Nutrition Risk Codes

The following nutrition risk codes require a diagnosis by a qualified healthcare provider (HCP) with prescriptive authority in the State of Montana. Participant may self-report HCP diagnosis.

134 Failure to Thrive
151 Small for Gestational Age
153 Large for Gestational Age
301 Hyperemesis Gravidarum
302 Gestational Diabetes
303 History of Gestational Diabetes
304 History of Preeclampsia
321 History of Spontaneous Abortion, Fetal or Neonatal Loss
337 History of Birth of a LGA infant
336 Fetal Growth Restriction
339 History of Birth with Nutrition Related Congenital or Birth Defect
341 Nutrient Deficiency or Diseases
342 Gastrointestinal Disorders
343 Diabetes Mellitus
344 Thyroid Disorders
345 Hypertension and Pre-Hypertension
346 Renal Disease
347 Cancer
348 Central Nervous System Disorders
349 Genetic and Congenital Disorders
351 Inborn Errors of Metabolism
352a Infectious Diseases – Acute
352b Infectious Disease - Chronic
353 Food Allergies
354 Celiac Disease
355 Lactose Intolerance
356 Hypoglycemia
358 Eating Disorders
360 Other Medical Conditions
361 Depression
363 Pre-Diabetes
381 Oral Health Conditions
382 Fetal Alcohol Syndrome
383 Neonatal Abstinence Syndrome

*** Computer generated code.**
° Both CPA and computer-generated code.
Referral may be required for High-Risk code.

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			101*	**UNDERWEIGHT WOMEN** Pregnant Women: Pre-pregnancy BMI < 18.5. Non-Breastfeeding Women: Pre-pregnancy or Current BMI < 18.5. Breastfeeding Women who are < 6 months Postpartum: Pre-pregnancy or Current BMI < 18.5. Breastfeeding Women who are ≥ 6 months Postpartum: Current BMI < 18.5.

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	**103***	**UNDERWEIGHT OR AT RISK OF UNDERWEIGHT –INFANTS AND CHILDREN** **Underweight** ≤ 2.3rd percentile weight-for-length for infants or children birth to <24 months as plotted on the CDC birth to 24 months gender specific growth charts. ≤ 5th percentile BMI-for-age for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts. **Risk of Underweight** > 2.3rd percentile and ≤ 5th percentile weight-for-length birth to <24 months as plotted on the CDC birth to 24 months gender specific growth charts. > 5th percentile and ≤ 10th percentile BMI-for-age for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts.
1	1	6			**111***	**OVERWEIGHT WOMEN** Pregnant Women: Pre-pregnancy BMI ≥ 25.0. Non-Breastfeeding Women: Pre-pregnancy BMI ≥ 25.0. Breastfeeding Women who are < 6 months Postpartum: Pre-pregnancy BMI ≥ 25.0. Breastfeeding Women who are ≥ 6 months Postpartum: Current BMI ≥25.0.
				3	**113***	**OBESE (CHILDREN 2 – 5 YEARS)** A child age 2-5 years whose BMI or weight-for-stature is ≥ 95th percentile as plotted on the 2000 CDC 2 - 20 years gender specific growth charts.
			1	3	**114°**	**OVERWEIGHT OR AT RISK OF OVERWEIGHT (INFANTS AND CHILDREN)** **Overweight** ≥ 85th and < 95th percentile for BMI-for-age or weight-for-stature for children aged 2-5 years as plotted on the 2000 CDC 2 – 20 years gender specific growth charts. **Risk of Overweight** Biological mother with a BMI of ≥ 30 at time of conception or at any point in the first trimester of pregnancy for an infant less <12 months*.

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						Biological mother with a BMI of ≥ 30 at the time of certification for a child age 1 year and older. (If the mother is pregnant or ≤ 6 months post-partum use her pre-pregnancy weight to assess). * Biological father with a BMI ≥ 30 at the time of certification for birth to 5 years. * * BMI must be based on self-reported weight and height by the parent in attendance. One parent may not "self-report" for the other parent. Weight and height measurements may also be taken by staff at the time of certification.
			1	3	115*	**HIGH WEIGHT- FOR- LENGTH (INFANTS AND CHILDREN < 24 Mo. OF AGE)** ≥97.7th percentile weight-for-length for children < 24 months of age as plotted on the CDC birth to 24 months gender specific growth charts.
			1	3	121*	**SHORT STATURE OR AT RISK OF SHORT STATURE (INFANTS AND CHILDREN)** **Short Stature:** ≤ 2.3rd percentile length-for-age for birth to < 24 months as plotted on the CDC birth to 24 months gender specific growth charts. ≤ 5th percentile stature-for-age for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts. **At Risk of Short Stature:** > 2.3rd percentile and ≤ 5th percentile length-for-age for birth to <24 months as plotted on the CDC birth to 24 months gender specific growth charts. > 5th percentile and ≤ 10th percentile stature-for-age for children age 2-5 years as plotted on the 2000 CDC age/gender specific growth charts. For premature infants and children up to years of age, assignment of this risk criterion will be based on adjusted gestational age once the infant has reached the equivalent age of 40 weeks gestation.
1					131*	**LOW MATERNAL WEIGHT GAIN** Low maternal weight gain is defined as: 1. A low rate of weight gain, such that in the 2nd and 3rd trimesters, for singleton pregnancies: Pre-pregnancy Weight Groups BMI Definition Total Weight Gain (lbs)/Week

