

Infant Nutrition Provider Guide

HELP BABIES GROW HEALTHY AND STRONG



Introduction

The Infant Nutrition Provider Guide helps you understand infant nutrition benefits. It also details the process to follow to obtain benefits for Health Net members. Mothers and infants under age one who are enrolled in the Health Net Medi-Cal program can access these benefits.

If a conflict exists regarding a benefit, medical necessity or product (unless an otherwise specified exception is stated in this guide), follow the least restrictive policy (the Infant Nutrition Provider Guide vs. California Department of Health Care Services (DHCS) policy and the Medi-Cal manual).

For general assistance with Health Net programs, contact the Health Net Medi-Cal Provider Services Center at 1-800-641-7761.

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Health Net Supports Breastfeeding

Breastfeeding has important health and economic benefits to mothers, infants and our communities. It should continue for the first year of life and beyond if desired by the mother and baby. We want mothers to successfully breastfeed their babies for as long as mother and baby are comfortable.

Your support and encouragement can make the difference between breastfeeding success and failure. You are very influential in mothers' infant and toddler feeding decisions. You also play a key role in providing information and help for patients' questions and problems.



More breastfeeding info

Wellstart International
www.wellstart.org

Wellstart International specializes in advancing health care providers' knowledge about breastfeeding.

Academy of Breastfeeding Medicine
www.bfmed.org

The academy develops evidence-based protocols on clinical lactation management.



Infant Nutrition Benefits Overview

Health Net covers infant nutrition services for mothers and their infants to improve infant health and support growth. Infant nutrition benefits include:



- **Lactation durable medical equipment (DME) (includes breast pumps and lactation management aids).**
- **Lactation education and support services (breastfeeding-related evaluation and management services).**
- **Therapeutic infant formula.**
- **Banked human milk.**

Health Net arranges for or provides infant nutrition benefits. This guide explains the steps directly contracting fee-for-service (FFS) Medi-Cal participating providers can follow to access infant nutrition benefits. The steps may be similar for participating physician groups (PPGs). However, if you are participating through a PPG, please follow the PPG's guidelines for referrals and prior authorizations for infant nutrition benefits.

Referrals for CCS-eligible conditions

Infant nutrition supplies and services may be covered by California Children's Services (CCS) for infants who have a CCS-eligible condition and an approved Service Authorization Request (SAR) from CCS.

- Refer children with potential CCS-eligible conditions to the local county CCS program.
- Go to the provider website at provider.healthnet.com > *Provider Library* to view the manuals, or contact the Public Programs Department at 1-800-526-1898.

- To learn more about CCS and CCS-eligible conditions, refer to the Medi-Cal provider operations manuals.



Member access to benefits

Health Net members may receive infant nutrition benefits as an inpatient or outpatient. Often, a member is only eligible for infant nutrition benefits until his or her first birthday. Request lactation education/support services and lactation DME under the mother or infant's Health Net member identification (ID) number. You can prescribe therapeutic formula and banked human milk for newborns under the mother's member ID. Once the infant's membership is set up, if the prescription needs to be reauthorized, the request must be made under the infant's member ID.

Prior authorization

Infant nutrition benefit	Prior authorization requirement	
	Health Net	Shared-risk/dual-risk PPG
<ul style="list-style-type: none"> Lactation DME (most breast pumps, nipple shields and breast shells) Hospital-grade electric breast pump 	No , unless the cost exceeds the amount allotted. See details on Page 6.	No , unless the cost exceeds the amount allotted. Verify prior authorization requirements and preferred lactation education and support services providers with your PPG.
Lactation education and support services: <ul style="list-style-type: none"> Provided by Comprehensive Perinatal Services Program (CPSP)-certified providers (including lactation education and support through ancillary staff or subcontractors) Provided by non-CPSP-certified providers 	No Yes (If the provider does not have a contract with a lactation consultant). Provider must refer within 24–48 hours of the last patient visit.	No , unless the cost exceeds the amount allotted. Verify prior authorization requirements and preferred lactation education and support services providers with your PPG.
Therapeutic infant formula	Yes	Yes
Banked human milk	Yes	Yes
Due to the intended purpose of infant nutrition benefits as a sustainable food source, Health Net evaluates authorization requests and appeals in an expeditious manner.		



Authorization request forms

These forms can help providers obtain supplies and services available with infant nutrition benefits. They include the:

- Infant Nutrition Benefits Authorization Request Form: Breast Pump and Lactation Consultant Services
- Infant Nutrition Benefits Authorization Request Form: Therapeutic Formula (included with this guide)

The forms are based on the guidelines and medical necessity criteria for each of the benefits. Please complete the appropriate form in its entirety. They include information that the medical reviewers need, along with substantiating chart notes, to expedite the review and authorization process within the required time frame.

Appeals process

A member or a member representative who believes that a determination or application of coverage is wrong has the right to file an appeal. If the request for authorization is denied, you may submit an appeal for the member. Refer to the Medi-Cal provider operations manuals on the provider website at provider.healthnet.com > *Provider Library* for more information about the appeal process.



Lactation DME

Lactation DME includes breast pumps, breast shells and nipple shields. These help establish and sustain the milk supply when breastfeeding is difficult. There is no authorization of lactation DME after the infant's first birthday unless special medical needs exist. You do not need to request prior authorization for breast shells and nipple shields; a prescription may be written.

Why a member may need lactation DME



- Separation of the mother and infant due to hospitalization.
- Infant is unable to nurse (for example, latch or suck issues, post-operative, tube feedings).
- Mother has a physical condition and needs mechanical lactation help.
- Mother is exclusively breastfeeding and is preparing to return to work or school.
- Mother experiences nipple or breast pain.
- Infant experiences latch-on difficulties.
- Mother has flat or inverted nipples.
- Infant experiences slow weight gain.
- Mother is breastfeeding a premature infant.
- Mother is breastfeeding twins or triplets.
- Mother is providing relactation or adoptive breastfeeding.
- Infant has a neurological deficit or physical impairment that interferes with breastfeeding.



For help finding DME vendors, contact the Health Care Services Department at 1-800-421-8578.

Breast pumps

Members may get the following types of breast pumps:

- Manual breast pump (HCPCS code – E0602).
- Personal-use electric breast pump and kit (HCPCS code – E0603).
- Hospital-grade electric breast pump and kit – rentals only. Prior authorization is needed. (HCPCS code – E0604).

Prescribe a manual or personal-use electric breast pump

Contact Pumping Essentials at 1-866-688-4203 for a location most convenient for the member. Include the member's telephone number on the prescription. Inform the member that Pumping Essentials will call to confirm their home address before delivery. Pumping Essentials does not deliver to a PO box number.

Policy on replacement of breast pump supplies (codes A4281–A4286)

Health Net follows the Medi-Cal policy on the replacement of breast pump supplies (tubing, adapters, bottle caps, breast shields and splash protectors, bottles, and locking rings) for billing, reimbursement and frequency limits, as stated in the California DHCS Medi-Cal manual.



