

Nutrition Therapy for Eating Disorder

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Last Review Date: 09/23/2020

Effective Date: 10/01/2020

Dates Reviewed: 07/2017, 07/2018, 07/2019, 09/2020

Developed By: Medical Necessity Criteria Committee

I. Description

Nutrition therapy, as part of a multidisciplinary approach in addressing eating disorders, is recommended to assist in normalizing eating, including adequate nutritional intake, challenging negative perceptions about food, and learning internal cues for hunger and satiety. The role of the dietician includes assessing the impact of eating disorder symptoms on eating habits and fitness while working to normalize eating patterns through nutrition education and the development of a structured eating plan. This includes restoration of nutrition through broadening of food selections, building knowledge of the relationship between food and overall health, and working towards a relationship with food that is balanced and sustainable. Appropriate goals for treatment include reduction and stabilization of eating disorder behavior. Treatment goals should be reasonable and may not include complete elimination of eating disorder behaviors and cognitions in many cases. Coordinating efforts with an individual's medical and mental health providers is an essential component to recovery.

Nutrition therapy provided by a licensed dietician is recommended for patients diagnosed with an eating disorder who demonstrate continued struggles in maintaining adequate nutritional intake or for those patients exhibiting a range of functional limitations associated with an eating disorder.

III. Criteria: CWQI BHC-0013

A. Contraindications:

Nutrition therapy is not indicated if **ANY** of the following are present:

1. Transient or mild symptoms resulting in no more than slight impairment.
2. Nutrition therapy in the absence of a multidisciplinary team including a psychotherapist and qualified medical provider.
3. Treatment should not be duplicative of services provided by another professional for the same diagnosis.

B. Continued authorization:

Continued authorization is indicated by **ALL** of the following:

1. The treatment plan establishes achievable recovery goals appropriate to the patient’s symptoms, resources, and functioning.
2. Treatment is provided at the lowest level of intensity (including frequency and duration of outpatient sessions and duration of the treatment episode) necessary to maintain the patient’s stability and achieve progress toward appropriate treatment goals.
3. Continued measurable improvements in symptoms and/or functioning.
4. The treatment plan promotes the patient’s ability to independently manage symptoms and resolve problems.
5. The role of the nutritionist supplements rather than supplants the role of the psychotherapist and physician.
6. Treatment plan includes ongoing collaboration among all providers

C. Termination Criteria:

Termination of continued authorization is indicated by **1 or more** of the following:

1. Patient has achieved a stable level of functioning and further treatment is not expected to produce significant improvement.
2. Patient is not making progress in the current setting or level of care (consider referral to another provider, level of care, or form of treatment).

IV. Information Submitted with the Prior Authorization Request:

A request for extended authorization for nutrition therapy should include the following information:

1. Evaluation including diagnosis, presenting symptoms and functional impairment.
2. Scope and duration of planned treatment interventions with measurable treatment goals

V. CPT or HCPCS codes covered:

Codes	Description
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

VI. Annual Review History

Review Date	Revisions	Effective Date
07/2016	New criteria	07/2016
07/2017	Annual Review. Added clarification of provider roles. Added all eating disorder diagnoses. Added references.	08/2017

07/2018	Annual Review.	08/2018
07/2019	Annual Review. No changes.	09/2019
09/2020	Annual Review: Cross-reference medical criteria set. No other changes.	10/2020

VI. References

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2. Crow et al. Increased Mortality in Bulimia Nervosa and Other Eating Disorders. A J Psychiatry. 2009 December; 166: 1342-1346.
3. Golan, Moria. The Journey from Opposition to Recovery from Eating Disorders: Multidisciplinary Model Integrating Narrative Counseling and Motivational Interviewing in Traditional Approaches. *Journal of Eating Disorders*. 2013 June, 1:19 <http://jeatdisord.com/content/1/1/19>. Accessed April 13, 2016
4. Nevill et al. Preventing Obesity and Eating Disorders in Adolescents. American Academy of Pediatrics. 2016 September; 138 (3) e1-e10.
5. Ozier A, Henry B. Position of the American Dietetic Association: Nutrition Intervention in the Treatment of Eating Disorders, published online at www.eatright.org/positions. J Am Diet Assoc. 2011 August; 111; 1236-1241 [Pub Med: 21802573]
6. Position of the American Dietetic Association: Nutrition Intervention in the Treatment of Eating Disorders. *Journal of the American Dietetic Association* 2011; 111: 1236-1241.
7. Raatz et al. Nutritional Adequacy of Dietary Intake in Women with Anorexia Nervosa. *Nutrients* 2015, 7(5) 3652-3665 [Pub Med: 25988761]
8. Schebendach et al. Food Choice and Diet Variety in Weight-Restored Patients with Anorexia Nervosa. *J Am Diet Assoc*. 2011 May; 111(5) 732-736 [Pub Med: 21515121]
9. Waterhous T, Jacob M. Nutrition Intervention in the Treatment of Eating Disorders. American Dietetic Association. www.eatrightpro.org accessed 4/21/2016

Appendix 1 – Applicable ICD-10 diagnosis codes:

Codes	Description
F50.00	Anorexia Nervosa, Unspecified
F50.01	Anorexia Nervosa, Restricting Type
F50.02	Anorexia nervosa, Binge-eating/Purging Type
F50.2	Bulimia Nervosa
F50.8	Other Eating Disorders
F50.81	Binge Eating Disorders
F50.89	Other Specified Eating Disorder
F50.9	Eating Disorder, Unspecified