

# **Introduction to Risk Code Assignment**

UPDATED AUGUST 17, 2023

# **Objectives**

### After completing this lesson, you will be able to:

- Describe the different uses of risk codes in WIC clinics.
- Identify the four groups of risk codes.
- Describe how risk codes are selected for each participant.

## **Overview**

WIC is different from other food assistance programs. WIC participants must have a nutrition need or risk to qualify for WIC services. WIC's goal is to use nutritious foods and nutrition education to improve participant's health and growth.

### WIC focuses on:

- Reducing complications during pregnancy.
- Decreasing the number of low birth weight and premature infants.
- Improving the growth and development of young children.
- Reducing iron deficiency anemia.
- Increasing the number of breastfeeding mothers.

The **nutrition risk factors** are key to WIC services. Each participant has a certification appointment to identify the nutrition risk factors. These risk factors are the basis for the individualized services that WIC offers.

### In the WIC clinic, nutrition risk factors are used to:

- Certify that participants are eligible for WIC.
- Focus participants' nutrition education on their needs.
- Determine participants at high risk.
- Identify referrals needed for the participants.

The nutrition risk criteria are standardized throughout the United States. The risk criteria are reviewed and recommended by a national group of health professionals in the Health and Medicine Division of the National Academies of Science, Engineering, and Medicine (NASEM). The federal WIC office at the United States Department of Agriculture (USDA) requires State WIC programs to use these standardized risk codes.

# What Are the Nutrition Risk Codes?

WIC's nutrition risk codes can be classified into four groups – anthropometric, biochemical/clinical/health/medical, dietary, and other risks. There are over 80 different risk codes.

Groups of Risk Codes	Description	Examples
Anthropometric (Risk Criteria #100-#150)	Based on a person's size	<ul><li>Height</li><li>Weight</li><li>Rate of growth</li></ul>
Biochemical/Clinical/Health Medical (Risk Criteria #200- #380)	Based on a blood test Based on a person's health	<ul> <li>Anemia</li> <li>Blood lead level</li> <li>Chronic illness</li> <li>Birth problems</li> <li>Genetic conditions</li> </ul>
Dietary (Risk Criteria #400- #428)	Based on feeding behaviors	<ul> <li>Inappropriate nutrition practices</li> </ul>
Other Risks (Risk Criteria #500- #900)	Based on conditions that present a risk	<ul><li>Homelessness</li><li>Foster care</li><li>Breastfeeding complications</li></ul>

Further information on medical and dietary risk codes can be found in the <u>Nutrition Assessment Module</u>.

# **How are Risk Codes Selected for Participants?**

Each participant is assigned nutrition risk codes during the certification appointment. These nutrition risk codes are selected based on the participant's medical data and health information. The WIC Information System is used to record the medical and health information and to select the risk code factors for each participant.

In the WIC Information System, there is a master list of all risk codes. Risk codes can be either auto-assigned by the system or CPA-assigned.

### 1. Assigned by the WIC Information System

System automatically selects the risk code from the master list.

- System selects the risk code based on the information the CPA enters in the fields of height, weight and blood or health information screens.
- It is very important for the CPA to enter all information correctly so that correct risk codes will be selected by the system.

### Examples for #1:

The CPA enters the height and weight of a participant. The WIC Information System calculates that the person is underweight and selects the risk code for "Underweight".

The CPA enters an answer to the question about whether a woman is smoking during pregnancy. If she smokes, the WIC Information System automatically selects the risk code, "Maternal Smoking".

### 2. Assigned by the CPA

- Risk codes are selected from the master list by the CPA.
- The CPA selects the risk code based on information learned during certification.
- Risk codes are often CPA-assigned during the health and/or nutrition questionnaire assessments.

### Examples for #2:

During the health history assessment, a woman indicates that she has Crohn's Disease. When the CPA enters the Risk Code screen, the CPA will select the risk code for "Gastro-Intestinal Disorders".

During the certification appointment, a mother tells the CPA that her baby was born with a heart defect and will need surgery next month. The CPA selects the risk code "Genetic and Congenital Disorders" in the Risk Code Assignment screen.

