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**Purpose** Identify medical documentation requirements for the Nebraska WIC program.

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**When Medical Documentation is Required** Medical documentation is required for the issuance of any of the following:

- Infants requiring any formula other than the contract, standard infant formulas
  - Milk-based infant formulas
  - Soy-based infant formulas
- Any specialty/exempt infant formula (i.e. Alimentum)
- Any infant formula prescribed to a child  $\geq$  one year of age.
- WIC foods in addition to special formula
- Children and women requiring medical/nutritional products.
- Whole milk for children  $\geq$  two years of age in addition to specialty formula.
- Whole milk for women
- Soy beverage for children  $\geq$  one year of age

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**Physician Authorization Form** The Physician Authorization Form (PAF) meets all medical documentation requirements and is the preferred method of obtaining the required medical documentation from the health care provider.

A written prescription may be accepted in absence of the PAF, provided the prescription contains all the required documentation found on the PAF.

Only health care providers with the prescriptive authority in Nebraska can make a medical determination for specialty formula or issuance of soy-milk for children.

Physician Authorization form is acceptable when in the following forms:

- Original written document
- Electronic document
- Fax
- By telephone to a WIC CPA until written confirmation is received.

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**Medical Documentation Content Requirements** Medical Documentation/ Physician Authorization Form must include the following information:

- Patient Information including the client's name

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**Medical Documentation Content Requirements (cont.)**

- The name of the authorized WIC formula prescribed including the amount needed per day.
- Any special instructions regarding the quantity of feedings or dilution of formula.
- Length of time the prescribed WIC formula is required.
- The qualifying condition(s) for issuance of the specialty formula.
- The authorized supplemental food(s) appropriate for the qualifying condition including any special instructions/restrictions to the supplemental foods.
- Signature, date and contact information of the health professional with prescriptive authority according to the Nebraska Statutes Pertaining to the Practice of Pharmacy.
  - For WIC purposes, prescriptive authority means a Physician, Physician Assistant, or Registered Nurse Practitioner.
  - Electronic signature is acceptable on electronic documents.

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**Timeframe Medical Documentation is Valid**

Prescriptions are valid for a maximum of six months. The Physician Authorization form must indicate the length of time (up to six months) that the medical documentation is valid.

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**Retention of Medical Documentation**

The Physician Authorization Form and/or written prescription or phone documentation must be kept in the client's file.

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**Incomplete Documentation**

**If the Physician Authorization Form is missing any of the required elements:**

- The CPA may obtain the information from the prescriptive authority (or his/her authorized staff) by telephone or FAX.
- A release of information form should be signed by the client or responsible party prior to contacting the physician for additional information.
- The CPA should write the missing information on the PAF and date and initial the information that was added.
- All missing information on incomplete Physician Authorization Forms must be clarified by a WIC CPA.

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**Transfer Client  
Exception to Medical  
Documentation  
Requirement**

A Physician Authorization form is not required in order to **begin** a client on a specialty formula or medical/nutritional product in the following situations only:

- In-state transfer clients who don't have a health care provider in their new location at the time of their WIC visit
- Out of state transfer clients with appropriate VOC information

The specialty formula can be issued in these situations without a prescription for **up to 2 months** until the client can get in to see a local health care provider and obtain a prescription.

At the end of the second month the client should be issued either the appropriate standard milk-based or soy-based contract formula or the specialty formula or medical/nutritional product if medical documentation is presented.

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**Nebraska WIC Nutrition Program  
Physician Authorization Form**  
For Specialty Formulas and WIC Supplemental Foods



Medical documentation is federally required to ensure that the patient under your care has a medical condition that requires the use of a specialty formula and that conventional foods are precluded, restricted or inadequate to meet their special nutritional needs.

**Instructions:**

- To approve specialty formula and/or supplemental foods for your patient - **complete sections A, B, C and E.**
    - For soy beverage – complete sections A, E **and D.**
- Fax form to WIC clinic or have WIC participant return form to clinic.

WIC Clinic:
Phone #:
Fax #:
Attention:

**A. Patient Information**

<b>Patient's Name:</b> (Last, First, MI):	<b>DOB:</b>
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**Parent/Caregiver's Name:**

**B. Specialty Formula**

**Name of formula requested:**

**Medical Reason/Diagnosis: REQUIRED**

**Prescribed amount:**  maximum allowable **-OR-**  \_\_\_\_\_ oz per day

**Time needed:**  1 month  2 months  3 months  4 months  5 months  6 months

**Special Instructions/Comments:**

**C. WIC Supplemental Foods**

**Supplemental foods: (check one)**

- All:** Issue full provision of age-appropriate supplemental foods
- None:** No WIC supplemental foods; provide formula only
- Modified:** Issue a modified food package **REMOVING** the supplemental foods checked below.

