Clinical Review Criteria
Eating Disorder – Unspecified

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Criteria
Inpatient Behavioral Health Level of Care
Kaiser Permanente has elected to use the MCG* Eating Disorder: Inpatient Behavioral Health Level of Care (B-KP-914-IP) for medical necessity determinations.

Partial Hospitalization
Kaiser Permanente has elected to use the MCG* Eating Disorder: Partial Hospitalization (B-KP-914-PHP) for medical necessity determinations.

Intensive Outpatient
Kaiser Permanente has elected to use the MCG* Eating Disorder: Intensive Outpatient (B-KP-914-IOP) for medical necessity determinations.

Acute Outpatient
Kaiser Permanente has elected to use the MCG* Eating Disorder: Acute Outpatient (B-KP-914-AOP) for medical necessity determinations.

Residential Care
Kaiser Permanente has elected to use the MCG* Eating Disorder: Residential Care (B-KP-914-RES) for medical necessity determinations.

*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 by our Behavioral Health department, you may request a copy of the criteria that is being used to make the coverage determination. Call the Behavioral Health unit for more information regarding the case under review.

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 binging 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, KPWA 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.

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**Revision History**
- 09/02/2015: Changed documentation of GHC hybrid to MCG
- 12/01/2015: Revised criteria to reflect approval of MCG 19th 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

**Codes**
No codes provided