

**NOTE: This policy is not effective until May 1, 2019.**

Medical Policy Manual

Behavioral Health, Policy No. 25

## ***Eating Disorder Inpatient Treatment***

**Effective:** May 1, 2019

**Next Review:** January 2020

**Last Review:** January 2019

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### **DESCRIPTION**

Eating Disorder Inpatient (IP) is a 24-hour acute treatment setting that is licensed as a hospital by the appropriate agency and under the direct supervision of an attending psychiatrist.

### **MEDICAL POLICY CRITERIA**

**Note:** For expectations regarding patient evaluation and components of treatment, please refer to the Policy Guidelines section below.

- I. An Inpatient Hospitalization (IP) for an Eating Disorder provided under the supervision of an attending psychiatrist may be indicated when all of the following (A-B) are met:
  - A. All the following must be met (1-4):
    1. The member has been given a severe Eating Disorder diagnosis according to the most recent DSM criteria which will be the primary focus of daily active treatment.
    2. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.

3. The treatment is not primarily for the convenience of the provider or member (e.g. primarily for lack of housing options, respite care, or custodial needs).
  4. Treatment could not be safely provided at a lower level of care or no safe lower level of care is available.
- B. One or more of the following criteria must be met:
1. The member presents with medical risks due to one or more the following:
    - a. Heart Rate: <40 in Adults; <50 in Child/Adolescent
    - b. Blood Pressure: <90/60 mm Hg in Adults; <80/50 mm Hg in Child/Adolescent
    - c. Orthostatic Pulse Increase: (Lying to standing) Change of more than 20 beats per minute
    - d. Orthostatic Blood Pressure Decrease: (Lying to standing) Change of more than 10 mm Hg
  2. The member presents with one or more of the following abnormal labs resulting from disordered eating and require inpatient stabilization:
    - a. Low serum glucose: < 60 mg/dl
    - b. Low Potassium (Hypokalemia): <3.2 mEq/L
    - c. Low Phosphorus (Hypophosphatemia): <2.5 mg/dL
    - d. Low Magnesium (Hypomagnesemia): <1.5 mg/dL
    - e. Low Sodium (Hyponatremia): <135 mEq/L
  3. The member presents with medical conditions either secondary to or exacerbated by disordered eating such as: severe dehydration with corresponding lab findings, poor liver function, poor kidney function, cardiac abnormalities, uncontrolled or risky diabetes, etc.
  4. The member meets one of the following biometric criteria:
    - a. A body mass index (BMI) less than 16 and requires re-feeding
    - b. BMI is greater than or equal to 16, AND there is evidence of one of the following:
      - i. The member has been losing >2 lbs per week resulting in physiological abnormalities that require inpatient stabilization; or
      - ii. Weight loss associated with medical instability that is not primarily due to a general medical condition.
  5. The individual's eating disorder symptoms require around the clock medical/nursing intervention for one or more of the following:
    - a. For issues of imminent risk of harm to self or others.
    - b. There is a need to provide immediate interruption of food restriction, excessive exercise, bingeing/purging, and/or use of laxatives/diet pills/diuretics because acute medical complications are imminent without intervention.

- c. To avoid impending life-threatening complications due to a co-morbid medical condition (e.g. pregnancy, diabetes, etc.).
  - d. Due to the severity of food restriction/malnutrition, medically managed re-feeding is indicated to mitigate risks of Refeeding Syndrome.
- II. A continued stay in Inpatient Hospitalization (IP) for an Eating Disorder under the supervision of an attending psychiatrist may be indicated when all of the following (A-B) are met:
  - A. The individual continues to meet admission criteria (I.A-B).
  - B. One or more of the following criteria must be met:
    - 1. The active treatment being provided to the member is demonstrating meaningful improvements in the member's clinical status and appears to be helping the member reach a level of stability that step-down to a lower level of care will be possible.
    - 2. If the active treatment being provided to member does not appear to result in clinical improvements (or the member's condition has deteriorated further), the treatment team is actively re-evaluating the treatment plan and adjusting as needed to produce positive outcomes.
    - 3. Member is experiencing complications arising from medications or other treatments (such as Electroconvulsive Therapy) with such severity that require further stabilization and 24-hour observation.
    - 4. The member has developed new symptoms and/or behaviors that require this intensity of service for safe and effective treatment.

