



Introduction

CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health is contracting with Health Net Community Solutions to provide and arrange for network services.

CalViva Health supports breastfeeding

CalViva Health supports breastfeeding as the best infant feeding method for babies. It has important health and economic benefits to mothers, infants and our communities. Breastfeeding should continue for the first year of life and beyond for as long as mutually desired by the mother and baby. CalViva Health wants mothers to successfully breastfeed their babies for as long as both mother and baby are comfortable.

Providers' support and encouragement can make the difference between breastfeeding success and failure. Health care providers are very influential in mothers' infant and toddler feeding decisions and play a key role in providing information and assistance when questions and problems arise.

To learn more about breastfeeding, log on to the Wellstart International Web site at www.wellstart.org. Wellstart International specializes in advancing health care providers' knowledge, skills and abilities regarding breastfeeding.

The Academy of Breastfeeding Medicine is another resource for providers. The academy develops evidence-based protocols on clinical lactation management. To view the clinical protocols and statements, log on to the Academy of Breastfeeding Medicine Web site at www.bfmed.org.

The Infant Nutrition Benefits Provider Guide

The *Infant Nutrition Benefits Provider Guide* covers important referral and prior authorization information for supplies and services related to infant nutrition benefits. These benefits are provided to mothers and infants under age one who are enrolled in the CalViva Health Medi-Cal program. This guide explains what infant nutrition benefits are and the process providers follow to obtain benefits for CalViva Health members.

For questions regarding the information in this guide, contact the Health Net Public Programs Department via email at Effie.Ruggles@healthnet.com. For general assistance with CalViva Health programs, contact CalViva Health at (888) 893-1569.

Health care providers' support and encouragement can make a big difference in breastfeeding success.



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Contents

<i>Introduction</i>	i	<i>Therapeutic infant formula and banked human milk</i>	9
<i>Infant nutrition benefits overview</i> ...	1	Therapeutic infant formula.....	9
Referral for CCS-eligible conditions.....	1	Types of therapeutic infant formula and associated conditions.....	9
Member access to infant nutrition benefits..	1	Obtaining therapeutic formula for inpatient and outpatient members.....	10
Prior authorization for infant nutrition benefits	2	Prior authorization process for therapeutic formula	11
Infant nutrition benefit authorization request forms	2	Special Supplemental Nutrition Program for Women, Infants and Children referrals	12
Appeals process.....	2	Banked human milk.....	13
<i>Lactation DME</i>	3	Prior authorization process for banked human milk	13
Reasons a member may need lactation DME	3	Authorization time frames for therapeutic infant formula and banked human milk	14
Types of breast pumps	3	<i>Quick reference contacts</i>	15
Prescribing a manual or personal-use electric breast pump	3	<i>Attachments</i>	17
Prior authorization process for hospital-grade electric breast pump.....	4	Infant Nutrition Benefits Authorization Form: Breast Pump and Lactation Consultant Services	17
<i>Lactation education and support services</i>	5	Infant Nutrition Benefit Authorization Request Form: Therapeutic Formula	19
Billing for lactation education and support services.....	5	WIC Pediatric Referral form (CDPH 247A)	21
Conditions requiring a referral for lactation education and support services	5	PCP Quick Reference for the Provision of Infant Nutrition Benefits	23
Referral for lactation education and support services through CPSP providers	5		
Referral for lactation education and support services through non-CPSP providers.....	6		
Prior authorization for lactation education and support services	7		

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Infant Nutrition Benefits Overview

Infant nutrition benefits are covered services available to mothers and their babies to improve infant health and support growth through optimum nutrition. 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

Infant nutrition benefits are arranged for or provided by CalViva Health. This guide explains the processes for accessing infant nutrition benefits applicable to directly contracting fee-for-service (FFS) Medi-Cal participating providers.

Referral for CCS-eligible conditions

In some situations, infant nutrition supplies and services may be covered by California Children's Services (CCS) if the infant has a CCS-eligible condition and an approved Service Authorization Request (SAR) from

CCS. Refer children with potentially CCS-eligible conditions to the local county CCS program. To learn more about CCS and CCS-eligible conditions, refer to the Medi-Cal provider operations manuals on the Health Net provider Web site at www.healthnet.com/provider or contact the Public Programs Department at (800) 526-1898.

