



## Kaiser Foundation Health Plan of Washington

### Clinical Review Criteria Eating Disorder – Unspecified

**NOTICE:** Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) provide these Clinical Review Criteria for internal use by their members and health care providers. The Clinical Review Criteria only apply to Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. Use of the Clinical Review Criteria or any Kaiser Permanente entity name, logo, trade name, trademark, or service mark for marketing or publicity purposes, including on any website, or in any press release or promotional material, is strictly prohibited.

Kaiser Permanente Clinical Review Criteria are developed to assist in administering plan benefits. These criteria neither offer medical advice nor guarantee coverage. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change any or all of these Clinical Review Criteria, at Kaiser Permanente's sole discretion, at any time, with or without notice. **Member contracts differ in health plan benefits. Always consult the patient's Evidence of Coverage or call Kaiser Permanente Member Services at 1-888-901-4636 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. to determine coverage for a specific medical service.**

#### Criteria

##### Inpatient Behavioral Health Level of Care

Kaiser Permanente has elected to use the MCG\* Care Guideline: Eating Disorders: Inpatient Behavioral Health Level of Care, Adult (B-904-IP) and Eating Disorders: Inpatient Behavioral Health Level of Care, Child or Adolescent (B-913-IP) for medical necessity determinations.

##### Partial Hospitalization

Kaiser Permanente has elected to use the MCG\* Care Guideline: Eating Disorders, Partial Hospital Behavioral Health Level of Care, Adult (B-KP-904-PHP) and Eating Disorders, Partial Hospital Behavioral Health Level of Care, Child or Adolescent (B-KP-913-PHP) for medical necessity determinations.

##### Intensive Outpatient

Kaiser Permanente has elected to use the MCG\* Care Guideline: Eating Disorders, Intensive Outpatient Program Behavioral Health Level of Care, Adult (B-KP-904-IOP) and Eating Disorders, Intensive Outpatient Program Behavioral Health Level of Care, Child or Adolescent (B-KP-913-IOP) for medical necessity determinations.

##### Acute Outpatient

Kaiser Permanente has elected to use the MCG\* Care Guideline: Eating Disorders, Outpatient Behavioral Health Level of Care, Adult (B-KP-904-AOP) and Eating Disorders, Outpatient Behavioral Health Level of Care, Child or Adolescent (B-KP-913-AOP) for medical necessity determinations.

##### Residential Care

Kaiser Permanente has elected to use the MCG\* Care Guideline: Eating Disorders, Residential Behavioral Health Level of Care, Adult (B-KP-904-RES) and Eating Disorders, Residential Behavioral Health Level of Care, Child or Adolescent (B-KP-913-RES) for medical necessity determinations.

\*For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access

**\*MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

**If requesting this service, please send the following documentation to support medical necessity:**

- Last 6 months of clinical notes from requesting provider &/or specialist

#### Definitions

##### Binge Eating

According to DSM 5:

An episode of binge eating is characterized by both of the following:

1. Eating, in a discrete period of time (e.g. usually less than a 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
2. A sense of lack of control over-eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).

The binge-eating episodes are associated with 3 (or more) of the following:

1. Eating much more rapidly than normal
2. Eating until feeling uncomfortably full
3. Eating large amounts of food when not feeling physically hungry
4. Eating alone because of feeling embarrassed by how much one is eating.
5. Feeling disgusted with oneself, depressed, or very guilty afterward.

There is marked distress regarding binge eating.

The bingeing occurs, on average, at least once a week for 3 months, and is not associated with recurrent use of inappropriate compensatory behavior and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

### **Overeating**

According to DSM 5 - In Overeating, there is a consumption of excess food, with no engagement in inappropriate compensatory behavior and no excessive concern with body shape and weight characteristics that are seen in bulimia nervosa.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## **Background**

In January 2006, Kaiser Permanente adopted and integrated into its clinical review criteria, the MCG (formerly Milliman) Care Guidelines for determining appropriate levels of care based on symptoms and functional impairment. These criteria are independently developed and based on a review of the scientific literature, expert input, and clinical practice. In addition, the MCG Care Guidelines are updated yearly. Kaiser Permanente Behavioral Health Services operationally defines clinically indicated services as "services for mental health conditions that are having a clinically significant impact on an individual's social, medical, and/or occupational functioning."

