

Eating Disorder Precertification Checklist Inpatient and Partial Hospitalization Programs

The following information is required along with the **Inpatient TRICARE Service Request/Notification** form when requesting eating disorder services. Please note all eating disorder treatments, to include treatment provided in an eating disorder program, must be rendered by a TRICARE-authorized provider. If you have questions regarding a particular program please contact Health Net Federal Services, LLC at **1-844-866-WEST (9378)**.

Medical documentation to be provided by your physician includes:

- A complete history and physical (to include height, weight, vital signs, body mass index)
- Electrocardiogram
- Laboratory studies:
 - Chemistry panel
 - Complete blood count
 - Electrolytes
 - Thyroid stimulating hormone and thyroid panel

Psychiatric evaluation and treatment documentation to be done by your psychiatrist:

- Include history of present illness, symptoms, prior and current history or condition and diagnosis.
- Psychosocial evaluation
 - Impact of eating disorder on life to include family, work, and other interpersonal relationships
 - History of drug/alcohol abuse or other impulsive behaviors
 - History of emotional, physical, or sexual abuse
 - Body image distortions
 - Food rituals and/or other obsessive compulsive behavior
- Treatment history
 - History of outpatient measures
 - Any intensive outpatient programs (partial hospitalization, multiple weekly visits)
 - History of family therapy sessions
 - Previous inpatient eating disorder programs or other psychiatric admissions
 - Medication management interventions
 - Reason for unsuccessful outpatient intensive measures

Attach this documentation to your online request or you can fax it with an **Inpatient TRICARE Service Request/Notification** form to **1-844-818-9289**. Incomplete information will result in a delay in processing. Once all information is received the request will be processed within five business days.

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L. 104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-WEST (9378) at once and destroy the documents and any copies you have made.

Authorizations and Referrals • PO Box 9108 • Virginia Beach, VA 23450-9108

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