#### 3. Final Review

 After the CPA and WIC Information System have selected risk codes, the CPA must do a final review of all nutrition risk codes to make sure the correct ones were selected. This is done by reviewing the risk codes in the 'Risk Factor' screen in the WIC Information System.

**NOTE:** CPA assigned risk codes can be added or removed on the "Risk Factor" screen. This step is very important to ensure that the risk codes identified by the CPA are correct and appropriate for the participant.

# **How are Risk Codes Selected for Participants?**

The information used to assess participants for nutrition risks comes from several places.

### 1. Collected by WIC Staff

• WIC staff collects the information needed to assign the appropriate risk codes as part of the certification process.

**Example:** WIC staff measures and weighs the participant. This provides the information needed to assign an anthropometric risk code.

#### 2. Historical Data

 For participants who are being recertified, WIC staff has information from previous certifications.

**Example:** The WIC Information System keeps track of the weight gain of a child over several visits to WIC. This information is used to determine if the child is growing at the appropriate rate for their age.

### 3. Information from a Health Care Provider

• WIC participants might bring information from their health care provider about their medical history which could be used to assign a risk code.

**Example:** An infant has a prescription for a medical formula which also lists information about the infant's medical diagnosis. The information is used to enter a clinical/medical risk.

### 4. Self-Reported by Participant

- WIC allows participants to self-report that their doctor has diagnosed them with a health condition.
- It is important to determine that a doctor has diagnosed a health condition, not that the participant just believes that she has the condition.
- It is not required to have a note from the doctor stating the diagnosis.
- Specific questions to ask the participant when they self-report a health condition include:
  - o Are you seeing a doctor for the condition?
  - o How long have you had this condition?
  - Can we contact your doctor to find out more about your condition? (Make sure to get a signed release of information.)
  - What type of medication are you taking for the condition?
  - o Has your doctor prescribed a special diet for this condition?

**Example:** Following is an example of how the CPA can find out more information about a self-reported medical condition.

**Scenario:** Joan is at WIC to be enrolled as a pregnant woman. This is part of her conversation with the CPA during the Health History Assessment.

**CPA:** Joan, tell me about any medical or health problems you have been living with.

**Jolene:** Oh, well I have had high-blood pressure for a while now.

**CPA:** Okay, how has your doctor treated you for the high-blood pressure?

Jolene: Well, my doctor really hasn't said anything about it.

CPA: I see, tell me more about that.

Jolene: I haven't even talked to my doctor about it. I check my blood pressure when I pick up my vitamins at Walgreen's and I test my blood pressure on the machine while I am there.

**CPA:** Do they normally check your blood pressure when you visit your doctor?

**Jolene:** They do but I haven't been there since I found out I was pregnant.

**CPA:** When are you scheduled to return?

**Jolene:** I have my first prenatal appointment this Thursday and planned to talk to my doctor about my blood pressure then.

**CPA:** I think it's great that you are being proactive about your health.

**Jolene:** Thanks, I really want this pregnancy to be healthy for me and the baby.

**CPA:** That is so good to hear! Tell me, do you have any other health or medical conditions that you have been diagnosed with?

Jolene: No, I have been very healthy overall.

**CPA:** It is great to hear you have been healthy and I truly appreciate your willingness to share your concerns with me.

**Result:** Although Jolene was enrolled in WIC with other risk factors, she would not qualify for the risk code for *Hypertension*, because she was not diagnosed by a physician for the problem. **However:** If Jolene had said, "My doctor said at my last appointment that I have high blood pressure," then she would have qualified for the risk code for *Hypertension*.

# "High-Risk" Risk Codes

All WIC participants are at nutritional risk, but some participants are at a greater risk than others for poor nutrition-related health outcomes. "High risk" in WIC designates participants who have a nutrition risk that puts them at high risk and for whom an Individual Nutrition Care Plan (INCP) is required.