## POLICY GUIDELINES

### REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

#### Initial Request:

- Pre-Authorization Request Form
- Supporting clinical documentation, including:
  - Initial Psychiatric Evaluation/Intake Assessment
  - Nursing Assessment/ History & Physical (if available)
  - Recent lab results
  - Any additional supporting clinical evidence, if available (example: letters from outpatient providers supporting this level of care)
- Preliminary Individualized Treatment Plan

#### Request for Extension/Concurrent Review:

- Supporting clinical documentation, including:
  - Recent psychiatric evaluation

- MD Notes
- Treatment Plan/Progress Reports
- Any other supporting clinical evidence

## Treatment Expectations

Within 24 hours of admissions, members should receive: an initial assessment by a licensed behavioral health clinician, a psychiatric evaluation by a psychiatrist, a history/physical completed by medical staff and a completed preliminary treatment plan. Inpatient treatment is provided under the direct supervision of an attending psychiatrist with 24-hour nursing and behavioral health care available on the unit. Patients should receive, at a minimum, daily face-to-face assessments by a psychiatrist, with documented active treatment of behavioral health symptoms by a multidisciplinary treatment team consisting of 6 hours daily of therapeutic programming. A psychiatrist must be available for consultation 24 hours a day, 7 days a week. For children/adolescents, family therapy should be provided once weekly, at a minimum. Family therapy is recommended for adult members, when appropriate, at least once weekly. Members should also receive active discharge planning starting at admission to identify appropriate step-down plan including scheduling follow-up behavioral health appointments within 7 days of discharge.

Inpatient treatment is intended for immediate stabilization of acute medical symptoms secondary to disordered eating, providing safety for those at risk of harming themselves or others and active medical management or re-feeding. Inpatient treatment is not designed to provide long term treatment of eating disorders.

## CROSS REFERENCES

1. [Eating Disorder Intensive Outpatient](#), Behavioral Health, Policy No. 26
2. [Eating Disorder Partial Hospitalization](#), Behavioral Health, Policy No. 27
3. [Eating Disorder Residential Treatment](#), Behavioral Health, Policy No. 28
4. [Psychiatric Inpatient Hospitalization](#), Behavioral Health, Policy No. 29
5. [Psychiatric Intensive Outpatient](#), Behavioral Health, Policy No. 30
6. [Psychiatric Partial Hospitalization](#), Behavioral Health, Policy No. 31
7. [Psychiatric Residential Treatment](#), Behavioral Health, Policy No. 32

## REFERENCES

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2. Harrington, BC, Jimerson, M, Haxton, C, Jimerson, DC. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician*. 2015;91(1):46-52. PMID: 25591200
3. American Academy of Child and Adolescent Psychiatry. *Principles of Care for Treatment of Children and Adolescents with Mental Illnesses in Residential Treatment Centers*. 2010. [cited 1/9/2019]; Available from: [https://www.aacap.org/App\\_Themes/AACAP/docs/clinical\\_practice\\_center/principles\\_of\\_care\\_for\\_children\\_in\\_residential\\_treatment\\_centers.pdf](https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/principles_of_care_for_children_in_residential_treatment_centers.pdf)
4. American Academy of Child and Adolescent Psychiatry, *Practice Parameters*, Washington, DC. [cited 1/9/2019]; Available from:

[https://www.aacap.org/AACAP/Resources\\_for\\_Primary\\_Care/Practice\\_Parameters\\_and\\_Resource\\_Centers/Practice\\_Parameters.aspx](https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx)

5. American Psychiatric Association Practice Guidelines, American Psychiatric Association Publishing, Arlington, VA, 2003-2018. [cited 1/9/2019]; Available from: <http://psychiatryonline.org/guidelines.aspx>
6. American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013.
7. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
8. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 1/9/2019]; Available from: <https://www.aabh.org/copy-of-partial-hospitalization-pro>
9. Medicare Benefit Policy, Outpatient Hospital Psychiatric Services, Manual, Chapter 6, Section 70 - Hospital Services Covered Under Part B, A3-3112.7, HO-230.5 (Rev. 157, 06-08-12).
10. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 1/9/2019]; Available from: <http://www.mentalhealthamerica.net/positions/residential-children>
11. Behavioral Health Levels of Care, Milliman Care Guidelines®, 22nd Edition, Seattle, WA, MCG Health, LLC, 2018.

## CODES

Codes	Number	Description
CPT	None	
HCPCS	None	
Revenue Code	0114	R&B Private, Psychiatric
	0124	R&B Semi-Private, Psychiatric
	0134	R&B Multi-Bed, Psychiatric
	0144	R&B Deluxe Private, Psychiatric
	0154	R&B Ward, Psychiatric
	0204	ICU, Psychiatric

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