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						Underweight < 18.5 < 1 Normal Weight 18.5 to 24.9 < 0.8 Overweight 25.0 to 29.9 < 0.5 Obese ≥ 30.0 < 0.4 OR 2. Low weight gain at any point in pregnancy, such that a pregnant woman's weight plots at any point beneath the bottom line of the appropriate weight gain range, according to the Institute of Medicine (IOM)-based weight gain grid, for her respective pre-pregnancy weight category as follows: Pre-pregnancy Weight Groups / BMI Definition / Total Weight Gain Range (lbs) Underweight < 18.5 28 – 40 Normal Weight 18.5 to 24.9 25 – 35 Overweight 25.0 to 29.9 15 – 25 Obese ≥ 30.0 11 – 20 This risk code may not be assigned for multi-fetal pregnancies (twin, triplets, etc.). For twin gestations, the 2009 IOM recommendations provide provisional guidelines: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds. Guidelines for underweight women were not developed. In triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy.
1	1	6			133*	**HIGH MATERNAL WEIGHT GAIN** **Pregnant Women**: 1. A high rate of weight gain, such that in the 2nd and 3rd trimesters, for singleton pregnancies: Pre-pregnancy Weight Groups / BMI Definition / Total Weight Gain (lbs)/Week Underweight < 18.5 BMI > 1.3 Normal Weight 18.5 to 24.9 BMI > 1 Overweight 25.0 to 29.9 BMI > 0.7 Obese ≥ 30.0 > 0.6 OR 2. High weight gain at any point in the pregnancy, such that using an IOM based weight gain grid, a pregnant woman's weight plots above the top

Nutrition Risk Codes

<table>
<tr><th colspan="5">Category/ Priority</th><th rowspan="2">Code</th><th rowspan="2">Description</th></tr>
<tr><th>P</th><th>B</th><th>N</th><th>I</th><th>C</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td>line of the appropriate weight gain range for her respective pre-pregnancy weight category.

Breastfeeding/Non-Breastfeeding Women (most recent pregnancy):

Total gestational weight gain exceeding the upper limit of the IOM recommended range based on BMI for singleton pregnancies, as follows:

Pre-pregnancy
Weight Groups — BMI Definition — Cut-off Value
Underweight — < 18.5 BMI — > 40 lbs
Normal Weight — 18.5 to 24.9 BMI — > 35 lbs
Overweight — 25.0 to 29.9 BMI — > 25 lbs
Obese — ≥ 30.0 — > 20 lbs

This risk code may not be assigned for multi-fetal pregnancies (twin, triplets, etc.) For twin gestations, the 2009 IOM recommendations provide provisional guidelines: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds. Guidelines for underweight women were not developed. In triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds per week throughout the pregnancy.</td></tr>
<tr><td></td><td></td><td></td><td>1</td><td>3</td><td>134</td><td>FAILURE-TO-THRIVE

Presence of failure to thrive (FTT) diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver.</td></tr>
<tr><td></td><td></td><td></td><td>1</td><td></td><td>135°</td><td>SLOWED/FALTERING GROWTH PATTERN

Slowed/Faltering Growth is defined as:

Age — Cut-Off Values
Infants Birth to 2 Weeks — Excessive weight loss after birth, defined as ≥ 7% birth weight.
Infants 2 weeks to 6 months — Any weight loss. Use two separate weight measurements taken at least eight weeks apart.</td></tr>
<tr><td></td><td></td><td></td><td>1</td><td>3</td><td>141*</td><td>LOW BIRTH WEIGHT AND VERY LOW BIRTH WEIGHT

Low Birth Weight: Birth weight ≤ 5 pounds 8 oz. (≤ 2500 g), for infants and children less than 24 months.