Bill for DME, lactation management aids and breast pumps

Use these codes for billing:

- **E0603** (breast pump, electric (AC and/or DC), any type; also called a personal-grade (single-user) electric breast pump).
 - Send a Treatment Authorization Request (TAR) if the cumulative cost within the calendar month for the purchase of lactation management aids exceeds \$100.
- **E0604** (breast pump, hospital-grade, electric (AC and/or DC), any type; also called a hospital-grade (multi-user) electric breast pump).
 - If there are no other relevant rentals, a TAR is not required until the rental amount exceeds \$164 in a 15-month period.

Prior authorization for hospital-grade electric breast pumps

- 1 Conduct an evaluation or assessment to determine the medical necessity of a hospital-grade electric breast pump and kit. The request may come from the mother or baby’s provider. When mother and baby are outpatients and otherwise healthy, but nursing at the breast has not been established successfully, a referral to a lactation consultant may be helpful before the request for a breast pump.
- 2 Complete the **Infant Nutrition Benefits Authorization Request Form: Breast Pump and Lactation Consultant Services** (included in this guide). Fax the form with medical chart notes documenting medical necessity to the Health Care Services Department at 1-800-743-1655.
- 3 Talk about the prior authorization process with the member.
- 4 When prior authorization is approved, contact the member with instructions for pickup or delivery from a DME provider.
- 5 In cases when a mother and baby are about to be discharged from the hospital or separated due to the infant’s continued hospitalization, the attending provider completes and sends in the **Infant Nutrition Benefits Authorization Request Form** before the mother’s discharge. The discharge planner contacts Health Care Services at 1-800-421-8578 to make sure the authorization request is complete. This allows the plan to review the request quickly so the breast pump is available upon the mother’s discharge.

Hospital-grade electric breast pump requests for longer than three months may need reauthorization.

Lactation Education and Support Services

Either of the following can provide lactation education and support services:



- A lactation educator-counselor.
- An international board-certified lactation consultant (IBCLC). An IBCLC is a health care professional specializing in the clinical management of breastfeeding.

Bill for services

The state of California does not recognize persons with these certifications – lactation educator-counselor and IBCLC – as designated professionals who can be assigned a Medi-Cal provider number or bill Medi-Cal for services directly. A Medi-Cal provider, however, can bill for lactation support services under his or her Medi-Cal number if the services are provided by a:

- Comprehensive perinatal health worker (CPHW).
- Medical assistant (MA).
- Nurse practitioner (NP).
- Registered nurse (RN).
- Physician assistant (PA) who has one of these certifications.

If you do not have a person on staff with a lactation certification, you may contract with a lactation consultant and reimburse that person as a subcontracting employee.

Service codes

Use these codes for billing lactation education and support services:

- **98960** – Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; individual patient.
- **98961** – Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; 2–4 patients.
- **98962** – Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; 5–8 patients.





OB/GYN providers are encouraged to participate and offer CPSP services to all pregnant members.

Conditions that require a referral

Refer members for lactation education and support services for any of these conditions:

- Nipple or breast pain.
- Latch-on difficulties.
- Flat or inverted nipples.
- Infant's slow weight gain.
- Crying or colicky baby.
- Breastfeeding a premature infant.
- Breastfeeding twins or triplets.
- Relactation and adoptive breastfeeding.
- Exclusively breastfeeding and preparing to return to work or school.
- Infant with a neurological deficit or physical impairment that interferes with breastfeeding.

Referral through CPSP providers

CPSP uses best practices to promote maternal health and healthy birth outcomes. CPSP-certified providers can provide breastfeeding education, support and referrals during the antepartum and postpartum periods to members.

An obstetrician can become a CPSP-certified provider by contacting the local county CPSP coordinator. Health Net Public Programs administrators serve as liaisons to CPSP and are available to assist providers in becoming CPSP-certified. Refer to the quick reference contact sheet (included with this guide) for telephone numbers of the CPSP coordinators and Public Programs administrators in your county.

Directly contracting FFS Medi-Cal CPSP-certified providers can provide members access to needed lactation support services in one of three ways:

1. Hire a CPHW who is a lactation educator-counselor or IBCLC.
2. Encourage and support an RN, PA or NP currently on staff who would like to become a lactation educator-counselor or IBCLC.
3. If none of the office staff has the required lactation training, contract with a lactation consultant in the community. Directly contracting FFS Medi-Cal CPSP-certified providers may bill lactation consultant services under CPSP for mothers and babies, and reimburse the lactation consultant as a subcontracting employee.

You do not need prior authorization for lactation consultant services received through CPSP from a directly contracting FFS Medi-Cal CPSP-certified provider. You can only bill CPSP services up to 60 days postpartum. After 60 days, you can provide lactation support services, but must bill using the proper ICD-10 or CPT codes.

CPSP providers who would like to contract with lactation consultants in their community to serve their patients may contact the Health Net Medi-Cal Provider Services Center at 1-800-675-6110 for help.

Providers participating through a PPG must follow the processes of the PPG. The provider should contact his or her PPG for additional information.

Referral through non-CPSP providers

All providers must educate and encourage pregnant mothers to breastfeed and provide access to lactation education and support services when needed. Directly contracting FFS Medi-Cal participating providers who are not CPSP-certified can provide or refer a member to lactation services for infants up to age one.

Use one of the following three methods to provide members access to needed lactation support services:

- 1 Encourage and support an RN, PA or NP currently on staff who would like to become an IBCLC. You can then submit claims for direct reimbursement for lactation consultation services (this option is ideal for non-CPSP obstetric and pediatric practices).
- 2 If none of the office staff has the required training, contract with an IBCLC in the community. With a contract, you bill lactation consultation services with proper CPT codes for mothers or babies and reimburse the IBCLC as a subcontracting employee. In this manner, lactation education and consultation services may be provided beyond 60 days postpartum.
- 3 If options 1 or 2 are not viable, you must request prior authorization to refer a member to an IBCLC. Refer to the below instructions for requesting prior authorization. Without a formal arrangement with a participating physician or facility, the IBCLC is considered a nonparticipating provider and must contact the Health Care Services Department at 1-800-421-8578 before providing services to confirm authorization and receive billing instructions.

Prior authorization for services

Directly contracting FFS Medi-Cal participating providers can follow these steps to access nonparticipating lactation education and support services.

1. Conduct an assessment to determine clinical need and medical necessity, and duration of needed services.
2. Identify an IBCLC in your area.
 - Nationwide, contact the United States Lactation Consultant Association at www.uslca.org/resources/find-an-ibclc.
 - For Los Angeles, contact BreastfeedLA at www.breastfeedla.org/resources-map.
3. Complete the Infant Nutrition Benefits Authorization Request Form: Breast Pump and Lactation Consultant Services (included with this guide). Fax medical chart notes documenting medical necessity to the Health Care Services Department at 1-800-743-1655.

4. Talk about the prior authorization process with the member.
5. Upon approval of the authorization, contact the member with a referral and instructions to see the IBCLC. If the authorization is denied, give further instruction to the member (for example, a follow-up appointment for reassessment for authorization resubmission).

All pregnant and postpartum members are eligible for Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services, including lactation education and support. Providers may refer members to WIC for lactation support as needed.

Providers participating through a PPG must follow the PPG's processes. The provider should contact the PPG for additional information and a list of participating IBCLCs in the area.



