

Medical Documentation Form for WIC Special Formulas and WIC Foods

Patient's First & Last Name: _____ Date of Birth (MM/DD/YY): _____

Parent/Caregiver's First & Last Name: _____

1. Qualifying Medical Condition(s)

List the **SPECIFIC** diagnosed or suspected medical condition(s) **and** the ICD-9 or ICD-10 code(s) justifying the formula/medical food prescription.

Qualifying diagnosed medical condition(s): _____

And applicable ICD-9 or ICD-10 code(s): _____

Note: WIC approval and provision of prescription formulas and medical foods are based on Georgia WIC Program policies and procedures.

2. Special Formula Requested

Name of formula/medical food requested: _____

Prescribed ounces per day: _____ oz/day* Form: Powder Concentrate Ready-to-feed†

Special instructions/comments**: _____

If Applicable: Flavor: _____ With Fiber: Yes No N/A

Planned length of use: _____ months WIC prescription renewal is required periodically (every 1-6 months).

*Prescribed amount per day is based on reconstituted fluid ounces of the formula product at standard dilution. Instructions on reverse.

**Prematurity: With documentation, premature infants can receive infant formula past one year to account for adjusted age. Medical documentation will need to be provided at the one year WIC certification.

†The use of ready-to-feed products requires additional justification for WIC unless ready-to-feed is the only available product form.

3. WIC Foods

Check the box to indicate all WIC foods are allowed or indicate any contraindicated supplemental foods below.

No Supplemental Food Restrictions. (All WIC foods allowed.)

Contraindicated Supplemental Foods – Check the foods that should **NOT** be issued to the patient.

| | | | | |
|---|--|--|--|---|
| Infants (6-11 mos.) | <input type="checkbox"/> Infant Cereal | <input type="checkbox"/> Baby Food Fruits and Vegetables | | |
| Children (≥ 12 mos.) & Women | <input type="checkbox"/> Milk | <input type="checkbox"/> Beans / Peas | <input type="checkbox"/> Vegetables / Fruits | <input type="checkbox"/> Whole Grains (wheat bread, brown rice, or whole grain tortillas) |
| | <input type="checkbox"/> Cheese | <input type="checkbox"/> Peanut Butter | <input type="checkbox"/> Juice | |
| | <input type="checkbox"/> Cereal | <input type="checkbox"/> Eggs | <input type="checkbox"/> Canned Fish* | |

Comments: Please describe any other prescribed restrictions or special requests in the "Comments" section below. (Developmental readiness, allergies, tube fed, NPO, etc.)

* Only for exclusively breastfeeding women, women pregnant with multiple fetuses, pregnant women breastfeeding, and women mostly breastfeeding multiple infants.

4. Health Care Provider Information (Please Complete All Boxes.)

Provider's Signature/*Title: _____

Provider's Name (Please Print): _____

Date: _____

Original signature required. No stamped signatures or proxy signatures (e.g., by nursing staff) will be accepted.

***Note:** The Georgia WIC Program only accepts prescriptions authorized and signed by the following providers:

- Physicians (MD, DO)
- Physician Assistants (PA, PA-C)
- Nurse Practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNNP)

Medical Office/Clinic Name: _____

Street Address: _____

City: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Instructions & Resources for Use of This Form:

Use this form to request special formulas and/or medical foods for patients with qualifying medical conditions. If you have questions or need additional clarification when completing this form, please contact the local WIC agency where your patient is receiving WIC benefits. A directory of Georgia WIC clinics is available at: www.WIC.GA.GOV (Select "Clinic Listing") Information about formulas and medical foods approved for issuance by the Georgia WIC Program is located under the "Health Care Provider" tab. .

Local agency WIC staff will review requests for special formulas and medical foods according to federal regulations and Georgia WIC Program policies and procedures. Diagnosis of a serious medical condition (e.g., Failure To Thrive) must be consistent with the patient's anthropometric data. Additional clarification or documentation may be necessary to complete the approval process. Denial of a request does not imply that WIC Program staff question the health care provider's clinical judgment. However, federal policy limits the issuance of special formulas and medical foods to cases of serious diagnosed medical conditions.

