



#5	Eating disorder	Acute Inpatient 2008
Met	Not Met	<b>Validating Elements</b>
<b>Patient Status</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Clinical</b> Patient presenting with: <ul style="list-style-type: none"> <li><input type="checkbox"/> Compromised medical status, e.g., electrolyte imbalance, orthostatic hypotension, or acute decline to 75% ideal body weight</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Progressive loss of control of eating behaviors leading to imminent risk of compromised medical status</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Diagnosis</b> Patient meets criteria for DMS-IV-TR diagnosis of anorexia nervosa, bulimia nervosa or eating disorder NOS. ICD working diagnosis, including rule-outs
<b>Settings-Resources</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Level of Care</b> Secure, structured inpatient, psychiatric setting with medical consultation to address nutritional intake, weight loss and eating-related behaviors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Intensity</b> Need for 24-hour, unit-based, medical, nursing, and other clinical services to provide: <ul style="list-style-type: none"> <li><input type="checkbox"/> Ongoing assessment of risk and need for safety precautions, e.g., restraints, close observation</li> <li><input type="checkbox"/> Continuous monitoring of psychiatric and medical status, including cardiac and electrolyte monitoring, nutritional intake, and eating-related behaviors</li> <li><input type="checkbox"/> Potential for immediate intervention</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Alternatives</b> Less intensive level of care, including stabilization: <ul style="list-style-type: none"> <li><input type="checkbox"/> Was not successful</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is inadequate due to severity or chronicity of psychiatric and medical status</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is insufficient to prevent further weight loss, maladaptive behaviors, or decline in medical status</li> </ul>
<b>Clinical Actions</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Assessment</b> Comprehensive multidisciplinary assessment by licensed mental health clinicians initiated or completed, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Clinical evaluation by a psychiatrist, including assessments of medications, medical and neurological status</li> <li><input type="checkbox"/> Psychosocial evaluation, including assessment of school performance, learning problems, physical or sexual abuse, and family and home environment</li> <li><input type="checkbox"/> Medical evaluation, including laboratory evaluation for sexually transmitted diseases, pregnancy and substance abuse if clinically indicated, by a primary care physician and appropriate specialists</li> <li><input type="checkbox"/> Nutritional evaluation</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Coordination</b> Attempt to involve the patient's family or legal guardian (as appropriate) and teachers
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Coordination</b> Notification and coordination with relevant social service agencies if abuse or neglect is involved
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Coordination</b> Obtain clinical information from prior and current clinicians
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Planning</b> Develop a preliminary interdisciplinary treatment plan for inpatient stay specific to eating disorder, and initiate discharge planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Treatment</b> Initiate structured therapeutic program, psychiatric, medical and nutritional interventions with short-term goals, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Stabilization of medical status</li> <li><input type="checkbox"/> Normalization of body weight and eating-related behaviors</li> <li><input type="checkbox"/> Decrease in distorted perceptions and mood symptoms related to eating</li> <li><input type="checkbox"/> Treatment of psychiatric comorbidities</li> </ul>
<b>Considerations</b>		
Hospital level of care may be indicated for patients with anorexia nervosa and an acute persistent decline to less than 75% of ideal body weight		
Loss of control of eating behavior can include bingeing, purging, vomiting, and abuse of diuretics and laxatives		
Symptoms of an eating disorder may include excessive exercise. Excessive exercise includes that which interferes with usual activities, occurs at inappropriate times, or continues despite injury		

## Steps to Complete a Review

1. Choose criterion (example: Eating disorder).  
MCAP's exclusive service-focused methodology allows reviewers to choose a criterion based on the treatments ordered in the physician's plan of care.

2. Review criterion sections and check off all exclusions and validating elements.

For a criterion to be qualified according to clinical necessity and best practice standards, each validating element must be met.

3. Collect Quality, Delay or Reason Codes for adequate explanation of outcomes. This data can be collected, reported and analyzed to accurately identify areas for improving patient flow and reducing LOS.

Reviewers can add Quality and Delay Codes for qualified reviews or Reason Codes for non-qualified reviews. These codes are fully customizable to meet the needs of your facility or health system.