Each state WIC agency is allowed to determine which nutrition risks are to be considered "high risk". The National Academies of Science, Engineering, and Medicine (NASEM) recommends

that nutrition risks that have a strong relationship to risk and potential to benefit from the services of the WIC Program be considered high risk.

For more information on High-Risk Individualized Nutrition Care Plans see Section 6.6: High Risk Individual Nutrition Care of the Minnesota Operations Manual (MOM) and the High Risk Counseling modules located on the WIC New Staff Training (NST) page in NST Phase IV.

# **Summary**

Assigning the appropriate nutrition risk codes is key to WIC's service. A good assessment of the participant's health and nutrition status gives a more complete picture of their nutrition needs. When all risk codes are identified, it helps to focus the nutrition education on what will best assist the participant in reaching their goals and improving their health.

# Sk

or more information and practice with Risk Codes complete the Risk Code Practice /orkbook.			
	Check #1 What are the four groups of nutrition risk codes?		
2.	What are the 2 ways risk codes are assigned?		
3.	When are risk codes assigned by the CPA?		
4.	What information is used to assign risk codes?		
5.	What type of information requires careful questioning by the CPA?		
6.	Why is it important to review CPA-assigned risk codes?		

# **Final Skill Check**

1. Nutrition risk codes can help identify referrals that the participant may need.

True or False

2. Each state determines the risk code criteria used in that state.

True or False

3. There are four different groups of risk codes.

True or False

4. The requirement that all participants must have a risk code makes the WIC program different from other food assistance programs.

True or False

5. The four groups of nutrition risk codes are: anthropometric, medical, dietary, and other.

True or False

6. The risk code for "Lactose Intolerance" should be assigned for a child when the mother reports that the child seems to have difficulty digesting milk.

True or False

7. Only information collected by WIC staff can be used to assign anthropometric risk codes.

True or False

8. A high blood lead level is an example of a medical risk code.

True or False

9. Anthropometric risk codes are based on a person's physical size.

True or False

10. Biochemical risk codes are based only on results from blood tests.

True or False

# **Module Answer Keys**

# **Supplementary Materials**

History of Preeclampsia

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# List of Risk Code Numbers and Names

Here is a list of all risk code numbers and their names as listed on the MN WIC Risk Criteria-<u>Exhibit 5-T</u>. . For more detailed information about each specific risk code, refer to the '<u>WIC Risk Criteria</u>'.

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101	Underweight (Women)
103	Underweight or at-Risk of Becoming Underweight (Infants and Children)
111	Overweight (Women)
113	Obese (Children 2-5 years old)
114	Overweight or At Risk of Overweight (Infants and Children)
115	High Weight-for-Length (Infants and Children <24 Months)
121	Short Stature or At Risk of Short Stature (Infants and Children)
131	Low Maternal Weight Gain
133	High Maternal Weight Gain
134	Failure to Thrive (FTT)
135	Slowed/Faltering Growth Pattern
141	Low Birth Weight and Very Low Birth Weight
142	Preterm or Early Term Delivery
151	Small for Gestational Age
152	Low Head Circumference
153	Large for Gestational Age
<b>200</b> s	
201	Low Hemoglobin/Low Hematocrit
211	Elevated Blood Lead Levels
<b>300</b> s	
301	Hyperemesis Gravidarum
302	Gestational Diabetes
303	History of Gestational Diabetes

311	History of Preterm or Early Term Delivery
312	History of Low Birth Weight
321	History of Spontaneous Abortion, Fetal or Neonatal Loss
331	Pregnancy at a Young Age
332	Short Interpregnancy Interval
334	Lack of or Inadequate Prenatal Care
335	Multifetal Gestation
336	Fetal Growth Restriction
337	History of Birth of a Large for Gestational Age Infant
338	Pregnant Woman Currently Breastfeeding
339	History of a Birth with Nutrition Related Congenital or Birth Defect
341	Nutrient Deficiency or Disease
342	Gastro-Intestinal Disorders
343	Diabetes Mellitus
344	Thyroid Disorders
345	Hypertension and Prehypertension
346	Renal Disease
347	Cancer
348	Central Nervous System Disorders
349	Genetic and Congenital Disorders
<i>3</i> 51	Inborn Errors of Metabolism
352A	Infectious Disease- Acute
352B	Infectious Disease- Chronic
353	Food Allergies
354	Celiac Disease
<i>355</i>	Lactose Intolerance
356	Hypoglycemia
<i>357</i>	Drug Nutrient Interactions
358	Eating Disorders (Women Only)
359	Recent Major Surgery, Trauma, or Burns
260	Other Medical Conditions