Please educate and encourage pregnant mothers to breastfeed and provide access to lactation education and support services when needed.

Therapeutic Infant Formula and Banked Human Milk



Therapeutic infant formula

Therapeutic formula is a medical food formulated to be consumed or administered entirely under the supervision of a physician. It is meant for the specific dietary management of a disease or condition of distinctive nutritional requirements based on recognized scientific principles as established by medical evaluation. Enteral formula products must meet Medi-Cal criteria of medical necessity for the condition the formula is designed for (as per the State Medi-Cal manual). The products must also be approved by Medi-Cal.

Enteral nutritional supplements and replacements are a conditional benefit of the Health Net Medi-Cal program. When medically necessary, they are provided as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food (22CCR 51313.3(e)(2)).

Types of therapeutic infant formula and associated conditions

Types of formula	Conditions
Premature infant formula	<p>Health Net follows the guidelines developed by the California Perinatal Quality Care Collaborative. Preterm formula is designed to replace nutrient components that cannot be tolerated. It is given to premature infants following the guidelines for premature and low birth weight products below:</p> <ul style="list-style-type: none"> • Products 20 or 22 kcal/ounce are limited to beneficiaries born prior to 37 weeks gestation or birth weight less than 3,500 grams. • Products 24 or 30 kcal/ounce are authorized for one month only per request and limited to current weight (at time of dispensing) less than 3,500 grams. <p>As stated in the DHCS Medi-Cal Manual: <i>Specialty infant products are restricted for use at time of birth through age 12 months except when one of the following criteria has been met: (1) Corrected age (CA) applies only to infants born prior to 37 weeks gestation. For example, if birth date is 36 weeks gestation (four weeks early), remove four weeks from actual age (AA) since birth to get CA. CA is always younger than AA. (2) Use beyond age 12 months (including CA when applicable) requires documented medical justification clearly supplied on, or with, the authorization request, as documented in the infant's medical record. Maximum age at time of authorization is nine months plus 29 days; CA applies, except when noted.</i></p> <p>These formulas may be special purpose replacements designed for individuals with inborn errors of metabolism or specific organ dysfunction (for example, renal, cardiac or liver disease). Additionally, elemental replacement formulas/products are designed for individuals with dysfunctional or shortened gastrointestinal (GI) tracts who are unable to tolerate and absorb a complete formula composed of whole proteins, fats and carbohydrates. These formulas benefit individuals with conditions, including short bowel syndrome, necrotizing enterocolitis, gastroschisis, and ulcerative colitis. These medical conditions are, in large part, CCS-eligible, and products must be requested and approved by the local CCS program.</p>

Types of therapeutic infant formula and associated conditions (continued)

Types of formula	Conditions
<p>Replacement formula</p>	<p>The plan considers requests for replacement formula therapy on a case-by-case basis for medically necessary conditions that preclude the full use of food. The condition must prevent the member from meeting his or her nutritional or metabolic needs by intake of regular food, thereby requiring supplemental or replacement nutritional therapy. The equipment and supplies for delivery of these special foods are provided when medically necessary and appropriate.</p> <p>The medical condition must not be CCS-eligible.</p>
<p>Hypoallergenic and elemental formulas</p>	<p>The use of hypoallergenic or elemental formulas is intended for infants up to age 1 with one of the following existing allergic symptoms:</p> <ul style="list-style-type: none"> • IgE-associated reactions, such as angioedema, urticaria, wheezing, persistent rhinitis, eczema, or anaphylaxis. • Positive radioallergosorbent test (RAST) to milk protein. • Non-IgE-associated reactions (for example, persistent vomiting, diarrhea, colitis/esophagitis with heme-positive stool, or extreme irritability), strong atopic family history, and failure of a minimum two-week trial of cow's-milk-protein-free formula (for example, soy). <p>These may be clinical indications for use of extensively hydrolyzed or free amino acid-based formulas. Partially hydrolyzed formulas are not hypoallergenic and should not be used to treat infants with documented allergies.</p>
<p>Caloric-dense formulas</p>	<p>Caloric-dense formulas are prescribed for children with increased nutrient requirements or specific feeding impairments that preclude adequate oral food intake. These may provide supplemental calories or provide the child's sole source of nutrition.</p>



Obtaining therapeutic formula for inpatient and outpatient members

Inpatient members	Outpatient members
<p>If the infant is hospitalized, the specialist in charge of his or her care orders the therapeutic formula. If the infant requires therapeutic formula upon discharge, the specialist completes the prior authorization request and sends it to the health plan or the PPG several days prior to discharge, whenever possible. This allows time for evaluation of the prior authorization request. The discharge planner should coordinate with the health plan or the PPG so that the authorization is complete and approved by the time the infant is discharged from the hospital.</p>	<ul style="list-style-type: none"> • If the member is a new patient to the physician's practice and the infant is currently on a therapeutic formula, the provider should: <ul style="list-style-type: none"> – request medical records from the provider who prescribed the formula, or – conduct a thorough assessment to demonstrate medical necessity. • When the member visits the primary care physician's (PCP's) office and the physician determines that the infant needs therapeutic formula, the physician completes the steps listed under the <i>Prior authorization process for therapeutic formula</i> section below.
<p>Out-of-area requests for therapeutic formula must be referred to the health plan for authorization.</p>	

Prior authorization process for therapeutic formula

The provision of therapeutic infant formula always requires prior authorization. Contracting FFS Medi-Cal participating providers may request prior authorization through these steps:

1. Establish medical necessity:
 - Conduct an assessment to determine the medical necessity of a therapeutic enteral formula. The health assessment must include:
 - a complete physical examination,
 - plotting of height and weight across time,
 - medical history,
 - nutrition assessment,
 - appropriate laboratory testing,
 - feeding observation, and
 - inquiries regarding parenting behavior and home environment.
 - Medical necessity must be clearly demonstrated for approval of therapeutic formula.
2. For new members under age two currently on a therapeutic formula regimen, this evaluation/assessment should take place during the required initial health assessment that is given within 60 days of enrollment or 60 days past the age expectation. Complete the Infant Nutrition Benefits Authorization Request Form: Therapeutic Formula (included with this guide). Fax the form with medical chart notes documenting medical necessity of therapeutic formula and duration of use to the Health Care Services Department at 1-800-743-1655.
2. Completing the Infant Nutrition Benefits Authorization Request Form: Therapeutic Formula does not guarantee authorization. The form is used to facilitate the review and processing of formula requests only. Authorizations are based on medical necessity criteria for the type of formula requested consistent with the condition the formula is designed for, current Medi-Cal policies as established in the DHCS Medi-Cal manual, Medi-Cal Managed Care Division (MMCD) Policy Letters, DHCS numbered letters, and applicable sections of the California Welfare & Institutions Code.
3. Talk about the prior authorization process with the member.
4. Upon approval of the authorization, contact the member with instructions for pickup or delivery from a participating pharmacy or DME provider. If the authorization is denied, provide further instruction to the member (for example, follow-up appointment for reassessment or labs for authorization resubmission).

Extended hypoallergenic (elemental) or replacement formula requests, for longer than three months, require reauthorization.



