

Section 7.6: Medical Documentation

1/2023

References: 7 CFR 246.10

Policy: Some formulas and supplemental foods may be provided by WIC only with appropriate medical documentation.

Purpose: To assure participants receive WIC supplemental foods that meet their medical and/or nutritional needs.

Procedures

Medical Determination

Medical determination documenting a qualifying condition is required for participants receiving Food Package 3, including:

- Standard contract infant formula prescribed to a child
- Exempt infant formula
- WIC-eligible medical food
- Supplemental foods issued to participants receiving Food Package 3. Supplemental foods are available from the standard food package for the participant's WIC type, e.g., a child receiving Food Package 3 may receive any of the foods from Food Package 4 that are appropriate.
- Whole or 2% milk issued to children age 2 and over or women in Food Package 3.
- Infant fruit and vegetables and infant cereal provided to a child receiving medical formula

Qualifying conditions.

The table ***Foods/Formula Requiring Medical Documentation*** below lists the qualifying medical conditions for the issuance of medical formulas and supplemental foods. Formula and supplemental foods may not be issued for a *non-qualifying* condition.

Medical documentation requirements

- Documentation must be obtained *prior to issuance* of:

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- medical formula using Exhibit 7-D: [Minnesota WIC Program Request for Formula Documentation](#)
- Medical documentation may be submitted on another form as long as all Federally required components are present.
- Documentation must be from a Health Care Professional licensed to write medical prescriptions under Minnesota state law.
 - M.D.
 - Physician's Assistant supervised by a medical physician
 - Certified Nurse-Midwife
 - Nurse Practitioner (Certified Clinical Nurse Specialist) who has an agreement with a physician based on standards established by the Minnesota Nurses Association and the Minnesota Medical Association
 - Licensed Doctor of Osteopathy duly licensed to practice medicine
- Health Care Provider must document in writing all the following:
 - Qualifying medical condition; see the table ***Foods/Formula Requiring Medical Documentation*** below
 - Name of formula and/or any WIC foods
 - Prescribed amount(s) per day
 - Length of time required
 - Health Care Provider signature, date, and contact information
- Medical documentation must be obtained **in writing** as an original written document, electronically, or by fax and scanned into the participant record.
- Medical documentation may be provided **by telephone** to a CPA, when necessary to prevent a delay that would place a participant at increased nutritional risk (determined on case-by-case basis) and until written confirmation is received, which must be within 1 month. Voucher issuance is limited to one month with verbal verification.
- At a minimum, new documentation is required when the Health Care Provider's intended length-of-use expires, or the prescription has changed.
- Transfer participants
 - In-state transfers: CPAs may honor the medical prescription, documented by the originating local agency in the participant record, if still applicable.
 - Out-of-state transfers: For participants who don't have a medical prescription with them, contact their Health Care Provider or previous WIC agency to verify the medical documentation information.

Prescription Renewal Requirements:

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- Prescriptions for participants receiving Food Package 3 must be obtained at least every 6 months or any time the food package changes.
- **Evaluation of Medical Documentation:** CPAs must assess the appropriateness of the formula/food requested, considering the health condition and/or diagnosis and make food package changes as appropriate. The following information should be considered for approval:
 - Medical diagnosis or condition(s) which necessitates the need for the formula/food
 - Approval should not be made for women and children who have a food intolerance to lactose or milk protein that can be successfully managed with the use of other WIC supplemental foods.
 - Current growth status (i.e., weight and length/height plotted on growth chart)
 - Pattern of growth over time, when information is available (e.g., weight gained over previous months)
 - Health and diet history (including a diet recall)
 - Interview with caregiver to determine if formula is prepared/stored properly
 - Consultation with the prescribing Health Care Provider, when necessary to determine need
- **CPA Professional Judgment:** CPAs may deny a request for a formula/food if, in their professional judgment, there is no justifiable medical need. (Note: “Parental preference” and “picky eater” do not establish medical need and therefore are not qualifying conditions.) See *Guidance* in [Section 7.9: Food Package 3](#).