361	Mental Illnesses
362	Developmental, Sensory, or Motor Disabilities Interfering with the Ability to Eat
363	Pre-Diabetes
371	Nicotine and Tobacco Use
372	Alcohol and Substance Use
381	Oral Health Conditions
382	Fetal Alcohol Spectrum Disorders
383	Neonatal Abstinence Syndrome (NAS)
400s	
401	Failure to Meet Dietary Guidelines for Americans
411	Inappropriate Nutrition Practices for Infants
425	Inappropriate Feeding Practices for Children
427	Inappropriate Nutrition Practices for Women
428	Dietary Risk Associated with Complementary Feeding Practices
<b>500</b> s	
501	Possibility of Regression
502	Transfer of Certification
600s	
601	Breastfeeding Mother of Infant at Nutritional Risk
602	Breastfeeding Complications or Potential Complications (Woman)
603	Breastfeeding Complications or Potential Complications (Infant)
<b>700</b> s	
701	Infant Up to 6 Months Old of WIC Mother or of a Woman Who Would Have Been Eligible During Pregnancy
702	Breastfeeding Infant of Woman at Nutritional Risk
800s	
801	Homelessness
802	Migrancy

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900s

901 Recipient of Abuse

902 Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding

Decisions and/or Prepare Food

903 Foster Care

904 Exposure to Environmental Tobacco Smoke (ETS)

# **Disease Names and Risk Codes**

For this condition: Us	se this	Risk	Code	(RC):
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AIDS	RC 352B- Infectious Disease- Chronic
Anencephaly	RC 348- Central Nervous System Disorders
	RC 339- History of Birth with Nutrition Related Congenital or Birth Defect
Anxiety Disorders	RC 361 Mental Illnesses
Attention-Deficit/Hyperactivity Disorc	der (ADHD) <i>RC 361 Mental Illnesses</i>
Autism	RC 362 — Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat
Anemia	RC 201- Low Hemoglobin/Low Hematocrit
Anorexia Nervosa	RC 358- Eating Disorders (Women only)
Arthritis	RC 360- Other Medical Conditions
Asthma	RC 360- Other Medical Conditions
Baby Bottle Tooth Decay	RC 381- Oral Health Conditions
Bipolar Disorder	RC 361- Mental Illnesses
Bowel Resection	RC 342- Gastro-Intestinal Disorders
Brain Damage	RC 362- Developmental, Sensory or Motor Disabilities Interfering with the Ability to Eat
Branched Chain Ketoaciduria	RC 351- Inborn Errors of Metabolism
Bronchial Asthma	RC 360- Other Medical Conditions
Bronchiolitis	RC 352A — Infectious Diseases- Acute
Bulimia	RC 358 – Eating Disorders (Women only)
C-section	RC 359 — Recent Major Surgery, Trauma or Burns

# For this condition: Use this Risk Code (RC):

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RC 347 – Cancer
RC 360 – Other Medical Conditions
RC 360 Other Medical Conditions
RC 354- Celiac Disease
RC 354 – Celiac Disease
RC 348 — Central Nervous System Disorders
RC 359- Recent Major Surgery, Trauma or Burns
RC 342- Gastro-Intestinal Disorders
RC 342 — Gastro-Intestinal Disorders
RC 349- Genetic and Congenital Disorders
RC 339 — History of Birth with Nutrition Related Congenital or Birth Defect
RC 342 — Gastro-Intestinal Disorders
RC 360 – Other Medical Conditions
RC 361 – Mental Illnesses
RC 902 — Woman or Infant/Child of Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food
RC 362 — Developmental, Sensory or Motor Delays Interfering with the Ability to Eat
RC 343 – Diabetes Mellitus
RC 349 — Genetic and Congenital Disorders
RC 348 – Central Nervous System Disorders
RC 134 – Failure to Thrive (FTT)
RC 382 – Fetal Alcohol Spectrum Disorders
RC 336 – Fetal Growth Restriction
RC 353 – Food Allergies
RC 351 – Inborn Errors of Metabolism
RC 342 – Gastro-Intestinal Disorders

