

Origination Date: 3/17/09	Revision Date(s):
Developed By: Medical Criteria Committee	

Csaba Mera MD

Approved: Csaba Mera, MD Date: 3/17/09

Description:

Eating disorders are illnesses having to do with disturbances in eating behaviors, especially the consuming of food in inappropriate quantity and frequency. Eating disorders include bulimia nervosa (BN), anorexia nervosa (AN), binge eating disorder (BED) and eating disorder not otherwise specified (EDNOS). Eating disordered patients often do not fit into one discreet category but will manifest symptoms of one or more of the disorders along a continuum. For example, individuals with a primary diagnosis of anorexia nervosa may show bulimic symptoms at times and vice versa. Because of the complicated nature of eating disorders, a comprehensive approach to treatment is recommended.

There is no consensus as to the cause of eating disorders, which appear to result from multiple factors—psychological, biological and social. These may include parental neglect and/or abuse, sexual abuse, trauma, and poor stress management skills. A family history of depression, anxiety, obsessive compulsive traits, as well as substance abuse, is also often present. Cultural factors include increasing pressure to obtain an “ideal” weight or body type. All eating disorders appear with increased frequency in first-degree relatives and identical twins.

These individuals are at increased risk for depression, anxiety, suicidality, medical conditions, including cardiac failure and death, and serious gastrointestinal and metabolic disturbances. Individuals who binge eat are also at higher risk for diabetes, morbid obesity, hypertension, and related illnesses.

Criteria:

Anorexia nervosa (DSM IV: 307.1)

1. Inability to maintain body weight above 85 percent of normal body weight for age and height.
2. Intense fear of gaining weight, even though underweight.
3. Disturbance in the way one experiences body weight or shape, excessive influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
4. Absence of at least three consecutive menstrual cycles in post-menarche females (Amenorrhea).

There are two subtypes of anorexia nervosa:

1. Restricting type: During the current episode of anorexia nervosa, weight loss is achieved primarily through dieting, fasting or excessive exercise. The patient has not regularly engaged in binge-eating or purging behavior (e.g., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).
2. Binge-eating/Purging type: During the current episode of anorexia nervosa, the patient has regularly engaged in binge-eating or purging behavior, or both (e.g., self-induced vomiting or the misuse of laxatives, diuretics or enemas).

Origination Date: 3/17/09	Revision Date(s):
Developed By: Medical Criteria Committee	

Bulimia nervosa (DSM-IV 307.51)

1. Recurrent episodes of binge eating, characterized by consuming large amounts of food in discrete time periods, and a sense of losing control over eating in the episode.
2. Compensatory behavior to prevent weight gain, such as self-induced vomiting, laxative misuse, diuretics, enemas, or other medications, fasting or excessive exercise.
3. Binge eating and compensatory behaviors occur, on average, at least twice a week for three months.
4. Body shape and weight unduly influence self-evaluation.
5. Disturbance does not occur exclusively during episodes of anorexia nervosa.

There are two subtypes of bulimia nervosa:

1. Purging type: During the current episode of bulimia nervosa, the patient has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics or enemas.
2. Non-purging type: During the current episode of bulimia nervosa, the patient has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Eating Disorder, Not Otherwise Specified (DSM-IV 307.50)

1. All criteria for anorexia nervosa are met except that the individual (for females) has regular menses, or despite significant weight loss, the individual's current weight is in the normal range.
2. All criteria for bulimia nervosa are met except that the binge eating and inappropriate compensatory behaviors occur at a frequency of less than twice a week or for a duration of less than three months.
3. There is regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food.
4. There is repeated chewing and spitting out, but not swallowing, of large amounts of food.
5. Binge eating disorder: Recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of bulimia nervosa

Determining Level of Care/Assessment Notes: Evaluation of the patient prior to initiating treatment is especially important to determine the appropriate level of care. This evaluation may be done by a pediatrician or family physician and should include: body weight, cardiac and metabolic status. If patient displays abnormal vital signs, hospitalization may be indicated. The decision to hospitalize should take into account psychological, behavioral, and medical factors. Of particular concern is a decline in oral intake and weight despite outpatient or partial hospitalization interventions, prior history of weight instability, and co-morbid psychological and/or medical conditions.

Generally speaking, if a patient's weight is more than 85 percent of ideal body weight (IBW), outpatient intervention is recommended. A more intensive level of care is indicated if patient demonstrates medical instability.

Medical Necessity for Inpatient Mental Health Hospitalization:

Origination Date: 3/17/09	Revision Date(s):
Developed By: Medical Criteria Committee	

Inpatient treatment is indicated if any of the following are present:

- weight is less than 75 percent of IBW
- orthostatic blood pressure changes are >20 mm hg
- bradycardia <40, tachycardia >110, body temperature <97
- evidence of dehydration
- evidence of hepatic or renal compromise per laboratory testing

Laboratory tests should include: EKG, complete blood count, complete metabolic profile, serum magnesium, thyroid screen, and—if patient purges—serum amylase.