Very Low Birth Weight: Birth weight ≤ 3 pounds 5 ounces (≤ 1500 g), for infants and children less than 24 months.</td></tr>
</table>

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
			1	3	142*	**PRETERM OR EARLY TERM DELIVERY** Preterm: Delivery of an infant born ≤ 36 6/7 weeks gestation. Early Term: Delivery of an infant born ≥37 0/7 and ≤ 38 6/7 weeks gestation.
			1	3	151	**SMALL FOR GESTATIONAL AGE** Infants and children less than 24 months of age diagnosed as small for gestational age.
			1		153°	**LARGE FOR GESTATIONAL AGE** Birth weight ≥ 9 pounds (≥ 4000g); or Presence of large for gestational age.
1	1	6	1	3	201*	**LOW HEMATOCRIT/HEMOGLOBIN** Hemoglobin or hematocrit concentration below the 95 percent confidence interval for healthy, well-nourished individuals of the same age, sex, and stage of pregnancy. Adjustments for participant smoking and clinic altitude are considered in cut-off value determination. These cut-off values are provided. See Attachment Anemia Cut-Off Values.
1	1	6	1	3	211*	**ELEVATED BLOOD LEAD LEVELS** Blood lead level of ≥ 5 μg/dL within the past 12 months.
1					301	**HYPEREMESIS GRAVIDARUM** Severe and persistent nausea and vomiting during pregnancy which may cause more than 5% weight loss and fluid and electrolyte imbalances. This nutrition risk is based on a chronic condition, not single episodes. This is a clinic diagnosis, made after other causes of nausea and vomiting have been excluded.
1					302°	**GESTATIONAL DIABETES** Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			303°	**HISTORY OF GESTATIONAL DIABETES** History of diagnosed gestational diabetes mellitus (GDM).
1	1	6			304°	**HISTORY OF PREECLAMPSIA** History of diagnosed preeclampsia.
1	1	6			311*	**HISTORY OF PRETERM OR EARLY TERM DELIVERY** Preterm: Delivery of an infant ≤36 6/7 weeks. Early Term: Delivery of an infant born ≥ 37 0/7 and ≤ 38 6/7 weeks.
1	1	6			312*	**HISTORY OF LOW BIRTH WEIGHT** Birth of an infant weighing ≤5 lbs 8 oz (≤2500 gm) for the following: Pregnant Women: Any history of low birth weight. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy
1	1	6			321*	**HISTORY OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS** History of spontaneous abortion, fetal or neonatal loss are defined as follows: Pregnant Women: Any history of fetal or neonatal death or 2 or more spontaneous abortions. Breastfeeding: Most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living. Non-Breastfeeding Women: Spontaneous abortion, fetal or neonatal loss in most recent pregnancy. Spontaneous abortion, fetal and neonatal death are defined as follows: Spontaneous Abortion (SAB): The spontaneous termination of a gestation at < 20 weeks or of a fetus weighing < 500 grams. Fetal Death: The spontaneous termination of a gestation at ≥ 20 weeks. Neonatal Death: The death of an infant within 0-28 days of life.

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	3			331*	**PREGNANT AT A YOUNG AGE** Conception ≤ 17 years of age for the following: Pregnant Women: Current pregnancy. Breastfeeding/ Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			332*	**SHORT INTERPREGNANCY INTERVAL** Interpregnancy interval of less than 18 months from the date of a live birth to the conception of the subsequent pregnancy.
1	1	6			333*	**HIGH PARITY AND YOUNG AGE** Women Under age 20 at date of conception with 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome for the following: Pregnant Women: Current pregnancy. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	1	6			335°	**MULTIFETAL GESTATION** More than one (> 1) fetus in a current pregnancy (Pregnant Women) or the most recent pregnancy (Breastfeeding/Non-Breastfeeding Women).
1					336	**FETAL GROWTH RESTRICTION** May be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight < 10th percentile for gestational age.
1	1	6			337°	**HISTORY OF A BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT** History of birth of a large for gestational age infant is defined as follows: Pregnant Women: Any history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams). Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy, or history of giving birth to an infant weighing greater than or equal to 9 lbs. (4000 grams).
1					338	**PREGNANT WOMAN CURRENTLY BREASTFEEDING** Breastfeeding woman now pregnant.