A one-time emergency two-week supply of therapeutic formulas is available for infants under age. The two-week supply of therapeutic formula allows for treatment regimen continuity while the health plan or the PPG conducts a medical necessity review and treatment evaluation.

How an emergency supply works

- Prior authorization is required for this one-time two-week supply.
- Complete the Prescription Drug Prior Authorization or Step Therapy Exception Form and fax it to the health plan's pharmacy benefit manager at 1-800-977-8226.
- The member may access the two-week supply within 24 hours of the pharmacy benefit manager's receipt of the authorization request.
- Give the member a prescription for the therapeutic formula and speak with the parent or guardian. Explain that only a two-week supply of therapeutic formula will be given by a participating pharmacy in the Health Net network that dispenses therapeutic formula.

This initial two-week supply does not suggest approval for continuation of the formula. To continue use of therapeutic formula beyond two weeks, request prior authorization from the Health Care Services Department or the PPG. Be sure to include clinical documentation of medical necessity.

Special Supplemental Nutrition Program for WIC referrals

After prescribing the therapeutic formula, please complete Section II of the WIC Pediatric Referral form CDPH 247A (included with this guide) for the issuance of supplemental foods by WIC. The information regarding therapeutic formula is for informational purposes only and allows WIC staff to tailor services and client education that complements your prescribed treatment regimen. This form is not a therapeutic formula referral form.

The WIC program does not provide therapeutic formula to Medi-Cal managed care members. Therapeutic formula is a benefit under Health Net's Medi-Cal program. When medically necessary, the provision of therapeutic formula is the responsibility of the health plan or the PPG. You should never refer a member who is waiting for authorization or whose request for therapeutic formula has been denied to the WIC program.



The WIC program does not provide therapeutic formula to Medi-Cal managed care members. Therapeutic formula is a benefit under Health Net's Medi-Cal program.

Banked human milk

Human milk is classified as an enteral nutritional supplement or replacement for newborns in certain situations. This includes when a mother is unable to breastfeed due to medical reasons, and the infant cannot tolerate or has medical contraindications to the use of any formula, including elemental formulas. Both conditions must be met in order for authorization requests for human milk to be considered.



Did you know?

The Mother's Milk Bank at Santa Clara Valley Medical Center is the only human milk bank in California and the only provider of service right now.

Prior authorization process for banked human milk

The provision of banked human milk always requires prior authorization. Contracting FFS Medi-Cal participating providers request prior authorization through the health plan. Providers participating through a PPG request prior authorization through the PPG.

- 1** If the infant is in the hospital, the specialist in charge of his or her care may order the human milk. Medical necessity for provision of banked human milk is generally determined by a subspecialist in gastroenterology, immunology or neonatology.
- 2** If the infant still needs human milk upon discharge, the specialist may complete the Infant Nutrition Benefits Authorization Request Form: Therapeutic Formula (included with this guide). Send the request to the Health Care Services Department by fax at 1-800-743-1655 or to the PPG. Since evaluating these authorization requests may take several days, the hospital and treating physicians should send the request several days before discharge when possible. Once approved, the health plan or the PPG secures an arrangement with the milk bank to provide timely delivery to the member for the entire prescription.
- 3** The plan evaluates request for human milk on a case-by-case basis. Extended human milk requests (more than three months) require medical justification for reauthorization.

The Health Care Services Department is often involved and needed in the above cases. Contact the Health Care Services Department at 1-800-421-8578 for help with coordination of additional care and service needs.

Authorization time frames

Directly contracting FFS Medi-Cal participating providers can follow these steps to access nonparticipating lactation education and support services.

Requests for therapeutic formula and banked human milk fall into three categories:

Emergency requests



- Emergency requests occur when prescribing providers determine that formula is immediately required to prevent serious disability or death. The plan processes these requests within 24 hours.

Expedited requests



- Expedited requests occur when the requesting provider or plan determines that following the standard time frame could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum functions. The plan processes these requests within 72 hours (including weekends and holidays) of receipt of all the information reasonably necessary to make a decision.

Non-emergent/ routine requests



- The plan processes non-emergent/routine requests of therapeutic formulas within 5 business days of receipt of all the information reasonably necessary to make a decision.
- The plan processes requests for regimens already in place within 5 business days of receipt of all the information reasonably necessary to make a decision. This allows for review of a currently provided regimen as consistent with the urgency of the member's medical condition.

 = Urgency of request

Questions?

Contact the Health Care
Services Department at
1-800-421-8578



Quick Reference Contacts

Comprehensive Perinatal Services Program (CPSP) breastfeeding services	
<p>CPSP providers offer breastfeeding education, support and referrals. Services can be provided during the antepartum and postpartum periods up to 60 days postpartum. CPSP services are available to members seeing a CPSP provider for prenatal care.</p> <p>To become a CPSP-certified provider, contact the CPSP coordinator in your county.</p>	<p>www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx</p>
Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program	
<p>WIC serves the nutritional needs of pregnant and breastfeeding women, and children up to age 5. WIC provides breastfeeding classes during and after pregnancy. They also provide other breastfeeding support services, such as breast pump loans and counseling. Health Net Medi-Cal members automatically qualify for WIC.</p>	<p>www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx www.calwic.org</p>
Public Programs Department	
<p>The Public Programs Department helps obstetric providers who would like to become CPSP-certified.</p>	<p>1-800-526-1898</p>
Health Education Department	
<p>Health promotion consultants provide:</p> <ul style="list-style-type: none"> • Low-literacy health education materials in a variety of threshold languages. • Complete health education programs and services in the community on various topics. • Community resource links. • Referral information. 	<p>1-800-804-6074</p>
Health Care Services Department	
<p>Contact the Health Care Services Department to request prior authorization or help with referrals.</p>	<p>1-800-421-8578 Fax prior authorization requests to: 1-800-743-1655</p>
Provider Services Center	
<p>Provider Services Center representatives are available 24 hours a day, seven days a week, to help providers.</p>	<p>1-800-641-7761</p>
Pharmacy Benefit Manager	
<p>For an initial or one-time emergency two-week supply of therapeutic formula.</p>	<p>Fax: 1-800-977-8226</p>