Individuals with uncomplicated bulimia nervosa usually do not require hospitalization, unless the following indications are present: metabolic or vital sign abnormalities, hematemesis, uncontrolled vomiting, suicidality, co-morbid psychological conditions that warrant hospitalization, or severe concurrent alcohol or drug abuse.

Medical Necessity for Mental Health Residential or Partial Hospitalization Program:

1. Outpatient treatment has been—or is expected to be--unsuccessful, or
2. The patient's symptoms cannot be managed in an outpatient setting due to any of the following:
 - A. Instability of mood or behavior or cognitive impairment.
 - B. Lack of reliability in terms of medication management and/or keeping outpatient appointments.
 - C. Pregnant patients who are unable to interrupt binge/purge behaviors or caloric restriction, both of which may result in serious medical complications.
 - D. Binge eating and purging 3 or more times a day, with severe impairment in functioning.
 - E. Compensatory behaviors (e.g., vomiting, overexercise, laxative or diuretic abuse) cannot be controlled in an outpatient treatment setting.
3. One or more of the following may be present:
 - A. Cardiac arrhythmia that is not life-threatening
 - B. Impaired renal function
 - C. Fluid disturbance, including ketosis, hypovolemia, electrolyte imbalance, acid base imbalance.
4. There may be a coexisting mental disorder that, in addition to the eating disorder, warrants admission to residential or partial hospitalization.

Medical Necessity for Continued Stay in Inpatient, Residential or Partial Hospitalization Program:

1. Thorough physical examination, laboratory studies and EKG within 24 hours of admission. The attending physician should be an expert in the treatment of eating disorders and should meet with the patient a minimum of 3 times per week.
2. Treatment plan should, at minimum, include the following:
 - a. Monitoring daily caloric intake
 - b. Monitoring compensatory behaviors (e.g., vomiting, exercise, etc.)
 - c. Addressing comorbid mental and substance abuse issues.
 - d. Nutritional counseling and education.

Origination Date: 3/17/09	Revision Date(s):
Developed By: Medical Criteria Committee	

- e. Pharmacotherapy, if indicated.
 - f. Psychological evaluation and testing, if indicated.
 - g. Regular psycho education and psychotherapy, including family therapy, especially if the patient is a child or adolescent.
 - h. Measurable, behavioral target goals to be achieved by time of discharge.
 - i. Discharge planning that includes follow-up individual and/or family psychotherapy, nutritional monitoring, available community resources, and other follow-up care, as indicated.
 - j. Estimated length of stay.
3. Clinical evidence that, if continued stay at the present level of care were not authorized, patient would be at imminent risk of medical and/or psychological deterioration, especially if patient has attained weight goals.
 4. Clinical evidence that reasonable progress is being made in all the above areas for continued stay criteria to be approved. If reasonable progress toward meeting treatment goals has not been achieved, a thorough assessment of treatment plan must be done prior to continued stay approval

Medical Necessity Criteria for Outpatient Services:

1. The patient is medically stable
2. Weight should generally be above 85% of what's considered normal for the patient
3. The patient must be reasonably motivated to recover
4. There is no need for extra structure for weight gain
5. The patient can control or greatly reduce the amount of compulsive exercise, and frequency of purging or restricting.

Criteria for Continued Treatment:

Treatment should include coordinating services among all providers, improving the individual's coping and problem solving skills, identifying and enacting social supports, and teaching methods of stress reduction (e.g. relaxation techniques, self-soothing, etc.) without resorting to bingeing, purging, or restricting behaviors.

The following criteria must be met in order for further authorization:

- Continued measurable progress toward restoration of baseline functioning. Patients must demonstrate progress in treatment as evidenced by an increase in GAF score and improvement in behavioral outcome measures.
or
- Continued progress toward development of skills to prevent relapse.
or
- Treatment plan revision to address lack of progress. If no improvement is noted, the treatment plan should be modified to include the consideration of
 - Need for medication evaluation
 - Possibility of higher level of care
 - Need for psychosocial interventions (i.e, support groups)
 - Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse)

Origination Date: 3/17/09	Revision Date(s):
Developed By: Medical Criteria Committee	

If above criteria are met, the treatment plan should include a plan for terminating treatment.

Termination Criteria:

- Patient has returned to previous functioning and has developed appropriate relapse prevention skills.

or

- Patient is not improving, despite amendments to the treatment plan (consider referral to another therapist or another form of treatment)

or

- Patient has achieved a stable level of functioning and further treatment is not expected to produce significant improvement.

References:

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision. Washington, DC: American Psychiatric Association; 2000.

Guideline watch: Practice guidelines for the treatment of patients with eating disorders, 3rd edition. Available at http://www.psychiatryonline.com/pracGuide/pracGuideTopic_12.aspx. Retrieved on December 3, 2008.

National Guideline Clearing House. Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related disorders. Available at http://www.guideline.gov/summary/summary.aspx?doc_id=5066. Retrieved on December 3, 2008.

Rushing JR, Jones, LE, Carney, CP. Bulimia Nervosa: A Primary Care Review. Primary Care Companion 2003; 5(5): 216-234.