



Special Formula and Medical Documentation

Part 4: Medical Documentation Evaluation
Presented by: Denice Vance, MS, RD, LD, CLC
Date: February 6, 2017



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Objectives

Following this presentation attendees will be able to:

- Adequately assess the GA WIC Medical Documentation Form (MDF) for completeness
- Appropriately evaluate each section of the GA WIC medical documentation form using
- Use constructive communication when verifying/clarifying information in regards to medical documentation forms
- Authorize the issuance of non-contract and exempt formulas within program guidelines

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What is the **first** and **most important** thing to look at when evaluating the GA WIC MDF???

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ALL OF IT!

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Ask Yourself These Questions

- Is the Medical Documentation Form **complete**?
- Does the **diagnosis** match the intended use or nutrient composition of the formula?
- Does my **assessment** of the participant indicate the use of the formula?
- Is the **issuance** of food and formula appropriate?

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Question #1

Is the MDF complete?

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Section 1

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.

- Name **and** date of birth must be completed
- Name of diagnosis and/or ICD 9/10 code – **request for both not enforced** (look up ICD codes as necessary)
- Specific, qualifying condition - *cannot* be symptoms or general/non-specific diagnoses

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Section 2

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.

- Full name of formula/nutritional – clarify with provider if unclear

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Section 2 Continued

2. Special Formula Requested	
Name of formula/medical food requested:	_____
Prescribed ounces per day: _____ oz/day*	Form: <input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready-to-feed†
Special instructions/comments**:	

- Prescribed amount must be in ounces/day
 - If range of ounces documented, use larger value to determine issuance
 - “Max” / “Max allowed” only acceptable for infant participants, not children / women
 - Modulars: Human Milk Fortifier, MCT oil, Beneprotein **can** be described as packets, vials, etc.
 - Number of cans allowed for single size, RTF products packaged for single serving (PediaSure is the most common example)

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Section 2 Continued

2. Special Formula Requested	
Name of formula/medical food requested:	_____
Prescribed ounces per day: _____ oz/day*	Form: <input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready-to-feed†
Special instructions/comments**:	
If Applicable: Flavor: _____	With Fiber: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Planned length of use: _____ months	WIC prescription renewal is required periodically (every 1-6 months).
<small>*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.</small>	

- Special instructions must match prescribed amount
- Planned length of use as determined by provider, however issuance is only authorized for up to 6 months

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Section 2 Continued

2. Special Formula Requested	
Name of formula/medical food requested: _____	
Prescribed ounces per day: _____ oz/day*	Form: <input type="checkbox"/> Powder <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready-to-feed [†]
Special instructions/comments**: _____	
If Applicable: Flavor: _____	With Fiber: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Planned length of use: _____ months WIC prescription renewal is required periodically (every 1-6 months).	
<small>*Prescribed amount per day is based on reconstituted fluid ounces of the formula product at standard dilution. Instructions on reverse.</small>	
<small>**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.</small>	
<small>†The use of ready-to-feed products requires additional justification for WIC unless ready-to-feed is the only available product form.</small>	

- Ready-to-feed WIC-eligible nutritionals may be authorized by the CPA or medical provider under federally specified circumstances.

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Issuing Ready to Feed

- The participant's household has an unsanitary or restricted water supply or poor refrigeration
- The person caring for the participant may have difficulty in correctly diluting concentrated or powder forms
- The formula is only available in a ready-to-feed form
- The issuance of nursettes is more appropriate than a larger, ready to feed alternative

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Issuing Ready to Feed

- In addition, participants with qualifying medical conditions who are assigned to Food Package III can also be issued ready-to-feed formulas when the medical provider or CPA determines and documents how:
 - Better accommodates the participant's medical condition
 - Improves the participant's compliance in consuming the prescribed formula

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Section 3

3. WIC Foods				
<input checked="" type="checkbox"/> Check the box to indicate all WIC foods are allowed or indicate any contraindicated supplemental foods below.				
<input type="checkbox"/> No Supplemental Food Restrictions. (All WIC foods allowed.)				
Contraindicated Supplemental Foods – Check the foods that should <u>NOT</u> 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:	<small>Please describe any other prescribed restrictions or special requests in the "Comments" section below. (Developmental readiness, allergies, tube fed, NPO, etc.)</small>			

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

- Must be completed for all participants (infants <6 months of age not required)
- If both are checked in error - the provider must be contacted for clarification
- If neither is checked for an infant > 6months, child, or woman participant, no food issuance can be provided without clarification

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Section 4

4. Health Care Provider Information (Please Complete <u>All</u> Boxes.)	
Provider's Signature/*Title:	
Provider's Name (Please Print):	Date:
<small>Original signature required. No stamped signatures or proxy signatures (e.g., by nursing staff) will be accepted.</small>	
<small>*Note: The Georgia WIC Program only accepts prescriptions authorized and signed by the following providers:</small> <ul style="list-style-type: none"> • 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:

- All sections must be completed
- A verbal clarification or alternate references (i.e. practice website, participant appointment card) can be used to complete missing address/contact information
- If the name or signature is missing, a new form must be obtained

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Question #2

Does the diagnosis(es) match
the intended use of the
formula?