PCP Quick Reference for the Provision of Infant Nutrition Benefits

	Therapeutic formula/Banked human milk	Lactation DME	Lactation education/Support services		
Medical necessity	<ul style="list-style-type: none"> Provide all clinically relevant information for the provision of therapeutic formula and human milk with the prior authorization request (refer to pages 10-15 of this guide) 	<ul style="list-style-type: none"> For hospital-grade electric breast pumps, provide all clinically relevant information for medical necessity review with the prior authorization request (refer to pages 5-6 of this guide) 	<ul style="list-style-type: none"> Verify on the Infant Nutrition Benefits Authorization Request Form: Breast Pump and Lactation Consultant Services that the mother/baby pair are unable to successfully breastfeed with the advice and support available through your office or the mother's OB/GYN Provide all clinically relevant information for medical necessity review for the provision of lactation consultation with the prior authorization request (refer to pages 7-9 of this guide) 		
Authorization	<ul style="list-style-type: none"> Route all requests for medically necessary therapeutic formula and banked human milk to the health plan or the participating physician group (PPG) for review and authorization Extended hypoallergenic (elemental) or replacement formula requests, for longer than three months, require reauthorization <table border="1"> <tr> <td> <ul style="list-style-type: none"> For an emergency two-week supply of therapeutic formula, a prior authorization request must be faxed to the Pharmacy Benefit Manager at 1-800-977-8226 The prior authorization request with all clinical documentation of medical necessity must also be submitted to Health Care Services or your PPG for continuation of the therapeutic formula beyond two weeks </td> <td> <ul style="list-style-type: none"> In general, extended human milk requests – longer than 3 months – require medical justification for reauthorization The Health Care Services Department assists with coordination of additional care and service needs </td> </tr> </table>	<ul style="list-style-type: none"> For an emergency two-week supply of therapeutic formula, a prior authorization request must be faxed to the Pharmacy Benefit Manager at 1-800-977-8226 The prior authorization request with all clinical documentation of medical necessity must also be submitted to Health Care Services or your PPG for continuation of the therapeutic formula beyond two weeks 	<ul style="list-style-type: none"> In general, extended human milk requests – longer than 3 months – require medical justification for reauthorization The Health Care Services Department assists with coordination of additional care and service needs 	<ul style="list-style-type: none"> Route all requests for medically necessary hospital-grade electric breast pumps to the health plan or the PPG for review and prior authorization Manual and personal-use electric breast pumps, breast shells and nipple shields do not require prior authorization; only a prescription is needed Hospital-grade electric breast pump requests for longer than three months require reauthorization 	<ul style="list-style-type: none"> Lactation education/support services received through CPSP (up to 60 days postpartum) from a CPSP-certified provider do not require prior authorization Public Programs administrators are available to assist OB providers who would like to become CPSP-certified The Provider Services Center at 1-888-893-1569 can help providers who would like to contract with an IBCLC in the community Lactation education/support services billed by a non-CPSP provider require prior authorization Route all requests for medically necessary infant nutrition benefits to the health plan or the PPG for review and prior authorization if the provider does not have a contract with an IBCLC
<ul style="list-style-type: none"> For an emergency two-week supply of therapeutic formula, a prior authorization request must be faxed to the Pharmacy Benefit Manager at 1-800-977-8226 The prior authorization request with all clinical documentation of medical necessity must also be submitted to Health Care Services or your PPG for continuation of the therapeutic formula beyond two weeks 	<ul style="list-style-type: none"> In general, extended human milk requests – longer than 3 months – require medical justification for reauthorization The Health Care Services Department assists with coordination of additional care and service needs 				
Authorization request forms	<ul style="list-style-type: none"> Complete the Infant Nutrition Benefits Authorization Request Form: Therapeutic Formula. Provide complete medical documentation to expedite authorization determinations 	<ul style="list-style-type: none"> Complete the Infant Nutrition Benefits Authorization Request Form: Breast Pump and Lactation Consultant Services. Provide complete medical documentation to expedite authorization determinations 	<ul style="list-style-type: none"> Non-CPSP providers complete the Infant Nutrition Benefits Authorization Request Form: Breast Pump and Lactation Consultant Services. Provide complete medical documentation to expedite authorization determinations 		
Appeal	<ul style="list-style-type: none"> Submit an appeal with supporting documentation for timely review, if necessary Refer to the denial letter for appeal instructions or contact information 	<ul style="list-style-type: none"> Submit an appeal with supporting documentation for timely review, if necessary Refer to the denial letter for appeal instructions or contact information 	<ul style="list-style-type: none"> Submit an appeal with supporting documentation for timely review, if necessary Refer to the denial letter for appeal instructions or contact information 		

(continued)

PCP Quick Reference for the Provision of Infant Nutrition Benefits (continued)

	Therapeutic formula/Banked human milk	Lactation DME	Lactation education/ Support services
WIC Referral Form	<ul style="list-style-type: none"> • Complete Section II of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Pediatric Referral form (CDPH 247A) • Notify WIC staff of any food restrictions or special dietary needs • Inform WIC if a therapeutic formula regimen is prescribed (information for continuity of care only) <hr/> <ul style="list-style-type: none"> • Do not refer members to the WIC program for medically necessary therapeutic formula • For Medi-Cal managed care members, WIC provides cow- and soy-based formula only. These formulas are considered regular food for infants and are not a covered benefit. Do not submit an authorization request for soy and cow's milk infant formula 	N/A	N/A
Support resources	<ul style="list-style-type: none"> • Provide education and resources to encourage healthy growth and development that support mother's infant feeding decision and/or baby's medical condition <p>Health Education Information Line – 1-800-804-6074</p> <p>WIC – www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx</p> <p>Wellstart International – www.wellstart.org</p> <p>Academy of Breastfeeding Medicine – www.bfmed.org</p>	<ul style="list-style-type: none"> • Encourage mothers to breastfeed as long as possible and support those who do <p>Health Education Information Line – 1-800-804-6074</p> <p>WIC – www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx</p> <p>American Academy of Pediatrics – www.aap.org</p> <p>Wellstart International – www.wellstart.org</p> <p>Academy of Breastfeeding Medicine – www.bfmed.org</p>	<ul style="list-style-type: none"> • Encourage mothers to breastfeed as long as possible and support those who do <p>Health Education Information Line – 1-800-804-6074</p> <p>WIC – www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx</p> <p>American Academy of Pediatrics – www.aap.org</p> <p>Wellstart International – www.wellstart.org</p> <p>Academy of Breastfeeding Medicine – www.bfmed.org</p>

INFANT NUTRITION BENEFITS AUTHORIZATION REQUEST FORM

Breast Pump and Lactation Consultant Services



- ❖ Complete this form for authorization of lactation management aids or services.
- ❖ Please include chart notes to expedite the review/authorization process.
- ❖ This form is for directly contracting fee-for-service (FFS) Medi-Cal providers.
Fax form to 1-800-743-1655.

**Lactation education/consultation services provided through
the Comprehensive Perinatal Services Program (CPSP) do not require prior authorization.**

Member name (mother) (Last, first): _____ **DOB:** _____ **Member ID #:** _____
Member name (infant) (Last, first): _____ **DOB:** _____ **Member ID #:** _____
Address (City, state, ZIP code): _____
Primary telephone #: _____ **Alt. telephone #:** _____

Requesting physician:
Name: _____ Signature: _____ Date: _____
Address (City, state, ZIP code): _____
Telephone #: _____ Fax #: _____ **Medical group:** _____
Are you the member's PCP? Yes No **If "No," list member's PCP:** _____

Doctors recommend fully breastfeeding for six months and continued breastfeeding for the first year of life or longer.