Member access to infant nutrition benefits

CalViva Health members may receive infant nutrition benefits as an inpatient or outpatient. In most instances, a member is only eligible for infant nutrition benefits until his or her first birthday. Lactation education/support services and lactation DME may be requested under the mother or infant's CalViva Health member identification (ID) number. Therapeutic formula and banked human milk can be prescribed for newborns under the mother's member ID. Once the infant's membership is established and if the prescription needs to be reauthorized, the request must be made under the infant's member ID.

Prior authorization for infant nutrition benefits

The following outlines infant nutrition benefits prior authorization requirements by CalViva Health and Health Net.

<i>Infant nutrition benefit</i>	<i>Prior authorization requirement</i>
<ul style="list-style-type: none"> Lactation DME (most breast pumps, nipple shields and breast shells) Hospital-grade electric breast pump 	<ul style="list-style-type: none"> No Yes
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 	<ul style="list-style-type: none"> No Yes (If the provider does not have a contract with a lactation consultant)
Therapeutic infant formula	Yes
Banked human milk	Yes

Due to the intended purpose of infant nutrition benefits as a sustainable food source, authorization requests and appeals are evaluated in an expeditious manner.

Infant nutrition benefit authorization request forms

The *Infant Nutrition Benefit Authorization Request Form: Breast Pump and Lactation Consultant Services* and *Infant Nutrition Benefit Authorization Request Form: Therapeutic Formula* (attached in back of this guide) were created to assist providers with the prior authorization process for all of the supplies and services available with infant nutrition benefits. The forms were developed based on the guidelines and medical necessity criteria for each of the benefits. To expedite the prior authorization process, it is important to complete the appropriate form in its entirety.

The forms specifically call out the pertinent 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 incorrect has the right to file an appeal. If the request for authorization is denied, providers may submit an appeal on behalf of the member. Refer to the Medi-Cal provider operations manuals located on the provider Web site at www.healthnet.com/provider > *Provider Library* for additional information on the appeal process.

Lactation DME

Lactation DME includes breast pumps, breast shells and nipple shields. These items help establish and sustain milk supply when nursing at the breast is difficult or not possible, and help eliminate breastfeeding difficulties. Lactation DME is not authorized after the infant's first birthday unless special medical needs exist. Breast shells and nipple shields do not require prior authorization; a prescription may be written.

Reasons a member may need lactation DME

A mother or baby may need lactation DME for one of the following reasons:

- Mother and infant are separated due to hospitalization
- Infant is unable to nurse (for example, latch or suck issues, post-operative, tube feedings)
- Mother has a physical condition requiring mechanical lactation assistance
- 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

Types of breast pumps

CalViva Health members may obtain the following types of breast pumps:

- Manual breast pump
- Personal-use electric breast pump and kit
- Hospital-grade electric breast pump and kit – rentals only (prior authorization required)

Prescribing a manual or personal-use electric breast pump

Prior authorization is not required for manual or personal-use electric breast pumps. Participating providers can simply write a prescription and assist the member with arranging pick-up or delivery from a DME provider. Contact the preferred vendor, Apria Healthcare, at (800) 277-4288 for a location most convenient for the member. On the prescription, include the member's telephone number and inform the member that Apria will call her to confirm her residential address before delivering the breast pump. Apria does not deliver to a P.O. box. For assistance finding other DME vendors, contact the Health Net Health Care Services Department at (800) 421-8578.

Manual or personal-use electric breast pumps can be obtained by a written prescription from the participating provider.

Prior authorization process for hospital-grade electric breast pump

The prior authorization process for hospital-grade electric breast pumps is outlined below.

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, yet nursing at the breast has not been established successfully, a referral to a lactation consultant may be helpful prior to the request for a breast pump.
2. Complete the *Infant Nutrition Benefits Authorization Request Form: Breast Pump and Lactation Consultant Services* (attached in back of guide). Submit the form with medical chart notes documenting medical necessity to the Health Care Services Department via fax at (800) 743-1655.
3. Explain the prior authorization process to the member.
4. Once prior authorization is approved, contact the member with instructions for pick-up 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 submits the *Infant Nutrition Benefits Authorization Request Form* prior to the mother's discharge. The discharge planner contacts Health Care Services at (800) 421-8578 to ensure the authorization request is complete. This ensures that the review can be conducted expeditiously and that the breast pump is available at the time of the mother's discharge.

Hospital-grade electric breast pump requests for longer than three months require re-authorization.



