PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

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<tr><td colspan="3">Policy/Procedure Number: MPBP8013 (previously MCUP3145)</td><td colspan="3">Lead Department: Health Services
Business Unit: Behavioral Health</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Eating Disorder Management Policy</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 08/10/2022 (MCUP3145)</td><td colspan="4">Next Review Date: 06/11/2026
Last Review Date: 06/11/2025</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td colspan="2">☒ Medi-Cal</td><td>☒ Partnership Advantage</td></tr>
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<tr><td>☐ CEO ☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 06/11/2025</td></tr>
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I. RELATED POLICIES:

A. MPBP8003 - Mental Health Services
B. MCUG3024 - Inpatient Utilization Management
C. MPUP3014 - Emergency Services
D. MCUP3052 - Medical Nutrition Services
E. MPCD2013 - Care Coordination Program Description
F. MCCP2022 - Early & Periodic Screening, Diagnostic and Treatment (EPSDT) Services
G. MPBP8005 - Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services

II. IMPACTED DEPTS:

A. Health Services
B. Provider Relations
C. Behavioral Health
D. Claims
E. Member Services

III. DEFINITIONS:

A. Behavioral Health Plan (BHP) : A county Behavioral Health Plan in Partnership's service area. BHPs are required to provide and cover all medically necessary SMHS and Substance Use Disorder (SUD) treatment services in accordance with their contracts with DHCS.
B. Eating Disorder: Per the Diagnostic and Statistical Manual of Mental Disorders (DSM) Fifth Edition, feeding and eating disorders are characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning.
C. Eating Disorder Treatment Levels of Care:
   1. **Outpatient**: Patient lives at home and attends weekly (usually 1:1) sessions with their provider. Patient is determined to not need daily medical monitoring and patient is psychiatrically stable enough to live at home and engage in prescribed treatment programming. Eating disorder symptoms are under sufficient control such that individual can function normally in social, educational, or vocational situations and continue to make progress in treatment.
   2. **Intensive Outpatient**: Patient lives at home and attends treatment program at a specialized setting (virtually, hospital based, or eating disorder treatment center). Treatment typically involves programming that occurs 2 to 3 times per week for at least three (3) hours each time, and groups in addition to 1:1 treatment may be part of the program. The patient is medically and psychiatrically stable enough to live at home, and they will often maintain work and/or school obligations while

engaging in treatment.

3. **Partial Hospital**: Patient lives at home and attends treatment program at a specialized setting (virtually, hospital based, or eating disorder treatment center). Treatment typically involves programming that occurs five (5) days per week for 6-8 hours per day and can consist of a range of services such as 1:1 therapy, group-based therapy, family therapy, nutrition counseling, along with supportive meals. Patient remains medically and psychiatrically stable enough to live at home, but requires highly structured, intensive, eating disorder treatment to reduce eating disorder symptoms and achieve progress towards recovery.
4. **Residential**: Patient lives at a specialized eating disorder program because they require 24-hour care/supervision in order to control and reduce active eating disorder behaviors. Patient is medically stable. Treatment typically involves programming that occurs daily for 6-8 hours per day and can consist of a range of services such as 1:1 therapy, group-based therapy, family therapy, nutrition counseling, along with supportive meals, and co-occurring psychiatric care. All meals and snacks are supervised and provided in a supportive environment. Depending on the program, more complex medical needs such as nasogastric tube feeding may or may not be available.
5. **Inpatient Eating Disorder Program**: Patient lives at specialized eating disorder program because they require 24-hour care/supervision in order to control and reduce active eating disorder behaviors, and lower levels of care have often proven to provide insufficient structure and monitoring to improve eating disorder symptoms. Oftentimes, the patient requires additional medical or psychiatric oversight for complex issues or needs that are not able to be handled in Residential level of care (e.g., nasogastric tube feeding, significant mood or psychiatric instability that requires active daily management). Focus is on weight restoration.
6. **Inpatient Acute Care Medical Hospital**: Patient is medically unstable (i.e., unstable or depressed vital signs, laboratory findings indicative of acute physiologic risk, complications from coexisting medical conditions such as diabetes) and often also psychiatrically unstable (i.e., suicidality, rapidly worsening mood or other psychiatric symptoms). Focus is on weight restoration and stabilization of acute medical abnormalities.
7. **Inpatient Acute Care Psychiatric Hospital**: In most instances, patient is not acutely medically unstable (see Inpatient Acute Care Medical Hospital above), but has active psychiatric symptoms that require specialty inpatient psychiatric care (e.g., significant mood symptoms, suicidality/homicidality, psychosis). Most units will not be equipped to manage lines/tubes. Focus is on achieving stabilization of acute psychiatric symptoms, not necessarily eating disorder treatment.