Breastfeeding assessment:

Fully breastfeeding per AAP and AAFP recommendations
 Combination feeding: breast milk and formula
 Not breastfeeding or never breastfed

Diagnosis/Clinical reason for lactation aides/services:

Maternal	Infant
<input type="checkbox"/> O92.7 Contraindicated drug use (need to sustain milk supply)	<input type="checkbox"/> P92.8 Feeding problems – newborn (nipple preference/tongue thrust/weak suck/latch-on difficulty/refusal to suck)
<input type="checkbox"/> O92.7 Mother/baby separation due to hospitalization	<input type="checkbox"/> P92.9 Feeding problems – infant (>28 days)
<input type="checkbox"/> O92.7 Establish milk supply	<input type="checkbox"/> R10.9 Colic
<input type="checkbox"/> O91.03 Plugged milk duct	<input type="checkbox"/> P37.5 Thrush
<input type="checkbox"/> O92.3 Failure of lactation	<input type="checkbox"/> P59.9 Jaundice, neonatal
<input type="checkbox"/> O92.5 Suppressed lactation	<input type="checkbox"/> E86.9 Dehydration, neonatal
<input type="checkbox"/> O92.29 Engorgement of breasts	<input type="checkbox"/> P92.9 Slow weight gain/FTT (newborn)
<input type="checkbox"/> O92.13 Nipple – cracked/blister/fissures	<input type="checkbox"/> R62.51 Slow weight gain/FTT (older infant)
<input type="checkbox"/> O91.12 Breast abscess	<input type="checkbox"/> P07.30 Prematurity/LBW (NOS)
<input type="checkbox"/> N64.4 Breast pain	<input type="checkbox"/> Q38.1 Ankyloglossia
<input type="checkbox"/> O92.29 Nipple pain/trauma/ulcer	<input type="checkbox"/> Q35.9 Cleft palate (NOS)
<input type="checkbox"/> O92.7 Infection of nipple	<input type="checkbox"/> Q36.9 Cleft lip (NOS)
<input type="checkbox"/> O92.019 Nipple inverted/retracted	<input type="checkbox"/> Q37.9 Cleft lip and palate (NOS)
<input type="checkbox"/> O92.7 Mother/baby separation due to work or school* <i>(*Does not qualify for hospital-grade pump)</i>	<input type="checkbox"/> Q18.9 Cranial facial abnormality that prevents latch-on and adequate milk intake* <i>(*If not approved as a CCS-eligible condition)</i>
<input type="checkbox"/> O92.119 Mastitis, purulent	<input type="checkbox"/> R63.4 Abnormal wt. loss
<input type="checkbox"/> O91.21 Mastitis, nonpurulent	<input type="checkbox"/> G47.10 Sleepy baby
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Include ICD-10 code: _____	Include ICD-10 code: _____

Medically necessary lactation aids/services:

Personal-use electric breast pump and kit (No PA required. This form can be used as the Rx.)
 Hospital-grade electric breast pump and kit (Electric breast pump requests for longer than three months require the mother/baby to be re-evaluated for reauthorization.)
 Hospital-grade electric breast pump – reauthorization
 Lactation consultation by registered international board-certified lactation consultant (IBCLC)** _____ # of sessions

Name of IBCLC: _____
Telephone # of IBCLC: _____

**Providers that do not have a contract with an IBCLC must receive authorization prior to the rendering of lactation education/consultation services. Providers are encouraged to call the Provider Services Center at 1-800-675-6110 for proper billing procedures.

Duration of medical necessity:
Hospital-grade electric pump _____ months

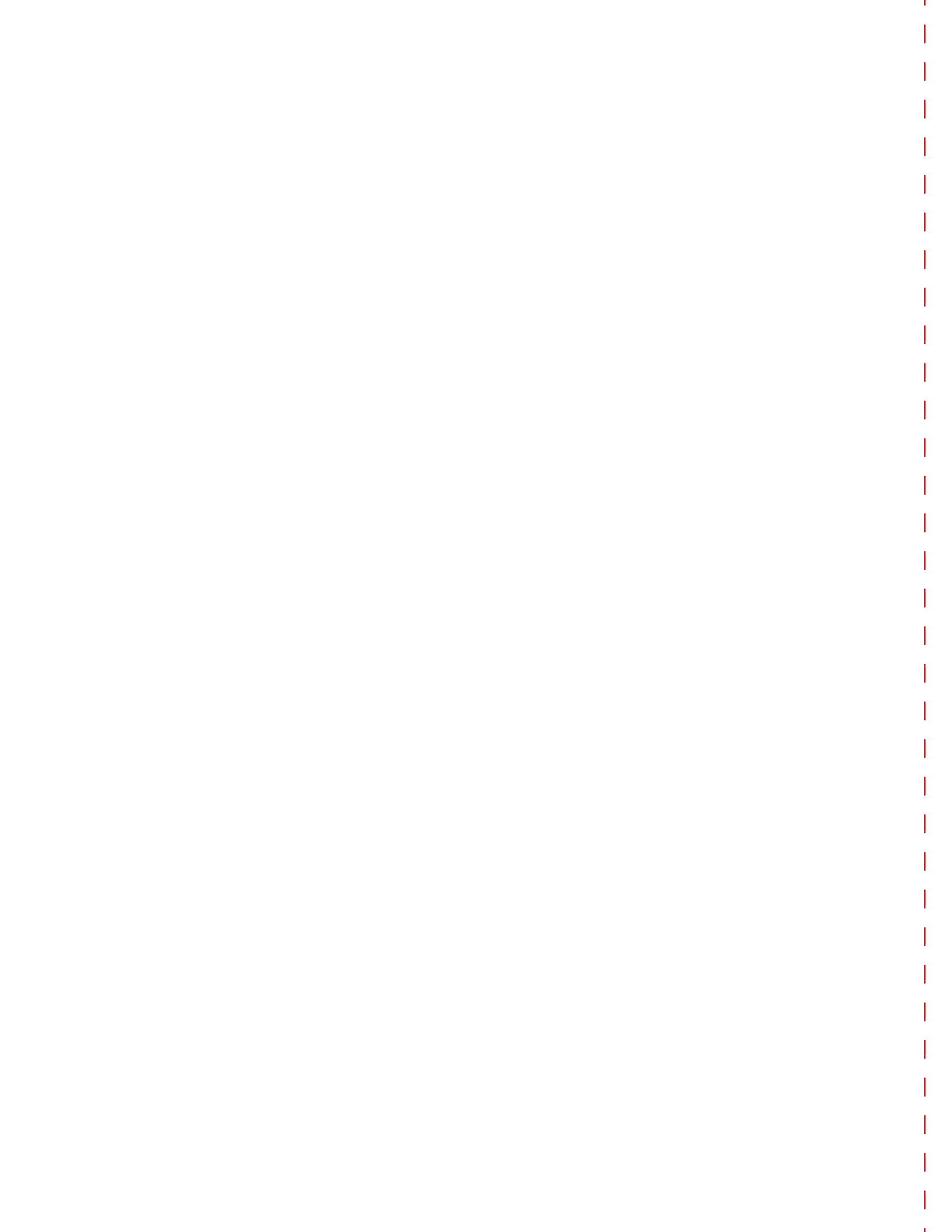
Reauthorization documentation:

CCS referral: Yes No
If "Yes," status of referral: _____

Additional information:

CPSP Providers Only	<input type="checkbox"/> Z6204 Follow-up antepartum reassessment/treatment/intervention	<input type="checkbox"/> Z6208 Postpartum assessment/treatment/intervention and ICP development
<input type="checkbox"/> Z6406 Follow-up antepartum reassessment/treatment/intervention	<input type="checkbox"/> Z6410 Perinatal education	<input type="checkbox"/> Z64014 Postpartum assessment/treatment/intervention and ICP development

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INFANT NUTRITION BENEFITS AUTHORIZATION REQUEST FORM

Therapeutic Formula



- ❖ Therapeutic formula is a conditional benefit of the Health Net Medi-Cal program.
- ❖ Members should not be referred to the Women, Infants and Children (WIC) program to receive this benefit.
- ❖ Nutritional supplements/replacements are provided as a therapeutic regimen for patients with medically diagnosed conditions when that condition precludes the full use of regular foods. The medical necessity of the product should be differentiated from the use as a convenience item.

