Eating Disorder Acute Residential Treatment
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Eating Disorder Acute Residential Treatment		
MNG #: 114	**☒ CCA Senior Care Options (HMO D-SNP) (MA)** **☒ CCA One Care (Medicare-Medicaid) (MA)**	**Prior Authorization Needed?** **☒ Yes (always required)** **☐ Yes (only in certain situations. See this MNG for details)** **☐ No**
Benefit Type: **☐ Medicare** **☒ Medicaid**	**Approval Date:** 10/6/2022;	**Effective Date:** 12/24/2022; 11/14/24; 1/1/2025
Last Revised Date: 10/12/2023; 11/14/24; 3/27/2025	**Next Annual Review Date:** 10/6/2023; 10/12/2024; 11/14/25	**Retire Date:**

OVERVIEW:

Eating Disorder Acute Residential Treatment programs are licensed residential facilities that provide short term 24-hour structured, community-based care, and are equipped to provide individualized, voluntary treatment. The treatment is provided by appropriately licensed, paid staff who are not related to the individual being treated. This level of care is used for members presenting with a severe eating disorder who cannot be managed safely in the community and do not require the medical intervention/monitoring, or procedures provided within an acute inpatient facility. Realistic discharge goals should be established at admission, and full participation in treatment by the member, their family members, as well as community-based providers is expected when appropriate. These therapeutic programs provide treatment that replicates real life experiences, with the support of a multidisciplinary team who deliver evidence-based behavioral health, medical and nutritional care to support members in recovery.

This CCA Eating Disorder Acute Residential Treatment medical necessity guideline (MNG) is for informational purposes only and does not constitute or replace medical advice. Treating providers are solely responsible for making any decisions about behavioral health care.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

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CCA uses Change Healthcare InterQual criteria for medical necessity review. Additionally, requests for Eating Disorder Acute Residential Treatment must include all of the following:

1. Within 72 hours prior of the request for admission, a face-to-face assessment with the Member and family/significant other(s) by a licensed behavioral health clinician with training and experience consistent with the age and problems of the individual. This assessment includes a clinically based recommendation for the need for this level of care and includes family/significant others as clinically appropriate.
2. Alternative, less restrictive levels of care are considered, and referrals are attempted as appropriate.

LIMITATIONS/EXCLUSIONS:

CCA does not cover services performed in a non-conventional treatment setting. Examples of non-conventional settings include but are not limited to:

- Spas or resorts
- Therapeutic or residential schools
- Educational, vocational, or recreational locations
- Wilderness, camp, or ranch programs (e.g., Outward Bound)

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

Prior authorization is required for Eating Disorder Acute Residential Treatment

CPT/HCPCS CODE	CODE DESCRIPTION
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
T2033	Residential care, not otherwise specified (NOS), waiver; per diem

REVISION LOG:

REVISION DATE	DESCRIPTION
3/27/2025	Template update
11/19/2024	Utilization Management Committee approval
11/14/24	No changes

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Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual© criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred) should be attached to the request], or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

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APPROVALS:

CCA Business Process Owner	
Rebecca Cioffi	Director, Behavioral Health Utilization Management and Transitions of Care
Print Name	**Print Title**
Rebecca Cioffi	1/9/2025
Signature	**Date**

CCA Senior Clinical/Operational Lead	
Print Name	**Print Title**
Signature	**Date**

CCA CMO or Designee	
Nazlim Hagmann, MD	Chief Medical Officer
Print Name	**Print Title**
Nazlim Hagmann	1/9/2025
Signature	**Date**