D. Managed Care Plan (MCP): Partnership HealthPlan of California (Partnership) is contracted as a DHCS Managed Care Plan (MCP). MCPs are required to provide and cover all medically necessary physical health and non-specialty mental health services.

E. Non-Specialty Mental Health Services (NSMHS): *aka Mild to Moderate Mental Health Services* Managed Care Plans (MCPs) are responsible for providing or arranging for medically necessary NSMHS provided to Members which include *(per Reference VII.D)*:

1. Individual and group mental health evaluation and treatment, including psychotherapy, family therapy, and dyadic services
2. Psychological testing, when clinically indicated to evaluate a mental health condition
3. Outpatient services for the purposes of monitoring drug therapy
4. Psychiatric consultation
5. Outpatient laboratory, medications[1], supplies, and supplements

[1] As per APL 22-012 *Revised*, the pharmacy (prescription) benefit was carved-out to State Medi-Cal as of January 1, 2022. Please refer to the State Medi-Cal Rx webpage: https://medi-calrx.dhcs.ca.gov/home/cdl/.
Effective January 1, 2027, the pharmacy benefit for Partnership Advantage Members is delegated to a pharmacy benefit manager.

F. Partnership Advantage: Effective January 1, 2027, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage Members will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.

G. Specialty Mental Health Services (SMHS): *aka Serious and Persistent Mental Health Services* County Behavioral Health Plans (BHPs) are required to provide and cover all medically necessary SMHS for Medi-Cal Members in accordance with their contracts with the California Department of Health Care Services (DHCS).

1. For Partnership Advantage Members who meet criteria for SMHS provided by a county BHP, Partnership will coordinate with BHP providers to ensure Members have access to and are connected with medically necessary services delivered by the BHP as described in section VI.D. of this policy.

IV. ATTACHMENTS:

A. Eating Disorder Process Flow Chart
B. Eating Disorder Bidirectional Form

V. PURPOSE:

To delineate how appropriate and effective services and treatments for Partnership members with eating disorders are coordinated between Partnership, which provides medically necessary physical health and non-specialty mental health services, and the county Behavioral Health Plans in Partnership's service area, which provide all medically necessary specialty mental health services.

VI. POLICY / PROCEDURE:

A. Coordinating appropriate and effective services and treatment for Members with eating disorders is a shared responsibility between Partnership HealthPlan (Partnership) and each county Behavioral Health Plan (BHP) in Partnership's service area.

1. When evaluating requests for Members under age 21, both Partnership and BHPs will consider EPSDT criteria, including assessment of whether the service is necessary to correct or ameliorate the condition and whether or not the service is generally only available to Members over age 21 (*see policy MCCP2022 Early & Periodic Screening, Diagnostic and Treatment (EPSDT) Services*).
2. Effective January 1, 2027, Partnership will coordinate appropriate and effective services and treatment for Partnership Advantage Members who receive both Medi-Cal and Medicare services. For service information specific to Partnership Advantage Members, see section VI.E. of this policy.

B. As a Managed Care Plan, Partnership is responsible for all medically necessary physical health components of eating disorder treatment and providing or arranging medically necessary non-specialty mental health services (NSMHS) (*see III.E. above*) for our Members.

1. Partnership provides inpatient hospitalization for Members with physical health conditions, including those who require hospitalization due to physical complications of an eating disorder and who do not meet criteria for psychiatric hospitalization. Partnership also provides or arranges for NSMHS for Members requiring these services.
2. Partnership covers and pays for emergency room professional services as described in Section 53855 of Title 22 of the California Code of Regulations. Emergency services include professional services

and facility charges claimed by emergency departments including, but not limited to the following: professional physical, mental, and substance use treatment services, including screening examinations necessary to determine the presence or absence of an emergency medical condition and, if an emergency medical condition exists, for all services that are medically necessary to stabilize the Member.

3. If a Member requires partial hospitalization or a residential eating disorder program, Partnership is responsible for the medically necessary physical health components of the treatment, including locating, arranging, and following up to ensure services were rendered. (The BHP is responsible for the medically necessary Specialty Mental Health Services (SMHS) components.)
4. Partnership provides case management to coordinate and ensure the provision of all medically necessary services, including out of network services if necessary.
5. Registered Dieticians (RDs) may bill Partnership for CPT codes 98970 thru 98972 for monitoring meal plan journals virtually between sessions when treating a Member who has been diagnosed with an eating disorder. No TAR is required when the Member has an eating disorder diagnosis code on record.

