

<b>Beacon Comprehensive Behavioral Health Management Policy and Procedure Manual</b>	
<b>Policy Name:</b> Clinical Indicators: Eating Disorders	<b>Utilization Management</b>
<b>Date:</b> 12-06 <b>Reviewed by QI Committee:</b> 12-06, 11-07, 9-08, 9-09, 01-10, 9-10, 9-11 <b>Revised by QI Committee:</b> 12-06, 9-08, 01-10, 9-10, 9-11	<b>Page:</b> 1 of 4 <b>Policy Number:</b> UM-3.9

**Purpose:** The purpose of this guideline is to ensure that Beacon Comprehensive Behavioral Health Management (Beacon CBHM) manages all cases according to current clinical guidelines. It is important that each patient receive the appropriate level and intensity of care in relation to available resources and the biopsychosocial needs of the patient.

## **Policy:**

### 1.0 Description

Emphasis of utilization management (UM) is on providing the least restrictive level of care along with the intensity of services necessary to achieve stabilization and/or restoration of function for the patient. This guideline is used for determining the level of care and intensity of services required for patients with eating disorders.

### 2.0 Inpatient Hospitalization

- 2.1. Admission Criteria – Patient meets criteria for a DSM-IV-TR diagnosis of anorexia nervosa, bulimia nervosa or eating disorder NOS and meets at least one of the following criteria:
  - 2.1.1. Patient presents with compromised medical status (e.g. electrolyte imbalance, orthostatic hypotension, or acute decline to 75% ideal body weight) or there is imminent risk of compromised medical status. Patient must have medical clearance before admission to a psychiatric facility; or
  - 2.1.2. Patient requires 24-hour medical, nursing and clinical services to provide ongoing assessment of risk and safety precautions, continuous monitoring of psychiatric and medical status and potential for immediate intervention; or
  - 2.1.3. Less intensive levels of care were not successful, or inadequate due to severity or chronicity of psychiatric and medical status, or are insufficient to prevent further weight loss, maladaptive behaviors or decline in medical status; or
  - 2.1.4. Patient has other psychiatric comorbidities, which meet criteria for inpatient admission.
- 2.2. Intensity of Care
  - 2.2.1. Comprehensive multidisciplinary assessment, including clinical, psychosocial, medical, nutritional and substance use evaluations completed within 48 hours of admission.
  - 2.2.2. Involvement of family and significant others in treatment.
  - 2.2.3. Daily evaluation including weekends by a psychiatrist, primary care physician or medical specialist, as well as other members of the treatment team.
- 2.3. Discharge Criteria – Patient meets one of the following criteria:

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- 2.3.1. Patient no longer presents with compromised medical status or is no longer in imminent risk of compromised medical status; or
- 2.3.2. Patient no longer requires 24-hour medical monitoring of risk factors and psychiatric and medical status; or
- 2.3.3. Patient no longer requires 24-hour structured medical care to address nutritional intake, weight loss and eating-related behaviors; or
- 2.3.4. Patient’s eating disorder and any related psychiatric comorbidities are sufficiently stabilized for transition to a lower level of care.

3.0 Residential Treatment

- 3.1. Admission Criteria – Patient meets criteria for a DSM-IV-TR diagnosis of anorexia nervosa, bulimia nervosa or eating disorder NOS and meets ALL of the following criteria:
  - 3.1.1. Patient is unable to regulate eating behaviors outside of a highly structured environment as evidenced by difficulty maintaining body weight or loss of control of eating behaviors (e.g. binge-eating, purging); and
  - 3.1.2. Patient requires a structured multidisciplinary program 24 hours per day to address nutritional intake, weight loss and eating-related behaviors and demonstrate comprehension and the ability to make use of the clinical program; and
  - 3.1.3. Less intensive levels of care were not successful, or were inadequate to establish or maintain health eating patterns or body weight, or are insufficient to prevent further weight loss, maladaptive behaviors or decline in medical status; and
  - 3.1.4. Patient has other psychiatric comorbidities, which meet criteria for residential treatment admission.
- 3.2. Intensity of Care
  - 3.2.1. Comprehensive clinical and medical evaluations within 1 day of admission.
  - 3.2.2. Involvement of family and significant others in treatment.
  - 3.2.3. Daily evaluation by a licensed mental health clinician with ongoing supervision by a psychiatrist.
- 3.3. Discharge Criteria – Patient meets ALL of the following criteria:
  - 3.3.1. Patient no longer requires 24-hour observation as evidenced by ability to maintain body weight and control eating behaviors; and
  - 3.3.2. Patient’s eating disorder and any other psychiatric comorbidities are sufficiently stabilized for transition to a lower level of care.