**To expedite, include chart notes. This form is for directly contracting fee-for-service (FFS) Medi-Cal providers.
Fax form to 1-800-743-1655.**

Parent/guardian name: (Last, first): _____	Primary telephone #: _____
Member name (infant) (Last, first): _____	DOB: _____ Member ID #: _____
Address (City, state, ZIP code): _____	Alt. telephone #: _____

Requesting provider: _____	PCP: _____	Medical group: _____
Name: _____	Telephone #: _____	Fax #: _____
Address (City, state, ZIP code): _____		

Premature Infant Formula/Caloric Dense <small>(for example: Neosure,[®] Enfacare[®] Profree, Lofenacal,[®] Vivonex,[®] Similac[®] PM 60/40, Neocate[®] One, Peptamin Jr.,[®] Portagen[®])</small>	Formula requested: _____ Qty/Mo: _____ Duration: _____ (months)	Diagnosis: (ICD-10 code required) <input type="checkbox"/> P07.2 Prematurity/LBW <input type="checkbox"/> P92.9 Prematurity – feeding problem <input type="checkbox"/> P05.1 Small for gestational age <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Medical justification <input type="checkbox"/> Gestational age _____ <input type="checkbox"/> Birth weight _____ <input type="checkbox"/> Need for additional protein, calcium and phosphorus for 1 yr Notes: _____ _____ _____	CCS referral: <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” status of referral: _____ _____ Approved CCS-eligible condition: _____ _____
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Hypoallergenic (Elemental) Formula <small>(for milk protein intolerance) (for example: Nutramigen,[®] Alimentum,[®] Elecare,[®] and Peptamin[®])</small>	Formula requested: _____ Qty/Mo: _____ Duration: _____ (months)* <small>*Extended formula requests, for longer than 3 months, require a milk/soy rechallenge for reauthorization.</small>	Diagnosis: (ICD-10 code required) <input type="checkbox"/> L50.9 Urticaria <input type="checkbox"/> T78.2 Anaphylaxis <input type="checkbox"/> L25.9 Eczema <input type="checkbox"/> L27.2 Food allergy dermatitis <input type="checkbox"/> R19.7 Diarrhea <input type="checkbox"/> R11.1 Persistent vomiting <input type="checkbox"/> K52.9 Allergic gastroenteritis <input type="checkbox"/> K52.21 Milk protein enterocolitis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Labs – Include results if any of the following tests obtained: <input type="checkbox"/> Positive RAST test <input type="checkbox"/> Serum IGE <input type="checkbox"/> Positive stool heme <input type="checkbox"/> Fecal leukocytes <input type="checkbox"/> Positive skin testing <input type="checkbox"/> Gastric biopsy <input type="checkbox"/> Elevated serum eosinophils <input type="checkbox"/> Positive stool for reducing substance <input type="checkbox"/> Other: _____	CCS referral: <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” status of referral: _____ _____ Approved CCS-eligible condition: _____ _____
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Formulas/Supplements <small>(for example: Pediasure,[®] Ensure,[®] Ensure Plus,[®] Isocal,[®] Jevity,[®] Kindercal,[®] Boost,[®] and Boost Plus[®])</small>	Formula requested: _____ Qty/Mo: _____ Duration: _____ (months)* <small>*Extended formula requests, for longer than 3 months, require documentation of nutritional requirements for reauthorization.</small>	Diagnosis: (ICD-10 code required) <input type="checkbox"/> P92.9 Slow weight gain/FTT (newborn) <input type="checkbox"/> R62.51 Slow weight gain/FTT (older infant) <input type="checkbox"/> R13.1 Dysphagia – diff swallowing <input type="checkbox"/> Q38.3 Anomaly of tongue <input type="checkbox"/> Q35.9 Cleft palate <input type="checkbox"/> Q36.9 Cleft lip <input type="checkbox"/> Q37.9 Cleft palate w/cleft lip <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	Medical justification <input type="checkbox"/> Does child have problems eating, swallowing or absorbing food? _____ <input type="checkbox"/> Child is fed by gastrostomy tube. If so, what percentage of calories? _____ <input type="checkbox"/> _____% of total daily calories comes from formula. Notes: _____ _____ _____	CCS referral: <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” status of referral: _____ _____ Approved CCS-eligible condition: _____ _____
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Banked Human Milk	Qty/Mo: _____ Duration: _____ (months)* <small>*Extended human milk requests, for longer than 3 months, require medical justification for reauthorization.</small>	Diagnosis: (ICD-10 code required) Baby must be intolerant to all therapeutic formulas and mom has a condition preventing breastfeeding. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Medical justification Notes: _____ _____ _____	CCS referral: <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes,” status of referral: _____ _____ Approved CCS-eligible condition: _____ _____
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Print physician name: _____ Physician signature: _____ Date: _____

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Pediatric Referral



WIC Agency: _____

WIC ID#: _____

SECTION I: Complete this section to assist the patient with WIC eligibility, WIC services, and appropriate referrals. Whenever a therapeutic formula is prescribed, complete both Sections I and II.

PATIENT NAME: (First) _____ (Last) _____			DATE OF BIRTH: _____					
CURRENT HEIGHT/LENGTH: (within 60 days) _____ inches	CURRENT WEIGHT: (within 60 days) _____ lbs _____ oz	CURRENT BMI: (within 60 days) BMI percentile: _____ %	MEASUREMENT DATE: _____	BIRTH WEIGHT / LENGTH: _____ lbs _____ oz _____ inches				
<p>HEMOGLOBIN OR HEMATOCRIT TEST is required <u>every 12 months</u> when normal and <u>every 6 months</u> when abnormal.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Hemoglobin (gm/dl) or Hematocrit (%)</td> <td style="width:50%;">Lab Result Date</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>			Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date			<p>LEAD TEST (recommended at 1–2 years of age): _____ mcg/dL</p> <p>IMMUNIZATIONS are up-to-date: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available</p>	
Hemoglobin (gm/dl) or Hematocrit (%)	Lab Result Date							
<p>BREASTFEEDING ASSESSMENT (birth to 12 months):</p> <input type="checkbox"/> Fully breastfeeding <input type="checkbox"/> Never breastfed <input type="checkbox"/> Feeding breastmilk & formula <input type="checkbox"/> Discontinued breastfeeding (Date: _____)								

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information may delay issuance of WIC foods.