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Diagnosis(es) and Intended Use

- What is the formula?
- What is the intended use for the formula?
- What is the nutrient composition of the formula?
- Is the diagnosis appropriate for the formula?
 - Reference the Infant Formula Algorithm
 - Reference the manufacturer's website
 - Contact your nutrition manager/formula signatory
 - Contact the SWO Nutrition Unit

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Question #3

Does my assessment indicate
a need for this formula?

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Professional Assessment

- How does the participant present?
 - Do the *reported symptoms* match the diagnosis?
 - Does the *anthropometric assessment* match the diagnosis?
 - What is the participant's *formula history*?
 - Is the product *age appropriate*?

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Common Assessment Mistakes

- Participant reports gas/fussiness and requests Similac Alimentum
- Pediasure issued with normal growth
- Child diagnosed with milk protein allergy, however they used Gerber Gentle as an infant
- Diagnosis for FTT but after years of PediaSure no improvement

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Question #4

Is the issuance of food and amount of formula appropriate?

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Issuance of Food and Formula

- Are there conflicts between the formula requested and allowed foods?
 - Nutramigen Toddler with milk/cheese allowed
- Are there conflicts between diagnosis and food allowed?
 - Milk protein allergy with milk/cheese allowed
- Were both boxes in section 3 completed (Allowed and Not Allowed)?
 - Must clarify with provider if foods are allowed or not
- Do the comments match the foods allowed?
 - NPO documented with no food restrictions checked

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Verbal Clarification and Contacting the Provider

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Verbal Clarifications

- Use to verify missing, conflicting, or unclear information on a valid MDF
- Sign and date documentation
- Include who you spoke with
- Clarified MDF valid for up to 6 months
- DO NOT request that another MDF be faxed if the information requested is obtained verbally
 - "oz/day verified by Pamela Hall, RN per medical record– *Janet Dover, RD*
1/22/16"
- Signatures of prescribing authorities cannot be verbally clarified

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Provider Follow-up

When speaking with physicians and/or their office staff:

1. Know who to ask for (Hint – it's not the MD)
2. Introduce yourself as the WIC nutritionist/nurse/dietitian working with a mutual patient
3. Ask for clarification/additional information regarding the medical documentation form received
4. State that the MDF received currently does not meet the required issuance policies for GA WIC
 - Do not say:
 - The diagnosis doesn't match/meet the indicated use
 - You can't accept it because the formula is not appropriate
 - The participant does not have the diagnosed condition

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Provider Follow-up

Continued...

5. Explain specifically what the **conflict/concern** is and state what the **provider has documented** on the MDF
 - Milk protein allergy has been documented and the formula prescribed contains milk protein
 - The diagnosis is failure to thrive for Pediasure, however we have documented consistent growth at the 30th percentile
6. Request additional information to further support the issuance of the product
 - Are there other diagnoses or concerns not listed on the MDF?
 - Have other products been trialed/failed?
 - Is there a discharge note or visit summary that can be faxed for review?

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Provider Follow-up

Continued...

7. Suggest/Discuss
 - Transition to a step down/alternate formula
 - Discontinuing the product and issuing a standard/alternative food package
8. Approve/deny the request based on the information received
 - Update the medical documentation form with the clarifying information
 - Inform provider that, based on the current documentation/information, we will not be able to provide the requested formula
 - Inform provider of what will be issued as the alternative
 - Escalate continued conflicts to your nutrition manager

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Evaluation of Sample MDFs

- Remember **C – D – A – I** as you evaluate the example medical documentation forms
 - **COMPLETE:** Is the medical documentation form **complete**?
 - **DIAGNOSIS:** Does the **diagnosis** match the intended use/nutrient composition of the formula?
 - **ASSESSMENT:** Does my **assessment** of the participant indicate the use of the formula?
 - **ISSUANCE:** Is the **issuance** of food and formula appropriate?

