax #:
WIC ID #:

Medicaid is the first payer for therapeutic formulas and nutritionals. **If the patient is not on Medicaid, please complete this form for WIC authorization and return the completed form to the patient's WIC clinic.**

This documentation is federally required to ensure the patient under your care has a medical condition/diagnosis that dictates the use of therapeutic formula, nutritionals or requires changes to the WIC supplemental food package.

SECTION I—TO BE COMPLETED FOR ALL ORDERS

PATIENT:	(First)	(MI)	(Last)	DOB:
PARENT/CAREGIVER:	(First)	(MI)	(Last)	
Dx: _____ This prescription is: <input type="checkbox"/> new <input type="checkbox"/> refill				

SECTION II—THERAPEUTIC FORMULA/NUTRITIONALS

Section A: Must be completed by a healthcare provider.

Section B: The healthcare provider has the option to refer to a WIC Registered Dietitian (RD). If selected, The WIC RD will determine the appropriate issuance, prescribed amount and length of time required for WIC foods based on the patient's qualifying condition(s).

Supplemental foods, amount and length of need to be determined per WIC RD.

<p>A. Formula/Nutritionals:</p> <p>Product Name: _____</p> <p>Duration: _____ months (maximum 12 mos)</p> <p>Amount: _____ oz/day</p> <p><input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux</p> <p><input type="checkbox"/> Failure to thrive <input type="checkbox"/> Food allergy: _____</p> <p><input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____</p> <p>Special instructions/comments:</p>	<p>B. WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis .</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Category</th> <th style="width: 35%;">WIC Foods</th> <th style="width: 10%;">Do Not Give</th> <th style="width: 40%;">Restrictions / Comments</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Infants (6-12 mos)</td> <td>Baby cereal</td> <td></td> <td></td> </tr> <tr> <td>Baby fruit/vegetable</td> <td></td> <td></td> </tr> <tr> <td rowspan="8">Children (1-5 yrs)</td> <td>Cow's milk</td> <td></td> <td></td> </tr> <tr> <td>Cheese</td> <td></td> <td></td> </tr> <tr> <td>Eggs</td> <td></td> <td></td> </tr> <tr> <td>Peanut butter</td> <td></td> <td></td> </tr> <tr> <td>Whole grains</td> <td></td> <td></td> </tr> <tr> <td>Cereal</td> <td></td> <td></td> </tr> <tr> <td>Beans</td> <td></td> <td></td> </tr> <tr> <td>Vegetables / fruits</td> <td></td> <td></td> </tr> <tr> <td>Juice</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Category	WIC Foods	Do Not Give	Restrictions / Comments	Infants (6-12 mos)	Baby cereal			Baby fruit/vegetable			Children (1-5 yrs)	Cow's milk			Cheese			Eggs			Peanut butter			Whole grains			Cereal			Beans			Vegetables / fruits			Juice			
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Health Provider's Name (please print)	Location	Phone:
		Fax:

Health Care Provider's Signature

× _____ MD DO PA NP Date: _____

WIC USE ONLY RD review: _____ Date: _____



Medical Documentation for Women, Infants and Children (WIC)

The Medical Documentation form (on the back) is the **only** acceptable form by the Idaho WIC program needed:

- To issue an exempt infant formula or a WIC-eligible nutritional
- When an infant turns six months of age
- Every 12 months for children or women
- Upon a change in amount or type of product or supplement foods issued

Per federal regulation, Medicaid is the primary payer for exempt infant formulas and WIC-eligible nutritionals issued to WIC participants who are also Medicaid beneficiaries. Participants should contact Medicaid directly and/or the applicable staff member at the healthcare provider's office to obtain product from a medical supply company.

For Medicaid, please refer participants or healthcare providers that need assistance to:

- <https://www.idmedicaid.com/Default.aspx> or DME website at www.dme.idaho.gov
- Idaho Medicaid website: <http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>
- Call center telephone number: **1-866-686-4272**

The Idaho WIC program is a supplemental nutrition program. It does not provide all of the formula or nutritionals a woman, infant or child may need each month. The Idaho WIC Program is part of the Western States Contracting Alliance (WSCA). This contract is a cost saving measure that allows the WIC program to serve more participants.

Contract brand infant formula is an iron-fortified milk-based, soy-based, lactose-free or added rice starch formula intended as a food substitute for human milk for healthy, term infants and produced by the manufacturer awarded the infant formula cost containment contract. Contract formulas are routinely provided to infants enrolled in the WIC program whose caregiver chooses to use formula.

Contract formulas:

- Similac Advance
- Enfamil ProSobee

Non-contract infant formula is an iron-fortified milk-based, soy-based, lactose-free or added rice starch formula that is not covered by an infant formula cost containment contract and is nutritionally comparable to a contract brand formula (noted above). **Such infant formulas are not provided by WIC and prescriptions or medical documentation for these formulas will not be accepted under any circumstances.**

Exempt infant formula is intended as a food substitute for human milk for use by infants who have inborn errors of metabolism, prematurity, low birth weight, or who otherwise have an unusual medical or dietary condition.

WIC-eligible nutritionals refers to certain enteral products that are specifically formulated to provide nutritional support for participants (women, infants or children) with a diagnosed medical condition where conventional food is precluded, restricted, or inadequate. Such WIC-eligible nutritionals must serve the purpose of a food, meal or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme.

Please visit the Idaho WIC program website at www.wic.dhw.idaho.gov for an extensive list of approved WIC-eligible nutritionals and exempt infant formulas. (On the right side of the homepage, select *Healthcare Professional* and select the *Formula Handbook*.)

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.