

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.
CONTRACT MANAGER NAME
Provider Communications, RCB-C2W-02
PO Box 34262, Seattle WA 98124-1262

SEPTEMBER 30, 2021

**CHANGES TO MEDICAL NECESSITY REVIEW CRITERIA FOR
EATING DISORDERS AND OUTPATIENT MENTAL HEALTH SERVICES**

Dear Provider,

Effective December 1, 2021, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) are updating criteria for medical necessity reviews for Eating Disorders Treatment and Outpatient Mental Health services.

Explanation of the change:

Kaiser Permanente is adopting MCG Care Guidelines for medical necessity determinations of the following inpatient services:

- Anorexia Nervosa, Adult: Inpatient Care (B-001-IP)
- Anorexia Nervosa, Child or Adolescent: Inpatient Care (B-016-IP)
- Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders, Adult: Inpatient Care (B-005-IP)
- Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders, Child or Adolescent: Inpatient Care (B-021-IP)
- Eating Disorders: Inpatient Behavioral Health Level of Care, Adult (B-904-IP)
- Eating Disorders: Inpatient Behavioral Health Level of Care, Child or Adolescent (B-913-IP)

Additionally, Kaiser Permanente is updating hybrid MCG Care Guidelines for Eating Disorders Treatment and Outpatient Mental Health services to combine the MCG 25th edition guidelines with custom discharge criteria for all levels of care, except inpatient, as follows:

Anorexia Nervosa:

- Partial Hospitalization Program v2 (B-KP-001-PHP v2)
- Intensive Outpatient Program v2 (B-KP-001-IOP v2)
- Outpatient Care v2 (B-KP-001-AOP v2)
- Residential Care v2 (B-KP-001-RES v2)

Bulimia Nervosa, Binge-Eating Disorder, and Other Specified Feeding or Eating Disorders:

- Partial Hospital Program (B-KP-005-PHP)
- Intensive Outpatient Program (B-KP-005-IOP)
- Outpatient Care (B-KP-005-AOP)
- Residential Care (B-KP-005-RES)

Eating Disorders:

- Partial Hospital Behavioral Health Level of Care, Adult (B-KP-904-PHP)
- Partial Hospital Behavioral Health Level of Care, Child or Adolescent (B-KP-913-PHP)
- Intensive Outpatient Program Behavioral Health Level of Care, Adult (B-KP-904-IOP)
- Intensive Outpatient Program Behavioral Health Level of Care, Child or Adolescent (B-KP-913-IOP)
- Outpatient Behavioral Health Level of Care, Adult (B-KP-904-AOP)

- Outpatient Behavioral Health Level of Care, Child or Adolescent (B-KP-913-AOP)
- Residential Behavioral Health Level of Care, Adult (B-KP-904-RES)
- Residential Behavioral Health Level of Care, Child or Adolescent (B-KP-913-RES)

Mental Health Services – applies to non-Medicare members only

- Outpatient Behavioral Health Level of Care, Adult v2 (B-KP-901-AOP v2)
- Outpatient Behavioral Health Level of Care, Child or Adolescent v2 (B-KP-902-AOP v2)
- Intensive Outpatient Program Behavioral Health Level of Care, Adult v2 (B-KP-901-IOP v2)
- Intensive Outpatient Program Behavioral Health Level of Care, Child or Adolescent v2 (B-KP-902-IOP v2)

Clinical review criteria can be found on the Kaiser Permanente Provider website at:

Eating Disorder – Anorexia Nervosa: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/bhs_anorexia.pdf

Eating Disorder – Binge, Bulimia and Specified Eating Disorders: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/bhs_bulimia.pdf

Eating Disorder – Unspecified: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/bhs_eating_disorder.pdf

Eating Disorder – Unspecified: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/bhs_eating_disorder.pdf

Mental Health – Acute Outpatient Services: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/bhs_outpatient_criteria.pdf

Mental Health – Intensive Outpatient Services: https://wa-provider.kaiserpermanente.org/static/pdf/hosting/clinical/criteria/pdf/bhs_iop.pdf

What will I need to do differently for my patients with the following Kaiser Permanente health plans? *Please refer to member contract for specific prior authorization requirements for inpatient/outpatient mental health services.

- **Kaiser Foundation Health Plan of Washington Health Maintenance Organization (HMO) members:** Prior authorization is required. Kaiser Permanente will notify the ordering provider, the member, and the member’s personal physician of the coverage decision in writing. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse the provider for these services.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Point of Service (POS) members:** Prior authorization is required for in-network coverage. Kaiser Permanente will notify the ordering provider, the member, and the member’s personal physician of the coverage decision in writing. If prior authorization is not obtained, Kaiser Permanente will review the claim for medical necessity. If the claim is denied, Kaiser Permanente will not reimburse the provider for these services. Notification for all inpatient services is required.
- **Kaiser Foundation Health Plan of Washington Options, Inc. Preferred Provider Organization (PPO) members:** Prior authorization is required for coverage. Notification for all inpatient services is required. Kaiser Permanente will notify the ordering provider, the member, and the member’s personal physician of the coverage decision in writing. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse the provider for these services.
- **Medicare Advantage:** Prior authorization is required. Kaiser Permanente will notify the ordering provider, the member, and the member’s personal physician of the coverage decision in writing. If services are provided without receiving prior authorization, Kaiser Permanente will not reimburse the provider for these services.

Please refer to the provisions of your agreement with Kaiser Permanente, including obtaining the member’s prior written agreement to be financially responsible for the specific non-covered service, to determine when providers may bill a member for non-covered services.

These criteria, along with a complete list of Kaiser Permanente Clinical Review Criteria, can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org> under the header “Authorization & Clinical Review.”

If you have any questions about these changes, please contact the Provider Assistance Unit at 509-241-7206 or toll-free at 1-888-767-4670, Monday through Friday from 8 a.m. - 5 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read 'M Mora', written in a cursive style.

Marc Mora, MD
Senior Vice President
Resource Stewardship and Network Management