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6			339	**HISTORY OF BIRTH WITH NUTRITION RELATED CONGENTIAL OR BIRTH DEFECT** A woman who has given birth to an infant with a congenital or birth defect linked to inappropriate nutritional intake, (i.e., inadequate Zinc, Folic acid, excess vitamin A). Pregnant Women: Any history of birth with nutrition-related congenital or birth defect. Breastfeeding/Non-Breastfeeding Women: Most recent pregnancy.
1	1	6	1	3	341	**NUTRIENT DEFICIENCY OR DISEASES** Any currently treated or untreated nutrient deficiency or disease. This includes, but are not limited to, Protein Energy Malnutrition, Scurvy, Rickets, Berberi, Hypocalcemia, Osteomalacia, Vitamin K Deficiency, Pellagra, Xerophthalmia, and Iron Deficiency.
1	1	6	1	3	342	**GASTROINTESTINAL DISORDERS** Disease and/or condition that interferes with the intake or absorption of nutrients. The diseases and/or conditions include, but are not limited to: • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Biliary tract diseases
1	1	6	1	3	343°	**DIABETES MELLITUS** • Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. Does not include Gestational Diabetes.
1	1	6	1	3	344	**THYROID DISORDERS** Thyroid dysfunctions that occur in pregnant or postpartum women, during fetal development, and in childhood that are caused by the abnormal secretion of thyroid hormone. Medical conditions include, but are not limited to: • Hyperthyroidism (excess thyroid hormone production, includes congenital hyperthyroidism)

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						• Hypothyroidism (low secretion of thyroid hormone, includes congenital hypothyroidism) • Congenital Hyperthyroidism (Excessive thyroid hormone levels at birth) • Congenital Hypothyroidism (Infants born with an under active thyroid gland) • Postpartum thyroiditis
1	1	6	1	3	345	**HYPERTENSION AND PRE-HYPERTENSION** • Hypertension is defined as high blood pressure which may eventually cause health problems and includes chronic hypertension during pregnancy, preeclampsia, eclampsia, chronic hypertension with superimposed preeclampsia, and gestational hypertension. Prehypertension is defined as being at high risk for developing hypertension, based on blood pressure levels.
1	1	6	1	3	346	**RENAL DISEASE** Any renal disease including pyelonephritis and persistent proteinuria but excluding urinary tract infections (UTI) involving the bladder.
1	1	6	1	3	347	**CANCER** A chronic disease whereby populations of cells have acquired the ability to multiply and spread without usual biological restraints. The current condition, or treatment for the condition, must be severe enough to affect nutrition status.
1	1	6	1	3	348	**CENTRAL NERVOUS SYSTEM DISORDERS** Condition which affects energy requirements, ability to feed self, or alters nutritional status metabolically, mechanically, or both. Includes, but is not limited to: • Epilepsy • Cerebral Palsy (CP) • Neural tube defects (NTD) • Parkinson's disease, and • Multiple sclerosis (MS)

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
1	1	6	1	3	349	**GENETIC AND CONGENITAL DISORDERS** Hereditary or congenital condition at birth that causes physical or metabolic abnormality. The current condition must alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: • Cleft lip or palate • Down's syndrome • Thalassemia major • Sickle cell anemia, and • Muscular dystrophy
1	1	6	1	3	351	**INBORN ERRORS OF METABOLISM** Inherited metabolic disorders caused by a defect in the enzymes or their co-factors that metabolize protein, carbohydrate or fat. Generally, refers to gene mutations or gene deletions that alter metabolism in the body, includes, but not limited to: • Galactosemia, • Tyrosinemia, • Homocystinuria, • Phenylketonuria (PKU) • Maple syrup urine disease, and • Glycogen storage disease *Call the WIC State Nutritionist to discuss other possible disorders.*
1	1	6	1	3	352a	**INFECTIOUS DISEASES - Acute** A disease which is characterized by a single or repeated episode of relatively rapid onset and short duration within the past six months. Infectious disease come from bacteria, viruses, parasites, or fungi and spread directly or indirectly from person to person. These diseases and or conditions include, but are not limited to: • Hepatitis A & E • Listeriosis • Pneumonia • Parasitic infections • Meningitis, and • Bronchiolitis (3 episodes in last 6 months)
1	1	6	1	3	352b	**Infectious Diseases – Chronic** Conditions likely lasting a lifetime and require long term management of symptoms. Infectious disease come from bacteria, viruses, parasites, or