<p>DIAGNOSIS:</p> <input type="checkbox"/> Prematurity <input type="checkbox"/> GERD or reflux <input type="checkbox"/> Food allergy: _____ <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Dysphagia <input type="checkbox"/> Other: _____ <p>FORMULA / MEDICAL FOOD: _____</p> <p>DURATION: _____ months AMOUNT: _____ oz / day</p> <p>This prescription is: <input type="checkbox"/> New <input type="checkbox"/> Refill</p> <p>NOTE: At 1 year of age, the patient will receive 13 quarts of cow's milk in addition to therapeutic formula unless <i>Do Not Give</i> is checked for cow's milk (see WIC Food Restrictions).</p> <p>COMMENTS:</p>	<p>WIC FOOD RESTRICTIONS: The patient will receive WIC foods in addition to the formula prescribed. Please check all foods listed below that are NOT appropriate for the diagnosis.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Category</th> <th>WIC Foods</th> <th>Do Not Give</th> <th>Restriction / Comment</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Infants (6–12 mo)</td> <td>Baby cereal</td> <td></td> <td></td> </tr> <tr> <td>Baby fruit / vegetable</td> <td></td> <td></td> </tr> <tr> <td rowspan="10">Children (1–5 yr)</td> <td>Cow's milk</td> <td></td> <td></td> </tr> <tr> <td>Cheese</td> <td></td> <td></td> </tr> <tr> <td>Eggs</td> <td></td> <td></td> </tr> <tr> <td>Peanut butter</td> <td></td> <td></td> </tr> <tr> <td>Whole grains *</td> <td></td> <td></td> </tr> <tr> <td>Cereal</td> <td></td> <td></td> </tr> <tr> <td>Beans</td> <td></td> <td></td> </tr> <tr> <td>Vegetables / fruits</td> <td></td> <td></td> </tr> <tr> <td>Juice</td> <td></td> <td></td> </tr> <tr> <td>Yogurt</td> <td></td> <td></td> </tr> </tbody> </table> <p>* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal</p>	Category	WIC Foods	Do Not Give	Restriction / Comment	Infants (6–12 mo)	Baby cereal			Baby fruit / vegetable			Children (1–5 yr)	Cow's milk			Cheese			Eggs			Peanut butter			Whole grains *			Cereal			Beans			Vegetables / fruits			Juice			Yogurt		
Category	WIC Foods	Do Not Give	Restriction / Comment																																								
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	Cereal																																										
	Beans																																										
	Vegetables / fruits																																										
	Juice																																										
	Yogurt																																										

HEALTH COVERAGE: Refer patient to their health plan or Medi-Cal for a medically necessary formula or medical food. WIC only provides these products when they are NOT a covered benefit by the patient's health plan or by Medi-Cal.

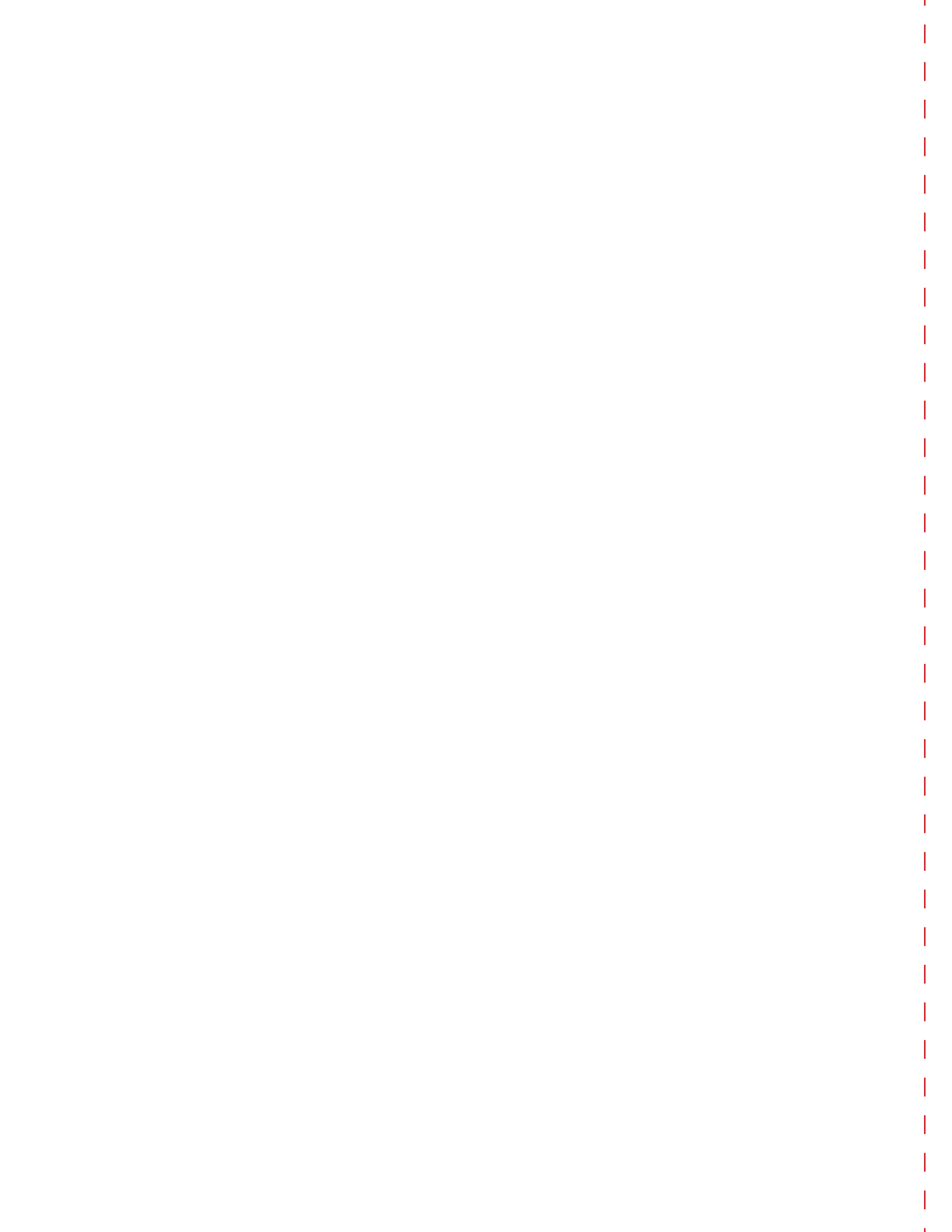
<p>Provide patient's health insurance information:</p> <p>Private insurance: _____ Medi-Cal managed care: _____ Other: _____</p> <p>Regular Medi-Cal (fee-for-service): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Check action taken:</p> <input type="checkbox"/> Submitted justification to health plan <input type="checkbox"/> Submitted justification to pharmacist	<p>If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:</p> <input type="checkbox"/> Gave formula samples <input type="checkbox"/> Referred to Medi-Cal <input type="checkbox"/> Referred to WIC <p>QUESTIONS: Call 1-888-942-9675 or 1-800-852-5770. Health Professionals: Go to www.wicworks.ca.gov; click Health Care Professionals; then click WIC contacts for MDS.</p>
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COMMENTS:

HEALTH PROFESSIONAL NAME	HEALTH PROFESSIONAL SIGNATURE	MEDICAL OFFICE / CLINIC NAME AND LOCATION OR OFFICE STAMP
PHONE NUMBER	TODAY'S DATE	

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