



## MEDICAL COVERAGE GUIDELINES (CLINICAL CRITERIA) FOR UM DECISIONS Residential Eating Disorders Treatment

In order to meet the needs of members who are covered under employer groups that include inpatient behavioral health coverage, Capital Health Plan (CHP) has developed the following criteria to assist in the appropriate access to Residential Eating Disorders Treatment.

- The member has a benefit that includes both outpatient and inpatient treatment of behavioral health problems **AND**
- The member has an applicable diagnosis (anorexia nervosa, bulimia, or eating disorder NOS) **AND**
- The member has been in outpatient therapy on a weekly basis, at a minimum, with their professional counselor for one month for the purpose of addressing the eating disorder problem, and weight loss or bingeing/purging has continued **AND**
- The PCP (or psychiatrist/ER physician) has evaluated the member and determined that the member is stable for residential inpatient treatment but continues to have weight loss or bingeing/purging **AND**
- A second opinion assessment with a Capital Health Plan-designated physician has been completed for medical necessity of the plan of care **AND**
- The PCP or the CHP participating counselor, **and** the designated physician reviewer have documented the failure of outpatient management and the concern for significant deterioration **AND**
- The member requests residential treatment for their eating disorder and demonstrates a willingness to address the issue

The length of stay in a residential treatment facility will be authorized for one week. After review of clinical records, another week will be authorized if all criteria are met. Continuation of treatment days can be extended, if applicable, based on concurrent reviews every 7 days.

Services must be provided by a contracted or designated provider of CHP. CHP only provides out of area coverage for emergencies. Any non-emergency care received outside the service area must be pre-authorized by CHP in order to be covered. It is expected that any members requiring medical care shall return to the local service area for care by their PCP and local plan participating specialists.

Medical Necessity Approvals to be made by:

- ☒ Medical Director
- ☒ Physician Reviewer
- ☒ Utilization Management Nurse
- ☒ Nurse Reviewer
- ☐ Authorized CCD staff when UM criteria are met

These criteria apply to the following product when determined to be included in the member's benefit package:

- ☒ Commercial

Approved by QIMT: 7/29/04, 11/4/04, 10/27/05, 8/17/06, 11/30/06, 8/2/07, 7/31/08, 8/6/09, 8/5/10, 8/4/11, 8/30/12, 7/18/13, 7/31/14, 4/23/15

Approved by G&A: 11/3/16, 11/30/17

Approved by UMWG: 6/26/15, 5/14/18, 11/7/19, 12/10/20, 12/9/21, 12/8/22, 12/14/23, 12/12/24, 12/11/25

*Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.*