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						fungi and spread directly or indirectly, from person to person. These diseases and/or conditions include but are not limited to: • HIV/AIDS • Hepatitis B • Hepatitis C • Hepatitis D
1	1	6	1	3	353	**FOOD ALLERGIES** An adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food. *This code may not be used for food intolerances or sensitivity.*
1	1	6	1	3	354	**CELIAC DISEASE** An autoimmune disease precipitated by the ingestion of gluten (a protein found in wheat, rye, and barley) that results in damage to the small intestine and malabsorption of the nutrients from food. Celiac disease is also known as celiac sprue, gluten-sensitive enteropathy, and non-tropical sprue.
1	1	6	1	3	355	**LACTOSE INTOLERANCE** Lactose intolerance the syndrome of one or more of the following: diarrhea, abdominal pain, flatulence, and/or bloating that occurs after ingestion of lactose containing products.
1	1	6	1	3	356	**HYPOGLYCEMIA** Presence of hypoglycemia diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.
1	1	6	1	3	357	**DRUG NUTRIENT INTERACTION** Use of prescription or over-the-counter drugs or medications that have been shown to interfere with nutrient intake, absorption, distribution, metabolism, or excretion, to an extent that nutritional status is compromised.
1	1	6			358	**EATING DISORDERS** Eating disorders (anorexia nervosa or bulimia nervosa) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						• Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations, or diuretics for weight reduction • Self-induced marked weight loss
1	1	6	1	3	359	**RECENT MAJOR SURGERY, TRAUMA, BURNS** Major surgery (including c-sections), trauma or burns severe enough to compromise nutritional status. • Any occurrence within the past two (≤ 2) months may be self-reported. More than two (≥ 2) months previous must have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician.
1	1	6	1	3	360	**OTHER MEDICAL CONDITIONS** Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, must be severe enough to affect nutrition status. This includes, but is not limited to: • Juvenile rheumatoid arthritis (JRA), • Lupus erythematosus • Cardiorespiratory disease • Heart disease • Cystic fibrosis, and • Persistent asthma (moderate or severe) requiring daily medication This code will usually not be applicable for infants for the medical condition of asthma. In infants, asthma-like symptoms are usually diagnosed as bronchiolitis with wheezing which is covered under code 352.
1	1	6	1	3	361	**DEPRESSION** Presence of clinical depression.
1	1	6	1	3	362	**DEVELOPMENTAL, SENSORY OR MOTOR DISABILITIES INTERFERING WITH THE ABILITY TO EAT** Developmental, sensory, or motor disabilities that restrict the ability to intake, chew, or swallow food or require tube feeding to meet nutritional needs. These may include birth injury, head trauma, brain damage, minimal brain function, pervasive developmental disability (which may include autism) and other disabilities.

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
	1	6			363	**PRE-DIABETES** Impaired fasting glucose (IFG) and/or impaired glucose tolerance (IGT) as referred to as pre-diabetes. These conditions are characterized by hyperglycemia that does not meet the diagnostic criteria for diabetes mellitus.
1	1	6			371*	**NICOTINE AND TOBACCO USE** Any use of products that contain nicotine and/or tobacco to include but not limited to cigarettes, pipes, cigars, electronic nicotine delivery systems (e-cigarettes, vaping devices), hookahs, smokeless tobacco (chewing tobacco, snuff, dissolvable), or nicotine replacement therapies (gums, patches).
1	1	6			372°	**ALCOHOL AND SUBSTANCE USE** **Pregnant Women**: • Any alcohol use • Any illegal substance use and/or abuse of prescription medications • Any marijuana use in any form **Breastfeeding/Non-Breastfeeding Postpartum Women:** • Alcohol Use: o High Risk Drinking: Routine consumption of ≥8 drinks per week or ≥4 drinks on any day. o Binge Drinking: Routine consumption of ≥4 drinks within 2 hours. *Note: A serving, or standard sized drink is: 12 oz beer; 5 oz wine; or 1 ½ fluid ounces 80 proof distilled spirits (e.g., gin, rum, vodka, whiskey, cordials, or liqueurs).* • Any illegal substance use and/or abuse of prescription medications. • Any marijuana use in any form (breastfeeding women only).
1	1	6	1	3	381	**ORAL HEALTH CONDITIONS** Oral health conditions include, but is not limited to: • Dental caries ("cavities", "tooth decay") • Periodontal disease ("gingivitis, "periodontis") Tooth loss- ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality.
			1	3	382	**FETAL ALCOHOL SPECTRUM DISORDERS** • Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother consumed alcohol during