For this condition:	Use this Risk Code (RC):
Gestational Diabetes	RC 302- Gestational Diabetes
	RC 303- History of Gestational Diabetes
Gingivitis of Pregnancy	RC 381 — Oral Health Conditions
Gluten Enteropathy	RC 354 – Celiac Disease
Heart Disease	RC 360 — Other Medical Conditions
Hepatitis B/C/D	RC 352B — Infectious Diseases - Chronic
High Blood Pressure	RC 345 — Hypertension and Prehypertension
HIV	RC 352B — Infectious Diseases - Chronic
Hyperemesis Gravidarum	RC 301- Hyperemesis Gravidarum
Hypertension	RC 345 — Hypertension and Prehypertension
Hypoglycemia	RC 356 — Hypoglycemia
Inflammatory Bowel Disease	RC 342 – Gastro-Intestinal Disorders
Fetal Growth Restriction (FGR)	RC 336 – Fetal Growth Restriction
Juvenile Rheumatoid Arthritis (JRA)	RC 360- Other Medical Conditions
Juvenile Idiopathic Arthritis (JIA)	RC 360- Other Medical Conditions
Kidney Disease	RC 346 — Renal Disease
Lactose Intolerance	RC 355 — Lactose Intolerance
Elevated Blood Lead Levels	RC 211 —Elevated Blood Lead Levels
Liver Disease	RC 342- Gastro-Intestinal Disorders or
	RC 352A — Infectious Disease- Acute (Hepatitis A/E)
	RC 352B- Infectious Disease- Chronic (Hepatitis (B/C/D)
Lupus Erythematosus	RC 360 — Other Medical Conditions
Malabsorption Syndrome	RC 342 — Gastro-Intestinal Disorders
Malnutrition	RC 341 – Nutrient Deficiency or Disease
Maple Sugar Urine Disease (MSUD)	RC 351 – Inborn Errors of Metabolism
Metabolic Diseases	RC 351 – Inborn Errors of Metabolism
Meningitis	RC 352A — Infectious Diseases - Acute

For this condition:	Use this Risk Code (RC):
Meningocele	RC 348 – Central Nervous System Disorders
	RC 339- History of Birth with Nutrition Related Congenital or Birth Defect
Mentally Delayed	RC 902 — Woman/Primary Caregiver with Limited Ability to Make Feeding Decisions and/or Prepare Food
Multiple Sclerosis	RC 348 – Central Nervous System Disorders
Myelomeningocele	RC 348 -Central Nervous System Disorders
	RC 339 – History of Birth with Nutrition Related
Necrotizing Enterocolitis (NEC)	RC 342 –Gastro-Intestinal Disorders
Neural Tube Defects (NTD)	RC 348 – Central Nervous System Disorders
	RC 339 — History of Birth with Nutrition Related Congenital or Birth Defect
Non-tropical Sprue	RC 354 — Celiac Disease
Obsessive-Compulsive Disorder	RC 361 Mental Illnesses
Occulta	RC 348 – Central Nervous System Disorders
	RC 339 — History of Birth with Nutrition Related Congenital or Birth Defect
Parasites	RC 352A — Infectious Diseases - Acute
Pancreatitis	RC 342 — Gastro-Intestinal Disorders
Parkinson's Disease	RC 348 – Central Nervous Systems Disorders
Periodontal Disease	RC 381 – Oral Health Conditions
Persistent Proteinuria	RC 346 — Renal Disease
Personality Disorder	RC 361 Mental Illnesses
Phenylketonuria (PKU)	RC 351 – Inborn Errors of Metabolism
PIH	RC 345 — Hypertension and Prehypertension
Pink worm	RC 352A — Infectious Diseases- Acute
PKU	RC 351 — Inborn Errors of Metabolism
Pneumonia	RC 352A — Infectious Diseases- Acute
Polycystic Kidney Disease	RC 346 — Renal Disease