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Georgia WIC Program
Medical Documentation Form for WIC Special Formulas and WIC Foods

Patient's First & Last Name: Marissa McKibbins Date of Birth (MM/DD/YYYY): 12/18/2014
Parent/Caregiver's First & Last Name: Marissa McKibbins

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): Prematurity
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: Enfamil Enfacare
Prescribed ounces per day: 32 oz/day Form: Powder Concentrate Ready-to-feed
Special instructions/contraindications: _____
If Applicable: Flavor: _____ With Fiber: Yes No N/A
Planned length of use: 6 months WIC prescription renewal is required periodically (every 1-6 months).
*Prescribed amount per day is based on manufacturer's full recipe or the formula product of standard clinical instructions or recipe.
*Prematurity: WIC documentation, prescriber starts care review to re-eval and one use 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 require 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 (0-11 mos.)	<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food Fruits and Vegetables
Children (1-12 mos.) & Women	<input type="checkbox"/> Milk	<input type="checkbox"/> Beans / Peas
	<input type="checkbox"/> Cheese	<input type="checkbox"/> Peanut Butter
	<input type="checkbox"/> Cereal	<input type="checkbox"/> Eggs
		<input type="checkbox"/> Carved Fruit*
		<input type="checkbox"/> Vegetables / Fruits
		<input type="checkbox"/> Whole Grains (baked bread, brown rice, or whole grain tortilla)

*Only for extremely low-calorie, low-sodium, low-sugar, or low-fat products. Do not use for other purposes. Do not use for other purposes. Do not use for other purposes.

4. Health Care Provider Information (Please Complete All Boxes)
Provider's Signature/Title: Royce Singham, MD
Provider's Name (Please Print): Royce Singham, MD Date: 1/22/16

Online 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, CRNP, CNP, RNP, CNSP)


Medical Office/Clinic Name: _____
Street Address: _____
City: _____
Zip Code: _____
Phone Number: _____
Fax Number: _____

Page 1 of 2 Revised August 2014


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Marissa McKibbins

- C
 - Phone Number
 - Fax Number
- D
 - Prematurity/Enfamil Enfacare
 - No Conflicts
- A
 - How is the participant growing?
 - **Is the premature formula still appropriate?**
- I
 - Section 3 complete
 - No conflicts



Georgia WIC Program
 Medical Documentation Form for WIC Special Formulas and WIC Foods



Patient's First & Last Name: Alicia Anderson Date of Birth (MM/DD/YYYY): 1/02/2017
 Parent/Caregiver's First & Last Name: Anastasia Anderson

1. Qualifying Medical Condition(s)
 List the SPECIFIC (diagnosed or suspected medical condition) and the ICD-9 or ICD-10 code(s) justifying the formula/medical food prescription.
 Qualifying (diagnosed medical condition): Fussiness, Formula Intolerance
 And applicable ICD-9 or ICD-10 code(s): R06.4
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: Similac Alimentum
 Prescribed amount per day: 19.25 oz/day? Form: Powder Concentrate Ready-to-feed
 Special instructions/comments: _____
 If Applicable: Flavor: _____ With Fiber: Yes No N/A
 Planned length of use: 12 months WIC prescription renewal is required periodically (every 1-6 months).
*Prescribed amount per day is based on recommended feed ounces of the formula product at standard dilution. Instructions on feeding.
 *If necessary, WIC documentation, provider letters can receive infant formula up to 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 (0-11 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"/> Cheese	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Juice
	<input type="checkbox"/> Cereal	<input type="checkbox"/> Eggs	<input type="checkbox"/> Canned Fruit*
<small>*Whole Grains (whole wheat, brown rice, or whole grain, lentils)</small>			

*Do not encourage breastfeeding, women pregnant with multiple births, prep or women breastfeeding, and women ready to breastfeeding multiple infants.

4. Health Care Provider Information (Please Complete ALL Boxes.)
 Provider's Signature: Teddy Carlisle
 Provider's Name (Please Print): Theodore Carlisle, DO Date: 1/22/17

Original signatures required. No stamped signatures or proxy signatures (e.g., keyboarding 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), CRNP, CNP, PNP, CNRP

Medical Office/Clinic Name: _____
 Street Address: _____
 City: _____
 Zip Code: _____
 Phone Number: _____
 Fax Number: _____

Page 1 of 3 Revised August 2014

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Alicia Anderson

- C
 - Prescribed amount
 - Length of use
 - **Supplemental foods**
 - **Fax number**
- D
 - What is the ICD-10 code?
 - **Symptoms**
 - **Doesn't meet approval criteria**
- A
 - Is there an additional diagnosis that wasn't documented on the MDF?
 - What alternate product may be appropriate for fussiness and formula intolerance?
- I
 - Section 3 not complete – okay to issue < 6 months.
 - **Best practice?**

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Georgia WIC Program
Medical Documentation Form for WIC Special Formulas and WIC Foods

Patient's First & Last Name: Braylen Beckham Date of Birth (MM/DD/YYYY): 5/5/2014
Parent/Caregiver's First & Last Name: Brittany King

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): Malabsorption, Failure to Thrive
And applicable ICD-9 or ICD-10 code(s): 290.4
Note: WIC diagnosis and provision of prescription formula and medical foods are based on Georgia WIC Program policies and procedures.