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						pregnancy. FASDs is an overarching phrase that encompasses a range of possible diagnoses, including fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related birth defects (ARBD), alcohol-related neurodevelopmental disorder (ARND), and neurobehavioral disorder associated with prenatal alcohol exposure.
			1		383	**NEONATAL ABSTINENCE SYNDROME (NAS)** Drug withdrawal syndrome that occurs among drug-exposed (primarily opioid-exposed) infants as a result of the mother's use of drugs during pregnancy. NAS is a combination of physiologic and neurologic symptoms that can be identified immediately after birth and can last up to 6 months after birth. This condition must be present within the first 6 months of birth and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or self-reported by the infant's caregiver.
4	4	6		5	401	**FAILURE TO MEET USDA/US DEPARTMENT OF HEALTH AND HUMAN SERVICES DIETARY GUIDELINES FOR AMERICANS** Women and children two years of age and older who meet the income, categorical, and residency eligibility requirements may be presumed to be at nutrition risk for *failure to meet Dietary Guidelines for Americans [Dietary Guidelines]* (1). Based on an individual's estimated energy needs, the *failure to meet Dietary Guidelines* risk criterion is defined as consuming fewer than the recommended number of servings from one or more of the basic food groups (grains, fruits, vegetables, milk products, and meat or beans). This can only be used when a complete nutrition assessment has been completed and no other risk criteria have been identified.
			4		411	**INAPPROPRIATE NUTRITION PRACTICES FOR INFANTS** Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. For an infant, routine use of any of the following: • Using a substitute(s) for breast milk or for FDA fortified formula as the primary nutrient source during the first year of life. Examples include feeding goat's milk, sheep's milk, cow's milk, evaporated milk, sweetened condensed milk, imitation milk, substitute milks or low iron formula • Using nursing bottles or cups improperly.

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						Examples include using a bottle to feed fruit juice; feeding any sugar-containing fluids; allowing the infant to fall asleep or be put to bed with a bottle; allowing use of bottle without restriction; propping the bottle when feeding; allowing an infant to carry around and drink throughout the day with a covered training cup; adding any food to the infant's bottle. • Offering complimentary foods or other substances that are inappropriate in type or timing. Examples include adding any sweet agents (sugar, honey, or syrups) to any beverage (including water) or prepared food, or used on pacifier, introducing any food other than human milk or iron fortified infant formula before 6 months of age. • Using feeding practices that disregard the developmental needs or stage of the infant. Examples: inability to recognize or insensitivity to infant's feeding cues (hunger or satiety); feeding foods of inappropriate consistency, texture, size or shape that may put them at risk of choking; not supporting the infant's need for growing independence with self-feeding. • Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins. Examples: unpasteurized fruit or vegetable juice, dairy products; honey' raw or undercooked meat, fish, poultry, or eggs; raw vegetable sprouts; and deli meats, hot dogs, and processed meats (unless heated until steaming hot); Donor human milk acquired directly from individuals or the internet. • Feeding inappropriately diluted formula. Examples: failure to follow manufacturer's instructions for mixing formula or failure to mix according to accompanying prescription. • Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients. Examples: scheduled feedings instead of demand feedings; less than 8 feedings per 24 hours if less than 2 months of age. • Feeding a diet very low in calories and/or essential nutrients Examples: Strict vegan or macrobiotic diet or other diets very low in calories and/or essential nutrients. • Using inappropriate sanitation in the feeding, preparation, handling, and storage of expressed human milk or formula. Examples: limited or no access to fresh water supply, heat source or refrigerator or freezer; failure to properly prepare, handle, and store bottles, storage containers or breast pumps properly;

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						Human Milk: thawing/heating in a microwave, refreezing, adding freshly expressed unrefrigerated human milk to frozen human milk, adding freshly pumped chilled human milk to frozen human milk in an amount that is greater than the amount of the frozen human milk, feeding thawed refrigerated human milk more than 24 hours after it was thawed, saving human milk from a used bottle for another feeding, failure to clean breast pump per manufacturer's instructions, and feeding donor human milk acquired directly from individuals or the internet. Formula: failure to prepare and/or store formula per manufacturer's or physician instructions, storing at room temperature for more than 1 hour, using formula in a bottle one hour after the start of a feeding, saving formula from a used bottle for another feeding, and failure to clean baby bottle properly. • Feeding dietary supplements with potentially harmful consequences (i.e., in excess). Examples: Single or multi-vitamins, minerals, and herbal or botanical supplements/remedies/teas. • Not providing dietary supplements recognized as essential by national public health policy when an infant's diet alone cannot meet nutrient requirements. Examples: Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride; infants who are exclusively breastfed, or who are ingesting less than 1 liter per day of vitamin D fortified infant formula and are not taking a supplement of 400 IU of vitamin D. *These justifications apply only if the infant is developmentally correct for age.* *Documentation in the participant folder must include the basis for code selection.*