Lactation *Education* and Support Services



Lactation education and support services may be provided by the following:

- 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

Billing for lactation education and support services

Persons with these certifications – lactation educator-counselor and IBCLC – are not recognized by the state of California 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 rendered by a comprehensive perinatal health worker (CPHW), medical assistant (MA), registered nurse (RN), nurse practitioner (NP), or physician assistant (PA) who has one of these certifications. If the provider does not have a person on staff with a lactation certification, the provider may contract with a lactation consultant and reimburse that individual as a subcontracting employee.

Conditions requiring a referral for lactation education and support services

Providers may refer members for lactation education and support services for any of the following 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 for lactation education and support services through CPSP providers

CalViva Health and Health Net support CPSP, which utilizes best practices to promote maternal health and healthy birth outcomes. CPSP-certified providers can provide breastfeeding education, support and referrals

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

An obstetrician can become a CPSP-certified provider by contacting the local county CPSP coordinator for assistance.

in the antepartum and postpartum period to members. Participating OB/GYN providers are encouraged to participate in CPSP and offer CPSP services to all pregnant members.

An obstetrician can become a CPSP-certified provider by contacting the local county CPSP coordinator. Health Net’s 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 at the back of this guide for telephone numbers of the CPSP coordinators and Public Programs administrators in your county.

Participating 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. Participating CPSP-certified providers may bill lactation consultant services under CPSP for mothers and babies, and reimburse the lactation consultant as a subcontracting employee.

No prior authorization is required for lactation consultant services received through CPSP from a participating CPSP-certified provider. CPSP services can only be billed up to 60 days postpartum. After 60 days,

CPSP providers can provide lactation support services, but must bill using the appropriate ICD-9 or CPT codes.

CPSP providers who would like to contract with lactation consultants in their community to serve their patients may contact CalViva Health at (888) 893-1569 for assistance.

Referral for lactation education and support services by non-CPSP providers

All providers should educate and encourage pregnant mothers to breastfeed and provide access to lactation education and support services when needed. 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. The provider 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, providers bill lactation consultation services with appropriate CPT codes for mothers or babies and reimburse the IBCLC as a subcontracting employee. In this manner,

lactation education and consultation services may be rendered beyond 60 days postpartum.

3. If options 1 or 2 are not viable, the provider must submit a prior authorization to refer a member to an IBCLC. Refer to the following instructions for submitting a prior authorization request. Without a formal arrangement with a participating physician or facility, the IBCLC is considered a non-participating provider and must contact the Health Care Services Department at (800) 421-8578 prior to rendering service to confirm authorization and receive billing instructions.

Prior authorization for lactation education and support services

The following is the prior authorization process for participating providers to access non-participating 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. Contact CalViva Health at (888) 893-1569 for a list of IBCLCs in the local area.

3. Complete the *Infant Nutrition Benefit Authorization Request Form: Breast Pump and Lactation Consultant Services* (attached in back of guide). Submit the form with medical chart notes documenting medical necessity to the Health Care Services Department via fax at (800) 743-1655.
4. Explain the prior authorization process to the member.
5. Once the authorization is approved, contact the member with a referral and instructions to see the IBCLC. If the authorization is denied, provide further instruction to the member (for example, follow-up appointment for reassessment for authorization resubmission).

All CalViva Health 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.



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Therapeutic *Infant* Formula and Banked *Human* Milk

Enteral nutritional supplements and replacements are a conditional benefit of the CalViva Health 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)). A medically diagnosed condition that precludes the full use of food means the member has a medically diagnosed condition that may prevent the member from meeting

their nutritional or metabolic needs, thereby requiring either supplemental or replacement nutritional therapy.

Therapeutic infant formula

Therapeutic formula is a medical food formulated to be consumed or administered enterally under the supervision of a physician and intended for the specific dietary management of a disease or condition of distinctive nutritional requirements based on recognized scientific principles as established by medical evaluation.

Types of therapeutic infant formula and associated conditions

<i>Types of formula</i>	<i>Conditions</i>
Premature infant formula	<p>CalViva Health and Health Net follow the guidelines developed by the California Perinatal Quality Care Collaborative. Preterm formula is designed to replace nutrient components that cannot be tolerated and is given to premature infants less than or equal to 34 weeks gestation and/or birth weight of 1,800 grams. It is provided up to age 1. At CalViva Health’s discretion, if the member’s weight falls below the third percentile for weight using CDC growth charts during the first year, caloric-dense formula may be continued beyond age 1, or be offered to infants over 34 weeks of gestation.</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). Examples are Profree, Lofenalac, CHO Free, Lacto Free, Criticare, Vivonex, Sim 60/40, Calcilo, and Neocare.</p> <p>Additionally, elemental replacement formulas/products are designed for individuals with dysfunctional or shortened 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. Examples of these formulas are: Neocate One, Peptamin Jr., Portagen, and Vivonex Pediatric. These medical conditions are, in large part, CCS-eligible, and products must be requested and approved by the local CCS program.</p>

