IDAHO WIC GROWING HEALTHY FAMILIES
SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS & CHILDREN

Medical Documentation for Women, Infants and Children (WIC) Medical Formula and Foods

FORM 212 (3/12)

Please complete sections A and E for all patients.
For medical formula/foods, complete sections B and D.
For soy beverage for children, complete sections C and D.
Please fax form to WIC clinic or have WIC participant return form to clinic.
Medicaid should be billed first for medical formulas or foods.

WIC Clinic:
WIC FAX #:
Attention:

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

A. Patient information

Patient's Name (Last, First, MI): DOB:

Parent/Caregiver's Name (Last, First, MI):

Medical diagnosis/qualifying condition:
(Justifies the medical need for formula/food—Include ICD-9 code if available)

Medical documentation valid until _____ (date). *Not to exceed 12 months*

B. Medical formula/medical food

Name of medical formula/medical food ordered:

Prescribed amount: _____ per day

Special instructions/comments:

C. Soy beverage (for children 13 - 60 months)

Indicate reason for soy beverage as a milk substitute (personal preference is not a qualifying condition).
☐ Milk allergy ☐ Severe lactose maldigestion ☐ Vegan diet ☐ Other: _____

D. WIC supplemental foods

WIC foods allowed for infants (6 through 11 months of age). Please select all that apply:

☐ Infant cereal ☐ Infant food fruits/vegetables
Prescribed amount per day: ☐ Full provision ☐ Restriction (explain): _____

Special instructions/comments:

WIC foods allowed for women and children. Please select all that apply:

☐ Juice ☐ Cereal ☐ Whole wheat bread or corn tortillas ☐ Eggs ☐ Milk/cheese
☐ Fresh fruits/vegetables ☐ Legumes or peanut butter
Prescribed amount per day: ☐ Full provision ☐ Restriction (explain): _____

Special instructions/comments:

E. Health care provider information

Signature of health care provider:

Provider's name (please print): ☐ MD ☐ PA ☐ DO ☐ NP

Medical office/clinic:

Phone #:	Fax #:	Date:

WIC USE ONLY	RD Review::	WIC ID:	Date:

The WIC Program is an equal opportunity provider.

Medical Documentation for Women, Infants and Children (WIC)

The Medical Documentation form (on back) is needed:

- to issue an exempt infant formula or a WIC-eligible medical food
- 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

Completion of this form is federally required to ensure that a patient under your care has a medical condition/diagnosis that requires the use of medical formula/food and/or changes to their supplemental food package. This form replaces prescriptions from health care providers after Oct. 1, 2009.

The Idaho WIC Program is a supplemental nutrition program. It does not provide all of the formula or medical food a woman, infant or child may need each month. The Idaho WIC Program has a contract with Abbott Laboratories (Ross) to provide contract infant formulas (Similac Advance Early Shield, Similac Isomil Advance, Similac Sensitive, Similac Sensitive RS). This saves the WIC Program a significant amount of money that is used to serve more participants. Non-contract infant formulas that are nutritionally comparable to contract brand formulas will not be issued and prescriptions/medical documentation will not be accepted under any circumstances.

Per federal regulation, Medicaid is the primary payor for exempt infant formulas and WIC-eligible medical foods issued to WIC participants who are also Medicaid beneficiaries.

Definitions

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.

Non-contract infant formula is an iron-fortified milk-based, soy-based, lactose-free or added rice starch formula that is 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 <u>are not provided by WIC and prescriptions or medical documentation for these formulas will not be accepted under any circumstances</u>.

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 medical food 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 medical foods 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.

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