



WIC & Medicaid Enteral Nutrition Prescription Request (ENPR)

WIC Local Agency _____ "Primary" WIC Agency (if different) _____

Health Care Provider Use Only (Items 1-5)

1. Client Name _____ DOB _____
Medicaid Eligible (check one) Y N Medicaid Recipient # _____

2. Parent's/Caregiver's Name: _____

3. Formula Requested: _____ Duration of Use _____

Was another formula tried unsuccessfully? (check one) Y N Formula tried _____

4. Medical Diagnosis ICD-9-CM¹ (at least one must be circled or written in space provided)

Infants and Children

- a. Failure to Thrive (783.4) 134²
- b. Inadequate Growth (783.4) 135
- c. Prematurity (765.1) 142
- d. Low Birth Weight (LBW) (765.1) 141
- e. Anemia (281.9) 201
- f. Severe Gastrointestinal Disorders (536.9) 342
- g. Malabsorption Syndromes (579.9) 349
- h. Genetic-Congenital Disorders (740-759) 349
- i. Metabolic Disorders or Inborn Errors of Amino Acid Metabolism (277.9) 351
- j. Food Allergies (693.1) 353
- k. Milk, Soy or Corn Allergies (693.1) 353
- l. Celiac Disease (579.0) 354
- m. Lactose or sucrose intolerance (271.3) 355

n. Heart/circulatory or respiratory diseases (390-459 or 460-519) 355

o. Persistent dermatological condition (692.9) 353

p. Anaphylactic shock (995.60-995.69) 353

q. Other Medical Conditions (ICD-9 _____)

r. Developmental Sensory/Motor Delays (783.4) 362

s. Fetal Alcohol Syndrome (760.71) 382

Pregnant/Breastfeeding Women

a. Low Maternal Weight Gain (646.8) 131

b. Maternal Weight Loss During Pregnancy (783.2) 103

c. Multifetal Gestation (651) 335

d. Other Medical Conditions (ICD-9 _____)

5. Medical Provider Signature _____ Date _____ Provider's Medicaid or Alaska License # _____

Print Medical Provider's Name _____

Print or Stamp Address and Phone # _____

Registered Dietitian & Licensed Dietitian (RD/LD) & Medicaid Use Only

Height _____ (in) OR _____ (cm) (1 in = 2.54 cm)

Weight _____ (lbs) OR _____ (kg) (1 kg = 2.2 lbs)³

Current estimated Daily Caloric Needs _____ (kcal)
months _____ (kcal)

Estimated Daily Calorie needs in 6

RD Initials _____ Date _____ Incomplete _____

WIC LA Staff Initials _____ Approved _____ Denied _____ Date Range Approved For: _____

(Optional: Pharmacy Use Only) Recommended Amount of _____ (product name) Size of product _____

Number of cans: Per day _____ Per Month _____ Pharmacist signature _____ Date _____

First Health Action Date: _____ (check one) Authorized Denied

Instructions to Complete an ENPR

Instructions for Physicians, Physician Assistants or Nurse Practitioners

(Only Healthcare Providers licensed to write a prescription in Alaska can complete an ENPR)

- Item #1: Write patient's complete name and date of birth (DOB). Please, get the patient's Medicaid information because the ENPR form is also used by Medicaid as the *Certificate of Medical Necessity*
- Item #2: Write patient's parent/caregivers name.
- Item #3: Write the formula requested and the length of time the patient needs it.
A request can now be for more than 6 months.
- Item #4: Determine and circle one or more serious medical conditions listed, ICD-9 codes.
Other Medical Conditions must have an ICD-9 code.
- Item #5: A Health Care Provider's **original signature** is required.
Print or stamp your name, address and phone number.

By signing this form, you are verifying you have seen and evaluated the patient's nutrition and feeding problem(s) and symptoms determining, he/she has a serious medical condition. Give the completed form to the parent or guardian to take to their WIC clinic or fax it to the WIC Clinic serving the patient. **To submit on line go to** http://www.hss.state.ak.us/dpa/programs/nutri/E-Forms/WIC_FormulaRequest.asp

Instructions for the Registered/Licensed Dietitian (RD/LD) or Competent Professional Authority (CPA) in consultation with RD/LD

1. Verify the ENPR is complete.
2. Verify the formula requested is on the approved Alaska WIC non-contract formula list.
3. Using the RDA, RD estimates and writes both **current** daily caloric needs and calorie needs in **6 months**

Recommended Dietary Allowances (RDA) Average Estimation ⁴

Low Birth Weight Infant (120 kcal/kg/d)	1-3 yr (102 kcal/kg/d)	Female 25-50 (36 kcal/kg/d)
Full Term 0-6 months (108 kcal/kg/d)	4-6 yr (90 kcal/kg/d)	Pregnant/2nd & 3rd trimesters (36 kcal/kg/d + 300 kcal)
6-12 months (98 kcal/kg/d)		Lactating (36 kcal/kg/d + 500 kcal)

4. RD writes initials and date in the space provided.
5. RD checks incomplete, if there is information missing.
6. RD calls HCP office to obtain missing information.
7. RD or CPA checks one of three actions: Approved, Denied or Incomplete.
8. RD or CPA records the beginning and ending dates for the approved ENPR.
9. RD or CPA enters the ENPR data into AKWIC ENPR tab.
10. **If Medicaid eligible**, RD or CPA sends approved ENPR to a Medicaid Durable Medical Equipment (DME) Provider, or verify with HCP that ENPR request has been submitted to DME.
11. RD or CPA files the original ENPR form in the patient's WIC file or keeps copy in a central file.
12. Ask WIC participant to let the WIC clinic know as soon as Medicaid approves their ENPR. **To download go to:**

http://www.hss.state.ak.us/dpa/programs/nutri/downloads/LocalAgency/7.08_ENPR_Form.pdf

¹ Medicode International Classification of Diseases 9th Revision, Clinical Modification

² Alaska WIC High Risk Code <http://www.hss.state.ak.us/dpa/programs/nutri/downloads/Admin/Manuals/RiskCodeManual001-101sm.pdf>

³ Alaska WIC High Risk Code <http://www.hss.state.ak.us/dpa/programs/nutri/downloads/Admin/Manuals/RiskCodeManual001-101sm.pdf>

⁴ Recommended Dietary Allowances 1989. National Academy of Sciences. National Academy Press, Washington, D.C.