

EATING DISORDERS

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Date Of Origin: June 30, 1988

Status: Current

POLICY/CRITERIA

Hospitalization, Eating Disorders

Because of the severity of co-existing medical disorders, the principal or primary treatment of some eating disorders may be medical/surgical. In these instances, medical/surgical benefits and InterQual® criteria will apply.

Note: For Medicaid/ Healthy Michigan Plan products, medical benefits and coverage will apply if individual is admitted to an acute medical care hospital.

Acute Psychiatric Inpatient - The highest intensity of medical and nursing services provided within a structured environment providing 24-hour skilled nursing and medical care. Full and immediate access to ancillary medical care must be available for those programs not housed within general medical centers.

Criteria for Inpatient Psychiatric Admission for Eating Disorders

Acute psychiatric inpatient admission and continuing care criteria for the treatment of Eating Disorders are determined by the clinical findings and indications recommended by Behavioral Health InterQual®.

Note: Criteria for inpatient psychiatric care does not apply to Medicaid/Healthy Michigan Plan members. Services are managed through the local community mental health authority.

Psychiatric Partial Hospitalization - An intensive non-residential level of service where multidisciplinary medical and nursing services are required. This care is provided in a structured setting, similar in intensity to an inpatient setting, meeting for more than four hours (and, generally, less than eight hours) daily.

Criteria for Psychiatric Partial Hospitalization for Eating Disorders

Psychiatric partial hospitalization admission and continuing care criteria for the treatment of Eating Disorders are determined by the clinical findings and indications recommended by Behavioral Health InterQual®.

Note: Criteria for psychiatric partial hospitalization care do not apply to Medicaid/Healthy Michigan Plan members. Services are managed through the local community mental health authority.

Residential Treatment – Treatment provided in a state-licensed subacute facility with structured, licensed health care professionals. This treatment must be medically-monitored and must include access to the following: (i) medical services twenty-four hours per day, seven (7) days per week, (ii) nursing services on-site twenty-four (24) hours per day, seven (7) days per week, and (iii) physician emergency on call availability twenty-four (24) hours per day, seven (7) days per week.

Criteria for Residential Treatment for Eating Disorders

Residential treatment admission and continuing care criteria for the treatment of Eating Disorders are determined by the clinical findings and indications recommended by Behavioral Health InterQual®.

Note: Criteria for residential subacute treatment do not apply to Medicaid/ Healthy Michigan Plan members. Services are managed through the local community mental health authority.

I. Residential Treatment – Core Facility and Program Components (All components must be met):

- A. Face-to-face evaluation by a qualified physician prior to, or within 24 hours following, the admission. There must be the availability of an appropriate initial medical assessment and ongoing medical management to evaluate and manage co-morbid medical conditions. Family members and/or support systems should be included in the evaluation process, unless there is an identified, valid reason why it is not clinically appropriate or feasible; **AND**
- B. Physical exam and lab tests completed prior to admission and the program provides supervision seven days per week/24 hours per day to assist with the development of internal controls to prevent excessive food restricting, binging, purging, exercising, and/or use of laxatives/diet pills/diuretics, including 24 hour on-site nursing and medical availability to manage medical problems if risk for medical instability identified as a reason for admission to this level of care; **AND**
- C. An individualized plan of active psychiatric treatment and residential living support is provided within five (5) days. This treatment must be medically monitored, with 24-hour medical availability. This plan includes:
 - 1) At least weekly family and/or support system involvement, unless there is an identified, valid reason why it is not clinically appropriate or feasible, **AND**
 - 2) Psychotropic medications, if medically indicated, to be used with specific target symptoms identified, **AND**
 - 3) Evaluation and management for current medical problems, **AND**
 - 4) Evaluation and treatment for concomitant substance use issues, **AND**

- 5) Linkage and/or coordination with the patient’s community resources with the goal of returning the patient to his/her regular social environment as soon as possible, unless contraindicated
- D. Coordination of care with other clinicians, such as the outpatient psychiatrist, therapist, and the patient’s PCP/pediatrician, providing treatment to the patient, and where indicated, clinicians providing treatment to other family members, is documented; **AND**
- E. Treatment would include the following at least once per day and each lasting 60-90 minutes: community/milieu group therapy, group psychotherapy, supervised meals and activity group therapy plus at least once weekly individual therapy and meal planning activities with properly licensed providers; **AND**
- F. Observation and assessment by a board-certified psychiatrist at two times per week or more frequently if change to medication regime. Observation and oversight to medical care will be available as necessary; **AND**
- G. A discharge plan is completed within one week prior to discharge that includes who the outpatient providers will be as well as linkage/coordination with the patient’s community resources with the goal of returning the patient to his/her regular social environment as soon as possible, unless contraindicated: **AND**
- H. The treatment is individualized and not determined by a programmatic timeframe. It is expected that patients will be prepared to receive the majority of their treatment in a community setting.

MEDICAL NECESSITY REVIEW

- Required Not Required Not Applicable

APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will not apply.*

DESCRIPTION

The purpose of this policy is to delineate benefits for eating disorders under medical or behavioral health coverage.

CODING INFORMATION

ICD-10 Codes that may apply:

F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.81	Binge eating disorder
F50.89	Other specified eating disorder
F50.9	Eating disorder, unspecified
Z72.4	Inappropriate diet and eating habits

CPT/HCPCS Codes

Codes not specified - see criteria

REFERENCES

American Psychiatric Association Practice Guidelines for the Treatment of Patients with Eating Disorders, 3rd Edition: 2012, American Psychiatric Association

AMA CPT Copyright Statement:

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This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

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