CHP Prior Authorization Guide for an ED Assessment with BLS Recovery Center

- **PCP must submit prior authorization via TTAP (per CHP)**

  Service Code 90791
  Eating Disorder (ED) Psych Diagnostic Evaluation with BLS Recovery Center
  Provider: Danielle Shelton
  NPI #1295292092

  C*HP requires a diagnostic code and supporting documentation for Eating Disorders - Included is our ED referral form that lists the various diagnostic codes for EDs. Please use the one you suspect yet if you are uncertain, put the general code (F50.). We submit our diagnosis to CHP after the assessment so it will be modified. We recommend sending CHP our ED referral form along with your referral.*

Please feel free to contact our Program Manager:
Kailee Neves at #850-765-6769 or kailee_neves@blscounseling.net with any questions or concerns. Fax # 850-270-6932

Contact Us:

Better Living Solutions Recovery Center

Phone: (850) 765-6769
Fax: (850) 270-6932

Email: info@blscounseling.net
Website: http://blscounseling.net

Address:
820 E Park Ave
Building I Suite 100
Tallahassee, FL 32301

Eating Disorder Referral Form

*To be completed by referring provider

Client Name

Date of Birth / Age

Parent / Guardian (If Adolescent)

Client / Guardian Phone #

Presenting Medical / Psychological Concerns ***(Please attach medical records for pre-authorization from insurance company if applicable):***

Recommendation for the Following Service(s) with BLS Eating Disorder Recovery Center:

Eating Disorder Diagnoses

- ☐ Anorexia Nervosa
  - ○ Unspecified - 307.1 (F50.00)
  - ○ Restricting Type - 307.1 (F50.01)
  - ○ Binge Eating/Purge - 307.1 (F50.00)
- ☐ Bulimia Nervosa - 307.51 (F50.2)
- ☐ Binge Eating Disorder - 307.51 (F50.81)
- ☐ Other Specified Feeding or Eating Disorder - 307.59 (F50.89)
- ☐ Avoidant Restrictive Food Intake Disorder (ARFID) - 307.59 (F50.89)
- ☐ Pica
  - ○ Adults - 307.52 (F50.89)
  - ○ Children - 307.1 (F98.3)
- ☐ Other_____

Eating Disorder Services / Level of Care Recommended

- ☐ **Evaluation / Program Assessment** *(Diagnostic Eval conducted by a licensed mental health clinician specializing in eating disorders; level of care recommendations will be provided to client and family)*
- ☐ **Outpatient Therapy** (Individual and/or Family Therapy 1-2 times per week or as needed)
- ☐ **Outpatient Medical Nutrition (**Individual and/or Family Dietary Counseling 1-2 times per week or as needed)
- ☐ **Intensive Outpatient Program** (3 hrs / 3-5 days per week; includes weekly individual therapy, dietary counseling, family therapy, group therapy, and 1 therapeutic meal support with monitoring per day; adult and adolescent programs available / all genders)
  - ○ 3 Days / Week ○ 5 Days / Week
- ☐ **Partial Hospitalization Program** (6 hrs per day / 5 days per week; includes individual and family therapy, dietary counseling, meal planning support/grocery shopping, family support groups, multiple group therapy sessions for client, and 3 therapeutic meal supports with monitoring per day; adult and adolescent programs available / all genders)

Current Eating Disorder Behaviors & Mental Health Concerns

- ☐ Restricting food intake
- ☐ Purging thru induced vomiting
- ☐ Purging thru overexercise
- ☐ Purging thru laxative abuse
- ☐ Binge / purge cycles
- ☐ Binge only behaviors
- ☐ Extreme weight loss / gain
- ☐ Restriction of fluid intake
- ☐ Excessive fluid Intake
- ☐ Misuse of prescription medications to suppress appetite
- ☐ Misuse of diet supplements
- ☐ Excessive caffeine use to restrict
- ☐ Extremely limited food variety
- ☐ Avoidance of a certain food groups (carbs, proteins, or fats)
- ☐ Hiding food to restrict
- ☐ Hoarding food to binge
- ☐ Resistance to weight gain though medically necessary
- ☐ Chewing / spitting (not swallowing food but tasting)
- ☐ Anxiety / panic attacks / fear associated with food
- ☐ Traumatic event associated with food
- ☐ Social avoidance centered around food related activities
- ☐ Argumentative / altered personality traits around food
- ☐ Negative body image / dissatisfaction with self
- ☐ Distorted view of actual self / body size
- ☐ Poor self worth / identity
- ☐ Patient unable to complete essential daily social, family, school, and/or work activities
- ☐ Inability to maintain a healthy weight and/or medical stability without the frequency and intensity of structured interventions
- ☐ Patient requires a structured program to manage acute eating disorder symptoms that are seriously interfering with treatment of a potentially life-threatening medical condition or psychiatric instability
- ☐ Client has history of suicidal, homicidal, and/or self harm thoughts

Additional Observations / Concerns:

Referring Provider: _____ Phone: _____

Contact Person: _____ Fax: _____

Provider Signature: _____ _____