2. Special Formula Requested
Name of formula/medical food requested: Pediasure
Prescribed ounces per day: 3 OZ/ozs o/day Form: Powder Concentrate Ready-to-feed!
Special instructions/comments:
If Applicable: Flavor: Vanilla With Fiber: Yes No N/A
Planned length of use: 6 months WIC prescription renewal is required periodically (every 1-6 months).
*Prescribed amount per day is based on recommended first ounce of the formula product at standard intake. Instructions on medical food packaging. With documentation, providers who can receive infant formula past one year in amount for adjusted age. Medical documentation will need to be provided at the one year WIC certification.
The use of ready-to-feed products require 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 (6-12 mos.) & Women	<input type="checkbox"/> Milk	<input type="checkbox"/> Beans / Flax
	<input type="checkbox"/> Cheese	<input type="checkbox"/> Peanut Butter
	<input type="checkbox"/> Cereal	<input type="checkbox"/> Juice
	<input type="checkbox"/> Eggs	<input type="checkbox"/> Corned Fish*
Comments:	*Please indicate any other product restriction or special requirements in the "Comments" section below.	

Only for medically necessary, when other options will not be used, and when other breastfeeding and when ready breastfeeding multiple times a day.

4. Health Care Provider Information (Please Complete ALL Boxes.)
Provider's Signature/Title: Yusef Bennin
Provider's Name (Please Print): Yusef Bennin Date: 1/16/16

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, CNRP, CNP, PNP, CRNP)

Medical Office/Clinic Name: Not Data Performance Group
Street Address: 161 Maple Drive
City: Atlanta
Zip Code: 30309
Phone Number: 404-525-4600
Fax Number: 404-525-4600

Page 1 of 2 Revised August 2014

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Braylen Beckham

- C
 - Ounces/day
 - Length of use
 - **Supplemental Foods**
 - Prescribed Amount
 - **Provider Credentials**
- D
 - FTT/Pediasure
 - **Malabsorption/Intact protein product**
- A
 - Is the participant's growth consistent with FTT?
 - Is the participant tolerating the product?
 - What are the reported symptoms?
- I
 - **Section 3 incomplete – Cannot issue**

1

Georgia WIC Program
Medical Documentation Form for WIC Special Formulas and WIC Foods

Patient's First & Last Name: Dennis Delaney Date of Birth (MM/DD/YYYY): 7/2/2015
Parent/Caregiver's First & Last Name: Dennis Delaney

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): Severe Milk Protein Allergy, Soy Intolerance
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: Nutramigen Toddler
Prescribed ounces per day: 24 oz/day* Form: Powder Concentrate Ready-to-feed†
Special instructions/comments: **
If Applicable: Flavor: _____ With Fiber: Yes No N/A
Planned length of use: 12 months WIC prescription renewal is required periodically (every 1-6 months).
*Prescribed amount per day is based on recommended feed schedule of the formula product or standard diabetic instructions on feeding.
**Prescription: With documentation, prescribers & 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 (0-11 mos.)	<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food Fruits and Vegetables
Children (1-12 mos.)	<input type="checkbox"/> Milk	<input type="checkbox"/> Beans / Peas
Children (1-12 mos.) & Women	<input type="checkbox"/> Cheese	<input type="checkbox"/> Peanut Butter
	<input type="checkbox"/> Cereal	<input type="checkbox"/> Eggs
		<input type="checkbox"/> Canned Fish

Whole Grains (whole bread, tortillas), or whole grain (breads, tortillas).
Comments: Please indicate any other potential restrictions or special requests in the "Comments" section below. (e.g. developmental readiness, allergies, baby food WIC, etc.)