WIC Participant Category	WIC Supplemental Foods to REMOVE (DO NOT provide the foods checked below)	Special Instructions	
<b>Infants</b> 6 - 11 months	<input type="checkbox"/> Infant cereal and baby food fruits/vegetables		
<b>Children</b> 1 through 4 years	<input type="checkbox"/> Milk*		<input type="checkbox"/> Peanut Butter
	<input type="checkbox"/> Eggs		<input type="checkbox"/> Canned/Dried Beans
	<input type="checkbox"/> Cheese		<input type="checkbox"/> Breakfast Cereals
	<input type="checkbox"/> Juice		<input type="checkbox"/> Whole Grains
	<input type="checkbox"/> Fresh fruits and vegetables		

\* **Issue Whole Milk:** WIC provides reduced fat milk for women and children 2 years of age and older.  
 \*\*\*Only patients receiving specialty formula who require additional calories qualify to receive whole milk\*\*\*

**D. Soy Beverage**

**Issue WIC-approved soy beverage** as a milk substitute for children (13-60 months) with a specific qualifying condition.  
 Diagnosis (required):  Milk allergy  Severe lactose intolerance  Vegan diet  Other (specify) \_\_\_\_\_  
 (Personal preference is not an allowed reason)

**E. Health Care Provider Information**

**Signature of health care provider:**

**Provider's name (please print)**  MD  DO  PA  NNP

**Medical office/clinic:**

**Phone#:** **Fax #:** **Date:**

<b>WIC USE ONLY</b>	<b>Approved by:</b>	<b>Date:</b>
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**Qualifying medical conditions and common ICD-9 codes\* for issuance of WIC-approved specialty formula and soy beverage**

This listing is a sample of common ICD-9 codes which support the issuance of a specialty formula or soy beverage for Nebraska WIC participants and is not meant to be all inclusive.

**Examples of non-qualifying conditions that do not support WIC issuance of specialty formulas:**

- *Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying qualifying medical condition (i.e. poor appetite, picky eater, etc.)*
- Non-specific symptoms or diagnoses (e.g., formula/food intolerance, spitting up, colic, constipation, picky eater, fussiness, and gas.
- Food or formula intolerance that can be successfully managed with the use of one of the other WIC food packages or contract formulas.
- Parental preference or food dislikes

**Qualifying medical conditions include life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the client's nutritional status.**

**Infants and Children ICD – 9 Code**

• Anemia	281.9
• Autoimmune disorder	279.4
• Celiac disease	570.0
• Cerebral palsy	343.9
• Cleft lip/palate	749.0/749.1
• Congenital anomaly, respiratory	748.9
• Congenital heart disease	746.9
• Cystic fibrosis	277.0
• Developmental sensory/motor delays	783.4
• Diabetes	250
• Failure to thrive/inadequate growth	783.4
• Severe food allergies	693.1; 558.3; 477.1
• Gastro esophageal reflux disease (GERD)	530.81
• Gastrointestinal disorders	536.9
• Genetic-congenital disorders	740-759
• Inborn errors of metabolism/metabolic disorders	277.9
• Immunodeficiency	279.3
• Intestinal malabsorption	579
• Prematurity/low birth weight (LBW)	765.1
• Underweight	783.22; 783.21

**Qualifying conditions for issuance of soy beverage for children 1 year of age and older:**

• Allergy (cow's milk protein)	477.9
• Severe lactose intolerance	271.3
• Vegan diet	-----

**Examples of specialty formulas provided by the Nebraska WIC Program:**

Similac Alimentum	Enfacare	Pediasure
Nutramigen Lipil Enflora	Similac Neosure	Boost Kid Essentials
Pregestimil Lipil	Human Milk Fortifier	Neocate 1+
Elecare Infant	Elecare Vanilla	Nutren Jr
Neocate Infant	Neocate Junior	Vivonex Pediatric
Nutramigen AA	E028 Splash	Peptamen Jr

\*ICD=International Classifications of Diseases ICD-9.com:  
[www.icd9data.com/2009/volume1/default.htm](http://www.icd9data.com/2009/volume1/default.htm)