(continued)

Types of therapeutic infant formula and associated conditions

<i>Types of formula</i>	<i>Conditions</i>
Replacement formula	<p>Requests for replacement formula therapy are considered 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. The medical condition must not be CCS-eligible.</p>
Hypoallergenic and elemental formulas	<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 (examples are Nutramigen, Alimentum, Elecare, and Peptamin). Partially hydrolyzed formulas are not hypoallergenic and should not be used to treat infants with documented allergies.</p>
Caloric-dense formulas	<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. Examples of these formulas are Pediasure, Ensure, Ensure Plus, Sustacal with Fiber, Isocal, Jevity, Kindercal, Boost, and Boost Plus.</p>

Obtaining therapeutic formula for inpatient and outpatient members

<i>Inpatient members</i>	<i>Outpatient members</i>
<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 submits it to Health Net several days prior to discharge, whenever possible, to allow time for evaluation of the prior authorization requests. The discharge planner should coordinate with Health Net 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 request medical records from the provider who prescribed the formula or conduct a thorough assessment to demonstrate medical necessity • When the member visits the PCP's office and the physician determines that the infant needs therapeutic formula, the physician completes the steps listed under the topic <i>Prior Authorization Process for Therapeutic Formula</i>

Out-of-area requests for therapeutic formula must be referred to Health Net for authorization.

Prior authorization process for therapeutic formula

The provision of therapeutic infant formula always requires prior authorization. Participating providers request prior authorization through Health Net using the following process.

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
 - 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
2. Complete the *Infant Nutrition Benefit Authorization Request Form: Therapeutic Formula* (attached in back of this guide). Submit the form with medical chart notes documenting medical necessity of therapeutic formula and duration of use to the Health Care Services Department via fax at (800) 743-1655.

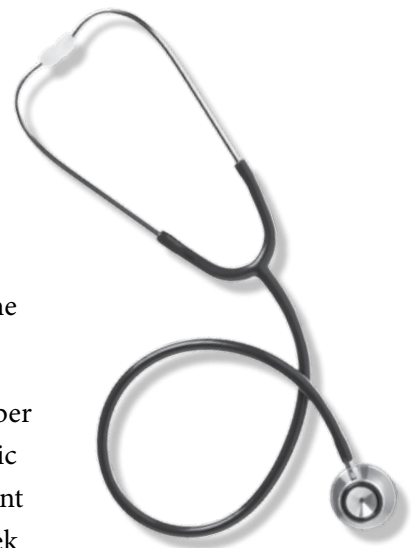
3. Explain the prior authorization process to the member.
4. If the authorization is approved, contact the member with instructions for pick-up or delivery from a participating pharmacy or DME provider. If the authorization is denied, provide further instruction to the member (for example, follow-up appointment for reassessment or labs for authorization resubmission).

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

A one-time emergency two-week supply of therapeutic formulas is available for infants under age one who are currently on a therapeutic formula. This two-week supply of therapeutic formula allows for treatment regimen continuity while Health Net and CalViva Health conduct a medical necessity review and treatment evaluation. A prior authorization request must also be submitted for this one-time two-week supply. Complete the prior authorization request and fax it to Pharmacy Services at (800) 977-8226. The member may access the two-week supply within 24 hours of Pharmacy Services' receipt of the authorization request.

Providers should give the member a prescription for the therapeutic formula and explain to the parent or guardian that only a two-week supply of therapeutic formula will be given by a participating pharmacy that dispenses

Submit medical chart notes documenting medical necessity of therapeutic formula and duration of use to Health Net.



therapeutic formula. This initial two-week supply does not signify approval for continuation of the formula. To continue use of therapeutic formula beyond two-weeks, submit a prior authorization request with clinical documentation of medical necessity to the Health Care Services Department.

Special Supplemental Nutrition Program for Women, Infants and Children referrals

After prescribing the therapeutic formula, the provider should complete Section II of the *WIC Pediatric Referral* form CDPH 247A (attached in back of 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 CalViva Health's Medi-Cal program. When medically necessary, the provision of therapeutic formula is the responsibility of CalViva Health. Providers should never refer a member who is waiting for authorization or whose request for therapeutic formula has been denied to the WIC program.