Inpatient anorexia nervosa services are provided or authorized with the overall goals of assessing and stabilizing the member's acute symptoms, in order that treatment can be continued effectively in a less restrictive and disruptive level of care. Under specific circumstances (e.g. initiation of ECT), the inpatient level of care may be required for safe administration of certain treatments.

Inpatient anorexia nervosa treatment is utilized when it is the most appropriate and effective level of care that can safely be provided for the member's immediate condition. Service authorization is based on the member's contract and the MCG Care Guidelines for inpatient mental health treatment. When treating children or adolescents, the parents or guardians must be included in both the evaluation and treatment planning processes, except for children age 13 or older who refuse to have a parental figure involved.

## **Applicable Codes**

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions, and materials are copyrighted by Centers for Medicare Services (CMS).

<b>Date Created</b>	<b>Date Reviewed</b>	<b>Date Last Revised</b>
6/30/2010	7/6/2010 <sup>MDCRPC</sup> , 5/3/2011 <sup>MDCRPC</sup> , 3/6/2012 <sup>MDCRPC</sup> , 1/08/2013 <sup>MDCRPC</sup> , 11/05/2013 <sup>MPC</sup> , 2/04/2014 <sup>MPC</sup> , 12/02/2014 <sup>MPC</sup> , 10/06/2015 <sup>MPC</sup> , 10/04/2016 <sup>MPC</sup> , 08/01/2017 <sup>MPC</sup> , 06/05/2018 <sup>MPC</sup> , 06/04/2019 <sup>MPC</sup> , 06/02/2020 <sup>MPC</sup> , 06/01/2021 <sup>MPC</sup> , 06/07/2022 <sup>MPC</sup> ,	07/06/2021

	06/06/2023 <sup>MPC</sup>	
--	---------------------------	--

MDCR<sup>PC</sup> Medical Director Clinical Review and Policy Committee

MPC Medical Policy Committee

Revision History	Description
09/02/2015	Changed documentation of GHC hybrid to MCG
12/01/2015	Revised criteria to reflect approval of MCG 19 <sup>th</sup> Ed.
02/07/2017	MPC approved to adopt hybrid (MCG/GHC) guidelines for all levels of care
12/05/2017	MPC approved to adopt hybrid (MCG/KP) guidelines for all levels of care
06/02/2020	Removed diagnosis codes
07/06/2021	MPC approved to adopt MCG 25 <sup>th</sup> Edition for Eating Disorders: Inpatient Behavioral Health Level of Care, Adult (B-904-IP) and Eating Disorders: Inpatient Behavioral Health Level of Care, Child or Adolescent (B-913-IP). MPC approved to adopt MCG 25 <sup>th</sup> Edition with modifications (hybrid) for Eating Disorders, Partial Hospital Behavioral Health Level of Care, Adult (B-KP-904-PHP) and Eating Disorders, Partial Hospital Behavioral Health Level of Care, Child or Adolescent (B-KP-913-PHP), Eating Disorders, Intensive Outpatient Program Behavioral Health Level of Care, Adult (B-KP-904-IOP) and Eating Disorders, Intensive Outpatient Program Behavioral Health Level of Care, Child or Adolescent (B-KP-913-IOP), Eating Disorders, Outpatient Behavioral Health Level of Care, Adult (B-KP-904-AOP) and Eating Disorders, Outpatient Behavioral Health Level of Care, Child or Adolescent (B-KP-913-AOP) and Eating Disorders, Residential Behavioral Health Level of Care, Adult (B-KP-904-RES) and Eating Disorders, Residential Behavioral Health Level of Care, Child or Adolescent (B-KP-913-RES). Requires 60-day notice, effective date 12/01/2021.