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
				5	425	**INAPPROPRIATE FEEDING PRACTICES FOR CHILDREN** Routine use of feeding practices that may result in impaired nutrient status, disease, or health problems. For a child, routine use of any of the following: • Feeding inappropriate beverages as the primary milk source Examples: Non-fat or reduced fat milks (between 12-24 months of age only) unless the appropriate tailoring of the food package has been assigned, sweetened condensed milk and goat's milk, sheep's milk, imitation or substitute milks, or other homemade concoctions. • Feeding a child any sugar-containing fluids Examples: Soda/soft drinks, gelatin water, corn syrup solutions, and sweetened tea. • Using nursing bottles, cups, or pacifiers improperly Examples: using a bottle to feed fruit juice, cereal or other solid foods; allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime; allowing the child to use a bottle without restriction or as a pacifier; and, using a bottle for feeding or drinking beyond 14 months of age • Using feeding practices that disregard the developmental needs or stages of the child Example: Inability to recognize, insensitivity to or disregarding the child's cues for hunger and satiety, feeding foods of inappropriate consistency, size, or shape that put the children at risk of choking, not supporting a child's need for growing independence with self-feeding, and feeding a child food with an inappropriate texture based on his/her developmental stage. • Feeding foods to a child that could be contaminated with harmful microorganisms Examples: unpasteurized fruit or vegetable juice; unpasteurized dairy products; raw or undercooked meat, fish, poultry or eggs; raw vegetable sprouts; deli meats, hot dogs and processed meats that are not heated until steaming hot. • Feeding a diet very low in calories and/or essential nutrients Examples: vegan or macrobiotic diet or other diets very low in calories and/or essential nutrients. • Feeding dietary supplements with potentially harmful consequences (i.e.in excess) Examples: single or multi-vitamin, mineral or herbal/botanical supplements/remedies or teas.

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						• Not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements Examples: providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 pp, fluoride; providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride; and, not providing 400 IU of vitamin D per day if a child consumes less than 1 liter (1 quart) of vitamin D fortified milk or formula. • Ingestion of non-food items (pica) Examples: Ashes, carpet fibers, cigarettes or cigarette butts, clay, dust, foam rubber, paint chips, soil and starch (laundry and cornstarch). *Documentation in the participant folder must include the basis for code selection.*

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
4	4	6			427	**INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN** Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. These practices, with examples, are outlined below. • Consuming dietary supplements with potentially harmful consequences (i.e. in excess) Examples: single or multi-vitamin, mineral or herbal/botanical supplements/remedies or teas. • Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery Examples: Strict vegan diet, low-carbohydrate, high-protein diet, macrobiotic diet, and any other diet restricting calories and/or essential nutrients. • Compulsively ingesting non-food items (pica) Examples: Ashes, baking soda, burnt matches, carpet fibers, chalk, cigarettes, clay, dust, large quantities of ice and/or freezer frost, paint chips, soil and starch (laundry and cornstarch). • Inadequate vitamin/mineral supplementation recognized as essential by national public health policy Examples: Consumption of less than 27 mg of iron as a supplement daily by pregnant woman; consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding women; and, consumption of less than 400 µg of folic acid from fortified foods and/or supplements daily by non-pregnant woman. • Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms Examples: unpasteurized fruit or vegetable juice; unpasteurized dairy products; raw or undercooked meat, fish, poultry or eggs; raw vegetable sprouts; and, deli meats, hot dogs and processed meats that are not heated until steaming hot Documentation in the participant folder must include the basis for code selection.
			4	5	428	**DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES**

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						For infants ≥ 4 months of age and children < 24 months of age at date of certification is at risk of inappropriate complementary feeding when he/she has begun to or is expected to begin to: • Consume complementary foods and beverages. • Eat independently. • Be weaned from breast milk or infant formula. • Transition from a diet based on infant/toddler foods to one based on the *Dietary Guidelines for Americans.* A complete nutrition assessment, including a for risk #411, Inappropriate Nutrition Practices for Infants, or #425 Inappropriate Nutrition Practices for Children, must be completed prior to assigning this risk.
	1	**3**	**1**	**3**	**501**	**POSSIBILITY OF REGRESSION** A participant who has previously been certified eligible for the Program may be at nutritional risk in the next certification period if the competent professional authority determines there is a possibility of regression in nutritional status without the benefits that the WIC Program provides. The State may limit the number of times and circumstances under which a participant may be certified due to the possibility of regression.
1	**1**	**3**	**1**	**3**	**502***	**TRANSFER OF CERTIFICATION** Person with a current valid Verification of Certification (VOC) document from another state or local agency. The VOC is valid through the end of the current certification period, even if the participant does not meet the receiving agency's nutritional risk, priority, or income criteria, or the certification period extends beyond the receiving agency's certification period for that category and shall be accepted as proof of eligibility for Program benefits. If the receiving agency is at maximum caseload, the transferring participant must be placed at the top of any waiting list and enrolled as soon as possible. This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition or if the participant was certified based on a nutrition risk condition not in use by the receiving State agency.
4					**503**	**PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN** A pregnant woman who meets WIC income eligibility standards but has not yet been evaluated for nutrition risk, for a period of up to 60 days.