C. BHPs are responsible to provide and cover all medically necessary Specialty Mental Health Services (SMHS), *aka Serious and Persistent Mental Health Services*, for Medi-Cal Members in accordance with their contracts with the Department of Health Care Services (DHCS).
   1. If a Member requires partial hospitalization or a residential eating disorder program, the BHP is responsible for the medically necessary SMHS components, and Partnership is responsible for the medically necessary physical health components of the treatment.
   2. Partnership and each county BHP shall execute a Specialty Mental Health Services Memorandum of Understanding (MOU) to document the following:
      a. The division of financial responsibility. In the absence of a written agreement to share costs, Partnership will default to sharing costs equally with the BHP for residential level treatment for eating disorders pursuant to APL 22-003.
      b. A plan in the event that Partnership and the BHP cannot agree on how to divide financial responsibility. (*see policy MPBP8005 Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services*)
      c. Details about which plan will be responsible for establishing contracts detailing payment mechanisms with providers.
      d. A requirement that any medically necessary service requiring shared responsibility (such as partial hospitalization and residential treatment for eating disorders) requires coordinated case management and concurrent review by both Partnership and the BHP.
      e. Specification of procedures to ensure timely and complete exchange of information by both the BHP and Partnership for the purposes of medical and behavioral health care coordination to ensure the Member's medical record is complete and Partnership can meet its care coordination obligations. These procedures are either incorporated in the MOU or shared with the BHP as part of the related policies which further describe how the provisions on the MOU are carried out.

D. Partnership will not delay the case management and care coordination, as well as the coverage of, medically necessary services pending the resolution of a dispute. *(see policy MPBP8005 Dispute Resolution Between Partnership and BHPs in Delivery of Mental Health Services*)

E. Partnership Advantage Members
   1. Partnership Advantage Members in need of eating disorder treatment will be provided care coordination to ensure they have full access to all medically necessary services for the treatment of eating disorders to which they are entitled.
   2. Partnership is fully responsible for the following levels of care for eating disorders for Partnership Advantage Members:

a. acute and psychiatric inpatient treatment
b. partial hospitalization
c. intensive outpatient program services
d. outpatient services

3. Residential treatment for eating disorders is not a covered service under Medicare. Partnership Advantage Members in need of this level of care will be provided care coordination, and treatment services will be a shared responsibility with the Member's county BHP pursuant to the cost-sharing arrangement agreed to between Partnership and the respective BHP.
4. For Partnership Advantage Members who meet criteria for Specialty Mental Health Services (SMHS) and/or substance use disorder treatment services provided by a county BHP, Partnership will coordinate with BHP providers to ensure Members have access to, and are connected with, medically necessary services delivered by the BHP.

VII. REFERENCES:

A. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-003 Medi-Cal Managed Care Health Plan Responsibility to Provide Services to Members with Eating Disorders (03/17/2022)
B. DHCS APL 21-013 Dispute Resolution Process Between Mental Health Plans and Medi-Cal Managed Care Health Plans (10/04/2021)
C. DHCS APL 22-012 *Revised* Governor's Executive Order N-01-19 Regarding Transitioning Medi-Cal Pharmacy Benefits From Managed Care to Medi-Cal Rx (12/30/2022)
D. Welfare and Institutions Code (WIC) Section 14184.402 (b)-(d), (f), (i)(1)
E. Title 22 of the California Code of Regulations (CCR) Section 53855
F. DHCS APL 23-029 *Revised* Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third Party Entities (01/08/2025)
   1. Specialty Mental Health Services Memorandum of Understanding Template
G. Practice Guideline for the Treatment of Patients with Eating Disorders: Third Edition. https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/eatingdisorders.pdf
H. Alliance for Eating Disorders: Types of Eating Disorder Treatment. https://www.allianceforeatingdisorders.com/types-of-eating-disorder-treatment-levels-of-care/
I. Centers for Medicare & Medicaid Services (CMS) Medicare Coverage Database
   1. Article A57480 Billing and Coding: Psychiatry and Psychology Services
   2. Medicare National Coverage Determinations (NCD) Manual 100-03
J. State Medicare Advantage Contract, Exhibit A, Exclusively Aligned Enrollment D-SNP, currently in draft (2025).

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer; Behavioral Health Clinical Director

X. REVISION DATES:

MPBP8013:
06/11/25

PREVIOUSLY APPLIED TO:
MCUP3145 08/10/2022 – 06/11/2025