

PARENT GUIDE:

Private or Military Insurance Coverage of Therapeutic Formula

Insurance companies are the provider for therapeutic formulas
NOT the WIC Program.

WIC is a nutrition education and supplemental food program. We do not routinely provide therapeutic formulas for medical conditions. WIC may provide a small amount of formula (e.g. 2 week supply) until your health care insurance plan coverage begins.

WHAT YOU SHOULD DO:

STEP 1. Have your physician submit a request for authorization to your health care insurance plan.

Have your physician document on the WIC Pediatric Referral Form that he/she has contacted your health care insurance plan. If you have a secondary Insurance plan your health care provider must submit for coverage to all secondary plans as well.



STEP 2. Have your physician document on the WIC MD Referral form the need for your infant or child to receive therapeutic formula and bring that form to your next WIC appointment. If you don't have that form, they can write the necessary information on letterhead or a prescription pad. All of the following must be documented:

- Patient's name
- Diagnosis
- Name of formula
- Duration
- Amount per day
- Submitted a request for authorization to your Health Insurance Plan for coverage
- Date and signature of the prescribing **physician**.

STEP 3. Contact your health care insurance plan one week after you make the request to your physician, to verify that your physician has submitted a request and that the process for your infant/child's formula coverage has begun.

NOTE: If it hasn't begun go back to step 1.

STEP 4. At your next WIC appointment let your WIC Nutritionist know if you are now receiving your Infant or Child's formula at home.

Note: If for some reason you receive a denial from your insurance plan you **must** obtain a letter of denial or explanation of health benefits and bring to your next WIC appointment.

STEP 5. If your health plan denies coverage for a medically necessary formula your next action is to:

(Don't wait for your WIC appointment to take the steps below, complete them ASAP.)

- Contact your Insurance to request an appeal. This is usually done by contacting the Member Service's Department to request an appeal of the decision to deny coverage of a therapeutic formula deemed medically necessary by the physician.
- Apply for Medi-Cal benefits. Apply on-Line, call or go to one of the local Medi-Cal offices.

Oxnard/Camarillo -1400 Vanguard Drive, Oxnard – (805) 385-9363

Santa Paul Fillmore – 725 E. Main Street, Santa Paula – (805) 933-8300

East County- 2003 Royal Avenue, Simi Valley – (805) 584-4842

Ventura/Ojai – 4651 Telephone Road, First Floor, Ventura – (805) 658-4100