Provision of special formulas and medical foods by the Georgia WIC Program will be for intervals of one (1) to six (6) months. At a minimum, a new medical authorization is required at each renewal or formula change.

Definitions, Examples and Exclusions:

Qualifying Medical Conditions: SPECIFIC suspected or diagnosed life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the patient's nutritional status. Examples include, but are not limited to:

- Metabolic disorders (e.g. PKU)
- Malabsorption syndromes (e.g. Short Gut Syndrome)
- Low birth weight, premature birth, and failure to thrive (FTT)
- Severe food allergies requiring use of an elemental formula (e.g. Milk Protein Allergy, Eosinophilic Esophagitis)
- Gastrointestinal disorders (e.g. Gastroesophageal Reflux Disease)
- Immune system disorders (e.g. Celiac Disease)

Non-Qualifying / Excluded Conditions:

- Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition
- Non-specific formula intolerance or food intolerance
- Patient preference, parental preference, or food dislikes

Medical Diagnoses:

- Non-specific symptoms or diagnoses are insufficient for the purposes of Georgia WIC prescriptions (e.g., colic, milk allergy, multiple food allergies, spitting up, milk/formula intolerance, feeding problems, feeding difficulties, picky eater, poor appetite, inadequate intake, constipation, cramps, digestive disturbances, fussiness and gas).
- The following diagnoses require an **underlying medical condition** be present and documented: "underweight," "feeding disorder," "inadequate/poor weight gain," and "inadequate/poor growth." The Georgia WIC Program cannot accept these diagnoses alone – a more specific, primary medical condition must be present and listed among the diagnoses (e.g., Cerebral Palsy, Failure To Thrive, Oral-Motor Feeding Disorder, Prematurity, Dysphagia, etc.).
- The Georgia WIC Program may require additional documentation for prescription approval if diagnoses are missing, incomplete, non-specific, inconsistent with existing anthropometric data, or if clarification is needed.

Prescribed Formula Quantity:

- Infants (<12 months of age) enrolled in the Georgia WIC Program will receive the full maximum quantity of formula allowed per month regardless of the amount of formula prescribed per day under Section #2 of the form. The maximum quantity of formula allowed is based on age, amount of breastmilk (*Mostly Breastfed* or *Fully Formula Fed*), product form (concentrate, ready-to-feed, powder), and product package size. (Note: Exclusively Breastfed infants do not receive any formula from the WIC Program.)
- Children and women enrolled in the Georgia WIC Program will receive the quantity of formula or medical food prescribed under Section #2, not to exceed the maximum quantity allowed by federal regulations and Georgia WIC Program policy.
- The amount of prescribed formula or medical food provided by WIC is subject to the maximum allowable quantities determined by federal regulations and outlined in Georgia WIC Program policies. WIC is a supplemental program. Patients are responsible for acquiring any additional prescribed quantities of formulas or medical foods that exceed what is eligible for provision by WIC.

Approximate WIC Maximum DAILY Allowances of Reconstituted Formula for Infants*

| Feeding Method: | Age 0 – 1 Month | Age 1 – 3 Months | Age 0 – 3 Months | Age 4 – 5 Months | Age 6 – 11 Months |
|-------------------|------------------|-------------------|-------------------|-------------------|-------------------|
| Mostly Breastfed | 3.5 fluid oz/day | 12.0 fluid oz/day | | 14.5 fluid oz/day | 10.5 fluid oz/day |
| Fully Formula Fed | | | 27.0 fluid oz/day | 29.5 fluid oz/day | 21.0 fluid oz/day |

*Fluid ounces based on reconstituted liquid concentrate formula. Amounts differ for ready-to-feed and reconstituted powder formulas. Refer to the federal regulations at www.fns.usda.gov/wic.

We appreciate your cooperation and partnership in serving the Georgia WIC population.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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