# For this condition: Use this Risk Code (RC):

Deliveratio Overs Sundrana	DC 260. Other Medical Conditions
Polycystic Ovary Syndrome	RC 360- Other Medical Conditions
Post-Traumatic Stress Disorder	RC 361 Mental Illnesses
Pregnancy Induced Hypertension	RC 345 — Hypertension and Prehypertension
Pre-eclampsia	RC 345 — Hypertension and Prehypertension
Projectile Vomiting	RC 342- Gastro-Intestinal Disorder
Protein Energy Malnutrition	RC 341 – Nutrient Deficiency or Disease
Proteinuria	RC 346 — Renal Disease
Rheumatoid Arthritis	RC 360 – Other Medical Conditions
Rickets	RC 341 – Nutrient Deficiency or Disease
Schizophrenia	RC361 Mental Illnesses
Scurvy	RC 341 – Nutrient Deficiency or Disease
Short Bowel Syndrome	RC 342 – Gastro-Intestinal Disorders
Sickle Cell Anemia	RC 349 – Genetic and Congenital Disorders
Small Bowel Enterocolitis	RC 342 — Gastro-Intestinal Disorders
Small Bowel Syndrome	RC 342 – Gastro-Intestinal Disorders
Small for Gestational Age	RC 151 — Small for Gestational Age
Spina Bifida	RC 348 – Central Nervous System Disorders
	RC 339 — History of Birth with Nutrition Related Congenital or Birth Defect
Tapeworm	RC 352A — Infectious Diseases- Acute
ТВ	RC 352A — Infectious Diseases - Acute
Thalassemia	RC 349 - Genetic and Congenital Disorders
Toxemia	RC 345 — Hypertension and Prehypertension
Tuberculosis	RC 352A — Infectious Diseases- Acute
Type 1 Diabetes	RC 343 – Diabetes Mellitus
Type 2 Diabetes	RC 343 – Diabetes Mellitus
Ulcerative Colitis	RC 342 – Gastro-Intestinal Disorders
Ulcers	RC 342 – Gastro-Intestinal Disorders

## For this condition:

# Use this Risk Code (RC):

Vitamin A Excess (Pre-conception or during pregnancy linked to a birth defect)

RC 339 — History of Birth with Nutrition Related Congenital or Birth Defect

Zinc Deficiency (Pre-conception or during pregnancy linked to a birth defect)

RC 339 — History of a Birth with a Nutrition Related Congenital or Birth Defect

# **References- Complete Listing of Hyperlinks:**

### **Nutrition Assessment Module**

(https://www.health.state.mn.us/docs/people/wic/localagency/training/nutrition/nst/dietary.pdf)

### Section 6.6: High Risk Individual Nutrition Care Plans

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/chsctns/ch6/sct n6 6.pdf)

### **WIC New Staff Training**

(https://www.health.state.mn.us/people/wic/localagency/training/nst.html)

### Risk Code Practice Workbook

(https://www.health.state.mn.us/docs/people/wic/localagency/training/nutrition/nst/rcworkb ook.pdf)

### Module Answer Keys

(https://www.health.state.mn.us/people/wic/localagency/training/answerkeys.html)

### MN WIC Risk Criteria- Exhibit 5-T

(https://www.health.state.mn.us/docs/people/wic/localagency/program/mom/exhbts/ex5/5t\_new.pdf)

### WIC Risk Criteria

(https://www.health.state.mn.us/people/wic/localagency/riskcodes/index.html#low1)

Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, <a href="mailto:health.wic@state.mn.us">health.wic@state.mn.us</a>, <a href="mailto:www.health.state.mn.us">www.health.state.mn.us</a>; to obtain this information in a different format, call: 1-800-657-3942. This institution is an equal opportunity provider.