Banked human milk

Similar to therapeutic formulas, human milk can be classified as an enteral nutritional supplement or replacement for newborns in situations where the 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.

Prior authorization process for banked human milk

The provision of banked human milk always requires prior authorization. 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 at this time. Below is the prior authorization process for banked human milk.

1. If the infant is hospitalized, the specialist in charge of his or her care orders 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 requires human milk upon discharge, the specialist completes the *Infant Nutrition Benefit Authorization Request Form: Therapeutic Formula* (attached in back of guide) and submits it to the Health Care Services Department via fax at (800) 743-1655. Since evaluating these authorization requests may take several days, the hospital and treating physicians are encouraged to submit these requests several days prior to discharge whenever possible. Once approved, CalViva Health and Health Net secure an arrangement with the milk bank to ensure timely delivery to the member for the entire prescription.
3. Requests for human milk are evaluated on a case-by-case basis; however, in general, extended human milk requests (greater than three months) require medical justification for re-authorization.

Involvement from the Health Care Services Department is usually needed in the above cases. Contact the Health Care Services Department at (800) 421-8578 for assistance with coordination of additional care and service needs.

Prior authorization is always required for banked human milk.

Authorization time frames for therapeutic infant formula and banked human milk

Due to the intended purpose of this benefit as a sustainable food source, therapeutic formula

and banked human milk authorization requests and appeals are evaluated in an expeditious manner.

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. These requests are processed 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. These requests are processed within 3 business days of receipt of all the information reasonably necessary to make a decision.
Non-emergent/routine requests	<p>Non-emergent/routine requests of therapeutic formulas are processed within 5 business days of receipt of all the information reasonably necessary to make a decision.</p> <p>Requests for regimens already in place are processed 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 urgency of the member's medical condition.</p>



Quick Reference Contacts

Comprehensive Perinatal Services Program (CPSP) breastfeeding services

CPSP providers offer breastfeeding education, support and referrals. Services can be provided in the antepartum and postpartum period up to 60 days postpartum. CPSP services are available to members seeing a CPSP provider for prenatal care. To become a CPSP-certified provider, contact the CPSP coordinator in your county.

www.cdph.ca.gov/programs/CPSP/Pages/CPSPPerinatalServicesCoordinators.aspx

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program

WIC serves the nutritional needs of pregnant and breastfeeding women, and children up to age 5. WIC provides breastfeeding classes during and after pregnancy, and other breastfeeding support services (for example, breast pump loans and counseling). CalViva Health Medi-Cal members automatically qualify for WIC.

www.cdph.ca.gov/programs/wicworks
www.calwic.org

Health Net Medi-Cal Public Programs Department

The Medi-Cal Public Programs Department assists obstetric providers who would like to become CPSP-certified.

(559) 445-8716

Health Education Department

Health promotion consultants provide 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 linkages and referral information.

(800) 804-6074

Contact information is available to help providers and office staff with any questions and issues.

<i>Breastfeeding and Nutrition Support Line</i>	
Providers may refer CalViva Health members to the Breastfeeding and Nutrition Support Line to speak with registered dietitians about nutrition-related topics, and lactation specialists for breastfeeding education and support.	(888) 893-1569
<i>Health Care Services Department</i>	
Contact the Health Care Services Department to request prior authorization or assistance with referrals.	(800) 421-8578 Fax prior authorization requests to: (800) 743-1655
<i>CalViva Health</i>	
Provider Services Center representatives are available 24 hours a day, seven days a week to assist providers.	(888) 893-1569
<i>Pharmacy Services</i>	
For an initial or one-time emergency two-week supply of therapeutic formula	Fax: (800) 977-8226





INFANT NUTRITION BENEFITS AUTHORIZATION REQUEST FORM: BREAST PUMP AND LACTATION CONSULTANT SERVICES



Complete this form for authorization of lactation management aides or services.
Please include chart notes to expedite the review/authorization process.
For directly contracting FFS Medi-Cal providers. Fax form to (800) 743-1655.

