

Medical Necessity Criteria

for

Eating Disorders

2003

MEDICAL NECESSITY CRITERIA FOR EATING DISORDERS TREATMENT

The Level of Care Matrix for Patients with Eating Disorders was developed not as absolutes or replacement for existing Level of Care and Medical Necessity criteria, but as guidelines to be used by both treating practitioners and Quest Utilization Review staff. They are adapted from La Via et al. (1998) and published in the American Journal of Psychiatry, 157:1, January 2000 Supplement. Treatment availability in the patient's home region will be an additional consideration in LOC decisions for eating disorders treatment.

Last Review:

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|-------------------------------------|----------------------------|--------------------|
| <input checked="" type="checkbox"/> | Clinical Director Review | Date: <u>04-03</u> |
| <input checked="" type="checkbox"/> | Medical Director Review | Date: <u>04-03</u> |
| <input checked="" type="checkbox"/> | Medical Director's Meeting | Date: <u>04-03</u> |
| <input checked="" type="checkbox"/> | Provider Panel Input | Date: <u>04-03</u> |

Level of Care Matrix for Patients with Eating Disorders

	Inpatient Hospitalization Level IV	Partial Hospitalization Level III	Intensive Outpatient Level II	Outpatient Level I
Characteristic	Two or more items in this category should qualify the patient for the higher LOC. Must meet at least one of 1,2, or 3.	Must meet at least 1 item in this category and tx at a lesser LOC is either unavailable, unsafe, or too complex.	Must meet at least 1 item in this category and tx at a lesser LOC is either unavailable, unsafe, or too complex.	
1 - Medical Complications	For Adults: Heart rate < 40 bpm; Blood pressure < 90/60 mm Hg; Glucose < 60 mg/dl; Potassium < 3 meq/liter; Electrolyte imbalance; Dehydration; Cardiovascular organ compromise requiring acute treatment; or Blood in vomitus For Children & Adolescents: Heart rate < 50 bpm; Orthostatic BP changes (>20-bpm increase in heart rate or >10-20 mm Hg drop); BP below 80/50 mm Hg; Hypokalemia or hypophosphatemia.	Medically stable to the extent that more extensive medical monitoring as defined in Level IV is not required.	Medically stable to the extent that more extensive medical monitoring as defined in Level IV is not required.	Medically stable to the extent that more extensive medical monitoring as defined in Level IV is not required.
2 - Suicidality	Intent and plan.	Possible SI without plan or intent	Possible SI without plan or intent	Possible SI without plan or intent
3 - Weight as % of healthy body weight or BMI	<75% or BMI<16.5. For BMI 16.5-18: Acute weight decline with food refusal.	>75% or BMI 16.5 - 18.	>75% or BMI 16.5 - 18.	>80% or BMI>17.
4 - Motivation to recover (cooperativeness, insight, & ability to control obsessive thought)	Very poor to poor; preoccupied with obsessive thoughts; uncooperative with treatment or cooperative only in highly structure environment.	Poor to fair; preoccupied with obsessive thoughts 4-6 hours / day; cooperative with structured treatment.	Fair; preoccupied with obsessive thoughts >3 hours / day; cooperative.	Fair to good.
5 - Comorbid Disorders (substance abuse, depression, anxiety)	Any existing psychiatric disorder that meets standard Quest inpatient admission criteria.	Presence and severity of comorbid condition may influence choice of LOC.	Presence and severity of comorbid condition may influence choice of LOC.	Presence and severity of comorbid condition may influence choice of LOC.
6 - Need for structure for weight gain / eating	Needs professional supervision during and after all meals or has nasogastric / special feeding requirements.	Needs professional supervision at some meals in order to gain or maintain weight.	Needs professional supervision during at least 1 meal in order to gain or maintain weight.	Able to report meals and intake accurately.
7 - Impairment & ability to care for self: ability to control exercise	Complete role impairment, cannot eat and gain weight by self; structure required to prevent patient from compulsive over-exercising.	Professional supervision required to prevent patient from compulsive over-exercising.	Compulsive over-exercising may be intermittent, but generally controlled on a daily basis.	Compulsive over-exercising may be intermittent, but generally controlled on a daily basis.
8 - Purging behavior (vomiting, laxatives, diuretics)	Needs supervision during and after all meals and in bathrooms. Significant medical complications such as ECG abnormalities associated with purging.	Professional supervision required at some meals to counteract desires to purge. Medical complications are monitored and managed.	Able to report level of purging accurately. Can ask for and use support or skills for desires to purge. No medical complication requiring higher LOC.	Able to report level of purging accurately. Can ask for and use support or skills for desires to purge. No medical complication requiring higher LOC.
9 - Environmental Stress	Severe family conflict, problems, or absence so as unable to provide structured treatment in home, or lives alone without adequate support system.	Family or other support involved in treatment and able to provide at least limited structure or support.	Family or other support involved in treatment and able and willing to provide emotional and practical support and structure.	Family or other support involved in treatment and able and willing to provide emotional and practical support and structure.