Foods/Formula Requiring Medical Documentation

Participant Category	Supplemental Food/Formula Requiring Medical Documentation	Qualifying Medical Condition	Non-qualifying Condition
Infants 0-5 months	Food Package 3 <ul style="list-style-type: none"> ▪ Exempt infant formula ▪ Medical food 	<ul style="list-style-type: none"> ▪ Premature birth ▪ Low birth weight ▪ Failure to thrive ▪ Inborn errors of metabolism ▪ Metabolic disorders ▪ Gastrointestinal disorders ▪ Malabsorption syndromes ▪ Immune system disorders ▪ Severe food allergies that require an elemental formula ▪ Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant’s nutrition status 	<ul style="list-style-type: none"> ▪ Non-specific formula or food intolerance ▪ Suspected or non-confirmed allergy ▪ Only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require an exempt infant formula, or non-specified formula or food intolerance ▪ Participant preference

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Participant Category	Supplemental Food/Formula Requiring Medical Documentation	Qualifying Medical Condition	Non-qualifying Condition
Infants 6-12 months	Food Package 3 <ul style="list-style-type: none"> ▪ Exempt infant formula ▪ Medical food 	As above	As above
Infants 6-12 months	Food Package 3 <ul style="list-style-type: none"> ▪ Infant fruits and vegetables ▪ Infant cereal 	Health Care provider indicates complementary foods are appropriate	Health Care provider indicates complementary foods are not appropriate
Children 1-4 years	Food Package 3 <ul style="list-style-type: none"> ▪ infant formula ▪ Exempt infant formula ▪ Medical food 	<ul style="list-style-type: none"> ▪ Premature birth ▪ Low birth weight ▪ Failure to thrive ▪ Inborn errors of metabolism ▪ Metabolic disorders ▪ Gastrointestinal disorders ▪ Malabsorption syndromes ▪ Immune system disorders ▪ Severe food allergies that require an elemental formula ▪ Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant's nutrition status 	<ul style="list-style-type: none"> ▪ Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition ▪ Lactose intolerance ▪ Participant preference ▪ Food dislike
Children 1-4 years	Food Package 3 <ul style="list-style-type: none"> ▪ Milk/milk alternatives (includes whole/2% milk) ▪ Cereal ▪ Eggs ▪ Fruits & vegetables ▪ Whole grains ▪ Peanut butter/beans ▪ Juice 	Health Care Provider indicates supplemental foods are appropriate	Health Care Provider indicates supplemental foods are not appropriate.

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Participant Category	Supplemental Food/Formula Requiring Medical Documentation	Qualifying Medical Condition	Non-qualifying Condition
Women	Food Package 3 <ul style="list-style-type: none"> ▪ Medical food 	<ul style="list-style-type: none"> ▪ Inborn errors of metabolism ▪ Metabolic disorders ▪ Gastrointestinal disorders ▪ Malabsorption syndromes ▪ Immune system disorders ▪ Severe food allergies that require an elemental formula ▪ Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the participant's nutrition status 	<ul style="list-style-type: none"> ▪ Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition ▪ Lactose intolerance ▪ Participant preference ▪ Food dislike
Women	Food Package 3 <ul style="list-style-type: none"> ▪ Milk/milk alternatives (includes whole/2% milk) ▪ Cereal ▪ Eggs ▪ Fruits & vegetables ▪ Whole grains ▪ Peanut butter/beans ▪ Juice 	Health Care Provider indicates supplemental foods are appropriate	Health Care Provider indicates supplemental foods are not appropriate.

Reference – Complete Listing of Hyperlinks:

Exhibit 7-D: Medical Formula Documentation

(<https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex7/7d.pdf>)

Section 7.9: Food Package 3

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch7/sctn7_9.pdf)

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