Lactation education/consultation services provided through 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"/> 676.94 Contraindicated drug use (need to sustain milk supply)	<input type="checkbox"/> 779.31 Feeding problems-newborn (nipple preference/tongue thrust/weak suck/ latch-on difficulty/refusal to suck)
<input type="checkbox"/> 676.94 Mother/baby separation due to hospitalization	<input type="checkbox"/> 783.3 Feeding problems, Infant (>28 days)
<input type="checkbox"/> 676.94 Establish milk supply	<input type="checkbox"/> 789.0 Colic
<input type="checkbox"/> 611.8 Plugged milk duct	<input type="checkbox"/> 771.7 Thrush
<input type="checkbox"/> 676.44 Failure of lactation	<input type="checkbox"/> 774.6 Jaundice, neonatal
<input type="checkbox"/> 676.54 Suppressed lactation	<input type="checkbox"/> 276.5 Dehydration, neonatal
<input type="checkbox"/> 676.24 Engorgement of breasts	<input type="checkbox"/> 779.34 Slow wt. gain/FTT (newborn)
<input type="checkbox"/> 676.14 Nipple-cracked/blister/fissures	<input type="checkbox"/> 783.41 Slow wt. gain/FTT (older Infant)
<input type="checkbox"/> 675.14 Breast abscess	<input type="checkbox"/> 765.20 Prematurity/LBW (NOS)
<input type="checkbox"/> 611.71 Breast pain	<input type="checkbox"/> 750.0 Ankyloglossia
<input type="checkbox"/> 676.34 Nipple pain/trauma/ulcer	<input type="checkbox"/> 749.00 Cleft palate (NOS)
<input type="checkbox"/> 676.94 Infection of nipple	<input type="checkbox"/> 749.10 Cleft lip (NOS)
<input type="checkbox"/> 676.0 Nipple-inverted/retracted	<input type="checkbox"/> 749.20 Cleft lip & palate (NOS)
<input type="checkbox"/> 676.94 Mother/baby separation due to work or school <i>(*Does not qualify for hospital-grade pump)</i>	<input type="checkbox"/> 744.9 Cranial facial abnormality that prevents latch-on & adequate milk intake <i>(* If not approved as a CCS-eligible condition)</i>
<input type="checkbox"/> 675.10 Mastitis, purulent	<input type="checkbox"/> 783.4 Abnormal wt. loss
<input type="checkbox"/> 675.20 Mastitis, nonpurulent	<input type="checkbox"/> 780.54 Sleepy baby
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Include ICD-9 code: _____	Include ICD-9 code: _____

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

Medically Necessary Lactation Aides/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 3 months require the mother/baby dyad to be re-evaluated for re-authorization)
- 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 (888) 893-1569 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:



INFANT NUTRITION BENEFITS AUTHORIZATION REQUEST FORM: THERAPEUTIC FORMULA



- ❖ Therapeutic formula is a conditional benefit of the Medi-Cal program.
- ❖ Members should not be referred to the 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.

Please include chart notes to expedite the review/authorization process. For directly contracting FFS Medi-Cal providers. Fax form to (800) 743-1655.