4. Health Care Provider Information (Please Complete All Boxes)
Provider's Signature: Channing Stevenson
Provider's Name (Please Print): Channing Stevenson Date: 12/27/16

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, DC)
• Physician Assistants (PA, PA-C)
• Nurse Practitioners (e.g., NP, APRN, CNRP, CNP, FNP, CNRP)

Medical Office/Clinic Name: _____
Street Address: _____
City: _____
Zip Code: _____
Phone Number: _____
Fax Number: _____

Page 1 of 2 Revised August 2014

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Dennis Delaney

- C
 - Length of use
 - **Provider Credentials**
- D
 - Severe MPA/Nutramigen Toddler
 - No Conflict
- A
 - Is the diet/intake information that the participant reports consistent with the diagnoses?
- I
 - **Dairy/milk based products allowed with cow's milk allergy**

Summary/Highlights

- Use C-D-A-I when evaluating the GA WIC MDF
- Completion of all sections of the MDF are required for special formula issuance
- Verbal clarifications may be used to fulfil the requirements of medical documentation
- Prescribed amount must be in ounces per day (with exception to infant max, applicable modular, and single serve RTF products)

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Summary/Highlights

- The CPA may authorize the issuance of RTF according to State policy
- A verbal clarification or alternate references (i.e. practice website, participant appointment card) can used to complete missing address/contact information
- If the name or signature is missing from MDF, a new form must be obtained
- When contacting providers for clarification of MDF information use the objective information provided and language that suggest policy conflict rather than provider misuse

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Thank You for Your Participation!

Denice Vance, MS, RD, LD, CLC

GA WIC Program

404-656-9868

Denice.Vance@dph.ga.gov

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Medical Documentation Form for WIC Special Formulas and WIC Foods

Patient's First & Last Name: Marissa McKibbins Date of Birth (MM/DD/YY): 12/16/2014
 Parent/Caregiver's First & Last Name: Melissa McKibbins

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): Prematurity

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: Enfamil Enfacare

Prescribed ounces per day: 32 oz/day* Form: Powder Concentrate Ready-to-feed[†]

Special instructions/comments**: _____

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

Planned length of use: 6 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*	

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

Comments:

* 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: Royce Bringham, MD

Provider's Name (Please Print): Royce Bringham, MD Date: 1/22/16

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: Peachtown Pediatrics

Street Address: 1565 Georgia Drive

City: Dallas

Zip Code: 31164

Phone Number: _____

Fax Number: _____



Georgia WIC Program



1

Medical Documentation Form for WIC Special Formulas and WIC Foods

Patient's First & Last Name: Alicia Anderson Date of Birth (MM/DD/YY): 1/02/2017
 Parent/Caregiver's First & Last Name: Anastasia Anderson

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): Fussiness, Formula Intolerance

And applicable ICD-9 or ICD-10 code(s): K90.4

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: Similac Alimentum

Prescribed ounces per day: 16-20 oz/day* Form: Powder Concentrate Ready-to-feed[†]

Special instructions/comments**:

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

Planned length of use: 12 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*	

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

Comments:

* 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: Teddy Carlisle

Provider's Name (Please Print): Theodore Carlisle, DO Date: 1/22/17

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: Bennett Baby Care
 Street Address: 2025 Wimbley Way
 City: Forsyth
 Zip Code: 30256
 Phone Number: 770-563-9999
 Fax Number: _____

Medical Documentation Form for WIC Special Formulas and WIC Foods

Patient's First & Last Name: Braylen Beckham Date of Birth (MM/DD/YY): 8/6/2014
 Parent/Caregiver's First & Last Name: Brittany King

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): Malabsorption, Failure to Thrive

And applicable ICD-9 or ICD-10 code(s): K90.4

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: Pediasure

Prescribed ounces per day: 3 cans oz/day* Form: Powder Concentrate Ready-to-feed[†]

Special instructions/comments**:

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

Planned length of use: 6 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: Yusef Bennin

Provider's Name (Please Print): Yusef Bennin Date: 1/16/16

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: Kid Care Pediatricians Group

Street Address: 526 Westgate Circle

City: Atlanta

Zip Code: 30256

Phone Number: 770-563-9999

Fax Number: 770-563-8888



Georgia WIC Program



1

Medical Documentation Form for WIC Special Formulas and WIC Foods

Patient's First & Last Name: Dennis Delaney Date of Birth (MM/DD/YY): 7/2/2015
 Parent/Caregiver's First & Last Name: Darius Delaney

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): Severe Milk Protein Allergy, Soy Intolerance

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: Nutramigen Toddler

Prescribed ounces per day: 24 oz/day* Form: Powder Concentrate Ready-to-feed[†]

Special instructions/comments**: _____

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

Planned length of use: 12 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*	

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

Comments:

* 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: Channing Stevenson

Provider's Name (Please Print): Channing Stevenson Date: 12/27/16

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: Wee Care Pediatrics
 Street Address: 9364 Hambree Circle
 City: Catoosa
 Zip Code: 33569
 Phone Number: 746-659-2345
 Fax Number: 746-598-5226