Regence Oregon and Utah | Regence Idaho and select counties of Washington

Medical Policy Manual Behavioral Health, Policy No. 25

Eating Disorder Inpatient Treatment

Effective: November 1, 2022

Next Review: January 2023
Last Review: October 2022

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 or psychiatric extender.

MEDICAL POLICY CRITERIA

Note: Submission of a behavioral health intake form is required for initial intake, concurrent review, stepdown request to a lower level of care, and discharge confirmation.

I. An Inpatient Hospitalization (IP) admission for an Eating Disorder provided under the supervision of an attending psychiatrist or psychiatric extender may be indicated when all of the following (A. - B.) are met:

   A. All of the following intensity of service criteria (1. – 12.) are met:

      1. The hospital or inpatient unit is licensed by the appropriate state agency.
      2. There is an expectation that the member's history and physical examination is completed within 24 hours of admission (unless completed within 72 hours prior to admission or if transferred from an acute inpatient level of care).

3. There is an expectation that drug screens and relevant lab tests (electrolytes, chemistry, CBC, thyroid and ECG, etc.) are completed upon admission and as clinically indicated and documented in the medical record.
4. The attending provider is a psychiatrist, a licensed psychiatric nurse practitioner, or physician assistant with formal practice agreement with a psychiatrist (when permitted by state laws) who is responsible for diagnostic evaluation within 24 hours of admission. After the initial diagnostic evaluation, there is an expectation that the physician, or physician extender provides and documents medical monitoring and evaluation daily. The attending provider must be available 24 hour a day, 7 days per week.
5. There is an expectation that within 24 hours of admission, following a multidisciplinary assessment that includes input from recent treating providers, an individualized treatment plan (ITP) is developed and documented in the medical record. The ITP should use evidence-based concepts, where applicable, and be amended as needed for changes in the individual's clinical condition. The ITP should include, but is not limited to, identification of key precipitants to current episode of treatment, assessment of psychosocial supports available after discharge, availability of aftercare services in member's home geographic area, need for supportive living placement to continue recovery, need for services for comorbid medical or substance use conditions, contact with aftercare providers to facilitate an effective transition to lower levels of care and other issues that affect the likelihood of successful community tenure.
6. Treatment programing includes an expectation of at least one individual counseling session weekly or more as clinically indicated, which is documented in the clinical record.
7. There is an expectation that evaluations of the member are performed daily by a licensed behavioral health provider and are documented in the medical record.
8. Treatment programing is multidisciplinary and includes clinical services provided daily that comprehensively address the needs identified in the member's treatment plan. In addition, the program is operated with licensed clinical staff who are trained and experienced in the medical and psychiatric treatment of Eating Disorders.
9. Mental health and medical services are available on-site (or off-site by arrangement) 24 hours per day, 7 days per week.
10. On-site registered nursing care is available 24 hours a day, 7 days a week with full capabilities for all appropriate interventions in medical and behavioral health and emergencies that occur on the unit.
11. On-site, licensed clinical staff is available 24 hours a day, seven days a week adequate to supervise the member's medical and psychological needs.
12. There is an expectation that nutritional planning including target weight range and planned interventions by a registered dietitian is undertaken and documented in the medical record.

B. All of the following severity of illness criteria (1. - 2.) are met:

1. All the following are met (a. –d.):
    a. 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.
    b. There is reasonable expectation that treatment at this level of care will meaningfully impact the presenting symptoms/behaviors leading to the admission.
    c. 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).
    d. Treatment could not be safely provided at a lower level of care or no safe lower level of care is available.
2. One or more of the following criteria must be met:
    a. The member presents with medical risks due to one or more the following:
        i. Heart Rate: <40 in Adults; <50 in Child/Adolescent
        ii. Blood Pressure: <90/60 mm Hg in Adults; <80/50 mm Hg in Child/Adolescent
        iii. Orthostatic Pulse Increase: (Lying to standing) Change of more than 20 beats per minute
        iv. Orthostatic Blood Pressure Decrease: (Lying to standing) Change of more than 10 mm Hg
    b. The member presents with one or more of the following abnormal labs resulting from disordered eating and require inpatient stabilization:
        i. Low serum glucose: < 60 mg/dl
        ii. Low Potassium (Hypokalemia): <3.2 mEq/L
        iii. Low Phosphorus (Hypophosphatemia): <2.5 mg/dL
        iv. Low Magnesium (Hypomagnesemia): <1.5 mg/dL
        v. Low Sodium (Hyponatremia): <135 mEq/L
    c. 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.
    d. The member meets one of the following biometric criteria:
        i. A body mass index (BMI) less than 16 and requires re-feeding
        ii. BMI is greater than or equal to 16, AND there is evidence of one of the following:

a.) The member has been losing >2 lbs per week resulting in physiological abnormalities that require inpatient stabilization; or

b.) Weight loss associated with medical instability that is not primarily due to a general medical condition.

e. The individual's eating disorder symptoms require around the clock medical/nursing intervention for one or more of the following:

i. For issues of imminent risk of harm to self or others.

ii. There is a need to provide immediate interruption of food restriction, excessive exercise, binging/purging, and/or use of laxatives/diet pills/diuretics because acute medical complications are imminent without intervention.

iii. To avoid impending life-threatening complications due to a co-morbid medical condition (e.g., pregnancy, diabetes, etc.).

iv. 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 or psychiatric extender may be indicated when all of the following (A. – D.) are met:

A. The individual continues to meet admission criteria (I.A. – B.).

B. There is evidence of active discharge planning.

C. Family participation (see Policy Guidelines):

1. For Adults: Family treatment is encouraged when clinically appropriate. Family treatment is available to be provided at an appropriate frequency when clinically warranted.

2. For children/adolescents: Family treatment will be provided as part of the treatment plan. If Family treatment is not rendered, the facility/provider specifically lists the contraindications to Family Therapy. The family/support system assessment will be completed within 48 hours of admission with the expectation that family is involved in treatment decisions and discharge planning throughout the course of care. Family sessions will occur at least weekly or more often if clinically indicated.

D. One or more of the following criteria are 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

FAMILY PARTICIPATION

Family participation may be conducted via telephonic sessions when there is a significant geographic or other limitation.

LIST OF INFORMATION NEEDED FOR REVIEW

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

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. American Academy of Child and Adolescent Psychiatry, Practice Parameters, Washington, DC. [cited 9/26/2022]. 'Available from:' https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx.
3. American Psychiatric Association Practice Guidelines, American Psychiatric Association Publishing, Arlington, VA, 2003-2018. [cited 9/26/2022]. 'Available from:' http://psychiatryonline.org/guidelines.aspx.
4. *American Psychiatric Association, Diagnostic and Statistical Manual of Mental disorders, Fifth Edition (DSM-5), American Psychiatric Publishing, Arlington, VA, May 2013*, pp.
5. Association for Ambulatory Behavioral Healthcare: Partial hospitalization programs [cited 9/26/2022]. 'Available from:' https://aabh.org/standards-guidelines/.
6. Association for Ambulatory Behavioral Healthcare: Intensive Outpatient Program. [cited 9/26/2022]. 'Available from:' https://aabh.org/standards-guidelines/.
7. *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)*, pp.
8. Mental Health America, Position Statement 44: Residential Treatment for Children and Adolescents with Serious Mental Health and Substance Use Conditions, June 2015. [cited 9/26/2022]. 'Available from:' https://www.mhanational.org/issues/position-statement-44-residential-treatment-children-and-adolescents-serious-mental-health.
9. Harrington BC, Jimerson M, Haxton C, et al. Initial evaluation, diagnosis, and treatment of anorexia nervosa and bulimia nervosa. *Am Fam Physician.* 2015;91(1):46-52. PMID: 25591200
10. Mee-Lee D SG, Fishman MJ, Gasfriend DR, Miller MM, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, 3rd ed. Carson City, NV: The Shange Companies®*, 2013, pp.

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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