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
1 2 4	1 2 4				601	**BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL** A breastfeeding woman breastfed infant has been determined to be at nutritional risk. Must be the same priority as at-risk infant.
1	1				602	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS (WOMEN)** A breastfeeding woman with any of the following complications or potential complications: • Severe breast engorgement • Recurrent plugged ducts • Mastitis (fever or flu-like symptoms with localized breast tenderness) • Flat or inverted nipples • Cracked, bleeding or severely sore nipples • Age ≥ 40 • Failure of milk to come in by 4 days postpartum • Tandem nursing (breastfeeding two siblings who are not twins) A woman experiencing breastfeeding complications must be referred for lactation counseling and/or, if appropriate, to her health care provider.
			1		603	**BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS (INFANT)** A breastfed infant with any of the following complications or potential complications: • Jaundice • Weak or ineffective suck. • Difficulty latching onto mother's breast. • Inadequate stooling (for age, as determined by a physician or other health care professional), and/or less than 6 wet diapers per day. An infant with breastfeeding complications must be referred for lactation counseling and/or, if appropriate, to her/his health care provider.
			2		701°	**INFANT UP TO 6 MONTHS OLD OF WIC MOTHER, OR OF A WOMAN WHO WOULD HAVE BEEN ELIGIBLE DURING PREGNANCY**

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						An infant < 6 months of age whose mother was a WIC program participant during pregnancy or whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions.
			1 2 4		702	**BREASTFEEDING INFANT OF WOMAN AT NUTRITIONAL RISK** A breastfed infant of woman at nutritional risk. Must be the same priority as at-risk mother.
4	4	6	4	5	801°	**HOMELESSNESS** A woman, infant, or child who lacks a fixed and regular nighttime residence or whose primary nighttime residence is: • A supervised publicly or privately-operated shelter designed to provide temporary living • An institution that provides a temporary residence for individuals intended to be institutionalized, a temporary accommodation of not more than 365 days in the residence of another individual A public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
4	4	6	4	5	802°	**MIGRANCY** • Categorically eligible women, infants or children who are members of families which contain at least one individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.
4	4	6	4	5	901	**RECIPIENT OF ABUSE** Battering or child abuse/neglect within past 6 months as self-reported or documented by a social worker, health care provider or on other appropriate documents or as reported through consultation with a social worker, health care provider, or other appropriate personnel. Battering generally refers to violent physical assaults on women. Child abuse/neglect: any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of an infant or child by a parent or caretaker.

Nutrition Risk Codes

Category/ Priority					Code	Description
P	B	N	I	C		
						Abuse must be well documented in the participant record and WIC staff must follow Montana State Law requiring the reporting of known or suspected child abuse or neglect.
4	4	6	4	5	902	**WOMAN OR INFANT/CHILD OF PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD** Woman (pregnant, breastfeeding, or non-breastfeeding) or infant/child whose primary caregiver is assessed to have a limited ability to make appropriate feeding decisions and/or prepare food. Examples include, but are not limited to, a woman or an infant/child of caregiver with the following: • Documentation or self-reported of misuse of alcohol, use of illegal substances, use of marijuana, or misuse of prescription medications. • Mental illness, including clinical depression diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders or as self-reported by applicant/participant/caregiver. • Intellectual disability diagnosed, documented, or reported by a physician or psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver. • ≤ 17 years of age. • Physically disabled to a degree which impairs ability to feed infant/child or limits food preparation abilities.
4	4	6	4	5	903	**FOSTER CARE** • Woman (pregnant, breastfeeding, non-breastfeeding) or infant/child who has entered the foster care system during the previous six months or moved from one foster care home to another foster care home during the previous six months.
1	1	6	1	3	904*	**ENVIRONMENTAL TOBACCO SMOKE EXPOSURE** Environmental tobacco smoke (ETS) exposure is defined (for WIC eligibility purposes) as exposure to smoke from tobacco products inside enclosed areas, like the home, place of childcare, etc. ETS is also known as second-hand, passive, or involuntary smoke. The ETS definition also includes the exposure to the aerosol from electronic nicotine delivery systems.