Member Name (infant): (Last, First) _____		DOB: _____		Member ID#: _____	
Parent/Guardian Name: (Last, First) _____		Primary Telephone#: _____			
Address: (with City, State, ZIP Code): _____			Alt Telephone#: _____		
Requesting Provider:		PCP:		Medical Group	
Name: _____		Telephone #: _____		Fax #: _____	
Address (with City, State, ZIP Code): _____					
<u>PREMATURE INFANT FORMULA/ CALORIC DENSE</u> <small>(for example: Neosure, Enfacare Profree, Lofenalac, Lacto Free, Criticare, Vivonex, Sim 60/40, Neocare, Neocate One, Peptamin Jr., Portagen, and Vivonex Pediatric)</small>	Formula Requested: _____ Qty/Mo: _____ Duration: _____ (months)	<u>DIAGNOSIS: (ICD-9 code required):</u> <input type="checkbox"/> 765.20 Prematurity/LBW <input type="checkbox"/> 779.3 Prematurity-Feeding problem <input type="checkbox"/> 764.00 Small for gestational age <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<u>MEDICAL JUSTIFICATION</u> <input type="checkbox"/> Gestational age _____ <input type="checkbox"/> Birth weight _____ <input type="checkbox"/> Need for additional protein, calcium and phosphorus for 1 yr <u>Notes:</u> _____ _____	<u>CCS REFERRAL:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, status of referral _____ Approved CCS-eligible condition: _____ _____	
<u>HYPOALLERGENIC (ELEMENTAL) FORMULA</u> <small>(for milk protein intolerance)</small> <small>(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 re-challenge for re-authorization.</small>	<u>DIAGNOSIS: (ICD-9 code required):</u> <input type="checkbox"/> 708.9 Urticaria <input type="checkbox"/> 995.0 Anaphylaxis <input type="checkbox"/> 692.9 Eczema <input type="checkbox"/> 693.1 Food allergy dermatitis <input type="checkbox"/> 787.91 Diarrhea <input type="checkbox"/> 536.2 Persistent vomiting <input type="checkbox"/> 558.3 Allergic gastroenteritis <input type="checkbox"/> 558.3 milk protein enterocolitis <input type="checkbox"/> Other _____	<u>LABS – Include results if any of the following tests obtained</u> <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 _____	<u>CCS REFERRAL:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, status of referral _____ Approved CCS-eligible condition: _____ _____	
<u>FORMULAS/ SUPPLEMENTS</u> <small>(for example: Pediasure, Ensure, Ensure Plus, Sustacal with Fiber, 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 re-authorization.</small>	<u>DIAGNOSIS: (ICD-9 code required):</u> <input type="checkbox"/> 779.3 Slow weight gain/FTT (newborn) <input type="checkbox"/> 783.41 Slow wt gain/FTT (older Infant) <input type="checkbox"/> 787.2 Dysphagia- diff swallowing <input type="checkbox"/> 750.10 Anomaly of tongue <input type="checkbox"/> 749.00 Cleft palate <input type="checkbox"/> 749.10 Cleft lip <input type="checkbox"/> 749.20 Cleft palate w/cleft lip <input type="checkbox"/> Other _____	<u>MEDICAL JUSTIFICATION</u> <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? _____ % of total daily calorie comes from formula <u>Notes:</u> _____ _____	<u>CCS REFERRAL:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, status of referral _____ Approved CCS-eligible condition: _____ _____	
<u>BANKED HUMAN MILK</u>	Qty/Mo: _____ Duration: _____ (months)* <small>*Extended human milk requests, for longer than 3 months, require medical justification for re-authorization.</small>	<u>DIAGNOSIS: (ICD-9 code required):</u> Baby must be intolerant to all therapeutic formulas and mom has a condition preventing breastfeeding. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<u>MEDICAL JUSTIFICATION</u> <u>Notes:</u> _____ _____	<u>CCS REFERRAL:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, status of referral _____ Approved CCS-eligible condition: _____ _____	

Print Physician Name: _____ Physician Signature: _____ Date: _____



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 or medical food is prescribed, complete both Sections I and II.

PATIENT NAME (First) _____ (Last) _____			DATE OF BIRTH: _____					
CURRENT HEIGHT/LENGTH: _____ inches <small>(within 60 days)</small>	CURRENT WEIGHT: _____ lb _____ oz <small>(within 60 days)</small>	CURRENT BMI: _____ % <small>BMI percentile: _____ % (within 60 days)</small>	MEASUREMENT DATE _____	BIRTH WEIGHT/LENGTH: _____ lb _____ oz / _____ inches				
<p>HEMOGLOBIN OR HEMATOCRIT TEST is required <u>every 12 months</u> when normal <u>and every 6 months</u> when abnormal.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">Hemoglobin (gm/dl) or Hematocrit (%)</th> <th style="width:30%;">Lab Result Date</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>			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: _____	
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:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available			<p>SOY REQUEST FOR CHILD: <i>To substitute soy milk & tofu for cow's milk & cheese, check or write a condition below:</i></p> <input type="checkbox"/> Cow's milk protein allergy <input type="checkbox"/> Severe lactose intolerance <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____					

SECTION II: Complete ALL boxes below when therapeutic formula is prescribed. Incomplete information delays 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: 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. Please see <i>WIC Food Restrictions</i>.</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><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Baby fruit/ vegetable</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td rowspan="8">Children (1-5 yr)</td> <td>Cow's milk</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Cheese</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Eggs</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Peanut butter</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Whole grains *</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Cereal</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Beans</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Vegetables/fruits</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Juice</td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table> <p><small>* whole wheat bread, corn/wheat tortilla, brown rice, barley, bulgur, or oatmeal</small></p>	Category	WIC Foods	Do Not Give	Restriction/ Comment	Infants (6-12 mo)	Baby cereal	<input type="checkbox"/>		Baby fruit/ vegetable	<input type="checkbox"/>		Children (1-5 yr)	Cow's milk	<input type="checkbox"/>		Cheese	<input type="checkbox"/>		Eggs	<input type="checkbox"/>		Peanut butter	<input type="checkbox"/>		Whole grains *	<input type="checkbox"/>		Cereal	<input type="checkbox"/>		Beans	<input type="checkbox"/>		Vegetables/fruits	<input type="checkbox"/>		Juice	<input type="checkbox"/>	
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HEALTH COVERAGE: Refer the patient to the 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: _____</p> <p>Medi-Cal managed care: _____</p> <p>Other: _____</p> <p>Regular Medi-Cal (fee-for-service) _____</p>	<p>Check action taken:</p> <p>_____ Submitted justification to health plan</p> <p>_____ Submitted justification to pharmacist</p>	<p><i>If the patient requires a therapeutic formula and does NOT have health insurance, check ALL boxes below that apply:</i></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 <u>Health Professionals</u>; then click <u>WIC contacts for MDs</u>.</p>
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COMMENTS:

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

PCP quick reference for the provision of infant nutrition benefits

	<i>Therapeutic formula/banked human milk</i>	<i>Lactation DME</i>	<i>Lactation education/support services</i>
<p>Medical necessity</p>	<p>Provide all clinically relevant information for the provision of therapeutic formula and human milk with the prior authorization request (refer to pages 9-14 of this guide).</p>	<p>For hospital-grade electric breast pumps, provide all clinically relevant information for medical necessity review with the prior authorization request (refer to pages 3-4 of this guide).</p>	<ul style="list-style-type: none"> Verify on the <i>Infant Nutrition Benefit Authorization Request Form: Breast Pump and Lactation Consultant Services</i> that this mother/baby dyad is 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 5-7 of this guide)
<p>Authorization</p>	<p>Route all requests for medically necessary therapeutic formula and banked human milk to Health Net for review and authorization. Extended hypoallergenic (elemental) or replacement formula requests, for longer than three months, require re-authorization.</p> <ul style="list-style-type: none"> For an emergency two-week supply of therapeutic formula, a prior authorization request must be faxed to Pharmacy Services at (800) 977-8226 The prior authorization request with all clinical documentation of medical necessity must also be submitted to Health Care Services for continuation of the therapeutic formula beyond two-weeks In general, extended human milk requests – longer than 3 months – require medical justification for re-authorization 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 Health Net 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 re-authorization 	<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 CalViva Health at (888) 893-1569 can assist 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 <p>Route all requests for medically necessary infant nutrition benefits to Health Net for review and prior authorization if the provider does not have a contract with an IBCLC.</p>
<p>Authorization request forms</p>	<p>Complete the <i>Infant Nutrition Benefit Authorization Request Form: Therapeutic Formula</i> and provide complete medical documentation to expedite authorization determinations.</p>	<p>Complete the <i>Infant Nutrition Benefit Authorization Request Form: Breast Pump and Lactation Consultant Services</i> and provide complete medical documentation to expedite authorization determinations.</p>	<p>Non-CPSP providers complete the <i>Infant Nutrition Benefit Authorization Request Form: Breast Pump and Lactation Consultant Services</i> and provide complete medical documentation to expedite authorization determinations.</p>

PCP quick reference for the provision of infant nutrition benefits

	<i>Therapeutic formula/banked human milk</i>	<i>Lactation DME</i>	<i>Lactation education/support services</i>
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
CCS referral	<ul style="list-style-type: none"> • Refer California Children’s Services (CCS)-eligible children to CCS 	<ul style="list-style-type: none"> • Refer CCS-eligible children to CCS 	<ul style="list-style-type: none"> • Refer CCS-eligible children to CCS
WIC referral form	<ul style="list-style-type: none"> • Complete Section II of the <i>Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Pediatric Referral form</i> (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) • 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	<p>Provide education and resources to encourage healthy growth and development that support mother’s infant feeding decision and/or baby’s medical condition.</p> <p>Breastfeeding and Nutrition Support Line (888) 893-1569</p> <p>Health Education Information Line (800) 804-6074</p> <p>WIC www.cdph.ca.gov/programs/wicworks</p> <p>Wellstart International www.wellstart.org</p> <p>Academy of Breastfeeding Medicine www.bfmed.org</p>	<p>Encourage mothers to breastfeed as long as possible and support those who do.</p> <p>Breastfeeding and Nutrition Support Line (888) 893-1569</p> <p>Health Education Information Line (800) 804-6074</p> <p>WIC www.cdph.ca.gov/programs/wicworks</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>	<p>Encourage mothers to breastfeed as long as possible and support those who do.</p> <p>Breastfeeding and Nutrition Support Line (888) 893-1569</p> <p>Health Education Information Line (800) 804-6074</p> <p>WIC www.cdph.ca.gov/programs/wicworks</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>