4.0 Partial Hospitalization

<b>Beacon Comprehensive Behavioral Health Management Policy and Procedure Manual</b>	
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- 4.1. Admission Criteria – Patient meets criteria for a DSM-IV-TR diagnosis of anorexia nervosa, bulimia nervosa or eating disorder NOS and meets ALL of the following criteria:
  - 4.1.1. Patient is unable to regulate eating behaviors outside of a highly structured environment as evidenced by difficulty maintaining body weight or loss of control of eating behaviors (e.g. binge-eating, purging); and
  - 4.1.2. Patient requires a structured multidisciplinary program of at least 20 hours per week to address nutritional intake, weight loss and eating-related behaviors and demonstrates comprehension and the ability to make use of the clinical program; and
  - 4.1.3. Less intensive levels of care were not successful, or were inadequate to establish or maintain health eating patterns or body weight, or are insufficient to prevent further weight loss, maladaptive behaviors or decline in medical status; and
  - 4.1.4. Patient has other psychiatric comorbidities, which meet criteria for partial hospitalization admission.
- 4.2. Intensity of Care
  - 4.2.1. Comprehensive clinical and medical evaluations within 3 days of admission.
  - 4.2.2. Involvement of family and significant others in treatment.
  - 4.2.3. Daily evaluation by a licensed mental health clinician with ongoing supervision by a psychiatrist.
- 4.3. Discharge Criteria – Patient meets ALL of the following criteria:
  - 4.3.1. Patient is able to regulate eating behaviors outside of a highly structured environment as evidenced by ability to maintain body weight and control eating behaviors; and
  - 4.3.2. Patient’s eating disorder and any other psychiatric comorbidities are sufficiently stabilized for transition to a lower level of care.

5.0 Intensive Outpatient

- 5.1. Admission Criteria – patient meets criteria for a DSM-IV-TR diagnosis of anorexia nervosa, bulimia nervosa or eating disorder NOS and meets ALL of the following criteria:
  - 5.1.1. Patient presents with difficult maintaining body weight or loss of control of eating behaviors (e.g. binge-eating, purging); and
  - 5.1.2. Patient requires a structured multidisciplinary program for 9- 20 hours per week to address nutritional intake, weight loss and eating-related behaviors and demonstrates comprehension and the ability to make use of the clinical program; and

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- 5.1.3. Less intensive levels of care were not successful, or were inadequate to establish or maintain health eating patterns or body weight, or are insufficient to prevent further weight loss, maladaptive behaviors or decline in medical status; and
- 5.1.4. Patient has other psychiatric comorbidities, which meet criteria for intensive outpatient admission.
- 5.2. Intensity of Care
  - 5.2.1. Comprehensive clinical evaluation within 3 days of admission.
  - 5.2.2. Medical evaluation within 3 days prior to admission if indicated.
  - 5.2.3. Involvement of family and significant others in treatment.
  - 5.2.4. Daily evaluation by a licensed mental health clinician with ongoing supervision by a psychiatrist.
- 5.3. Discharge Criteria – Patient meets ALL of the following criteria:
  - 5.3.1. Patient is able to maintain body weight and control eating behaviors; and
  - 5.3.2. Patient’s eating disorder and any other psychiatric comorbidities are sufficiently stabilized for transition to routine outpatient care.

6.0 Clinical Oversight

Due to the complexity of eating disorder cases, treatment plans are initially reviewed and approved by the CBHM/CHIPA medical director and/or physician advisor. Additional peer reviews are conducted with the attending physician when the following intervals are reached:

- 6.1 Inpatient-7 days of ongoing care
- 6.2 Residential-12 days of ongoing care
- 6.3 Partial Hospitalization-15 days of ongoing care
- 6.4 Intensive Outpatient-20 sessions of ongoing care

7.0 Bibliography

“MCAP 2005 Behavioral Health Criteria”, The Oak Group (2005).