

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Treatment of Gambling Disorder and Other Repetitive Behaviors
Policy Number	3.01.19
Category	Contract Clarification
Original Effective Date	02/22/18
Committee Approval Date	02/28/19, 06/25/20, 02/25/21
Current Effective Date	02/22/24
Archived Date	02/25/21
Archive Review Date	02/17/22, 02/16/23, 02/22/24
Product Disclaimer	<ul style="list-style-type: none"> Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

I. Gambling Disorder

The Health Plan utilizes the Level of Care Determination (LOCADTR) 3.0 tool, developed by the New York State (NYS) Office of Addiction Services and Supports (OASAS), to define and review all levels of care for gambling disorder that are addressed in LOCADTR.

II. Partial Hospital Programs (PHPs)

There is currently little research regarding the efficacy and appropriateness of PHP services for the treatment of gambling disorder. Therefore, at the current time, PHP is considered **investigational** for the treatment of gambling disorder occurring in the absence of another DSM-5-TR diagnosis.

Mental health PHP services will be considered for individuals for whom gambling disorder is comorbid with other psychiatric disorders. In addition, for individuals for whom gambling disorder is comorbid with a substance use disorder, PHP will be reviewed using the ASAM medical necessity criteria currently utilized for substance use disorders. In these cases, the significance of the gambling disorder diagnosis will be considered, as it contributes to the symptom burden and functional impairment in that individual (see Guidelines section).

III. Other Patterns of Repetitive or Excessive Behaviors

Based on our criteria and assessment of the peer-reviewed literature, treatment interventions to address behaviors of non-substance-based patterns of repetitive or excessive behaviors, other than gambling disorder, in the absence of another DSM-5-TR diagnosis, are considered **investigational**.

Refer to Corporate Medical Policy #3.01.18 Partial Hospitalization for Substance Use Disorders

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Refer to Corporate Medical Policy #11.01.03 Experimental or Investigational Services

POLICY GUIDELINES

- I. Coverage for all levels of care is subject to the terms of the member's subscriber contract.
- II. Gambling disorder nearly always involves some element of financial risk-taking. As a result, many individuals, especially those with severe symptoms, benefit from financial counseling and/or restriction from access to monies or valuables. This is frequently cited in treatment recommendations by various medical associations and government bodies and is similarly endorsed by the Health Plan as a prudent element of treatment for gambling disorder, regardless of level of care.
- III. Gambling disorder is often associated with other severe, comorbid mental health and/or substance use disorders. For members presenting with co-occurring disorders, the impact of gambling disorder symptoms on the individual's functioning will be considered in medical necessity decision-making and prior authorization for intensive levels of care.
- IV. As with any psychiatric disorder, any individual who is believed to be an immediate danger to self or others should be referred to an emergency room and considered for acute inpatient mental health treatment, regardless of diagnosis.

DESCRIPTION

Gambling disorder involves repeated, problem gambling behavior pattern, whereby a person has trouble controlling their gambling even when it causes significant problems (American Psychiatric Association, 2021).

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) diagnostic criteria for gambling disorder is described in the Substance-Related and Addictive Disorders chapter (APA, 2022). This reflects evidence that gambling behaviors activate reward systems like those activated by drugs of abuse and that produce some behavioral symptoms that appear comparable to those produced by the substance use disorder.

DSM-5-TR diagnostic criteria for gambling disorder includes:

- A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (4) (or more) of the following in a 12-month period:
 1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
 2. Is restless or irritable when attempting to cut down or stop gambling.
 3. Has made repeated, unsuccessful efforts to control, cut back, or stop gambling.
 4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping, or planning the next venture, thinking of ways to get money with which to gamble).
 5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
 6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
 7. Lies to conceal the extent of involvement with gambling.
 8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling, and/or
 9. Relies on others to provide money to relieve desperate financial situations caused by gambling.
- B. The gambling behavior is not better explained as a manic episode.

Other excessive behavioral patterns, such as internet gaming, have also been described, but the research on these and other behavioral syndromes is less clear. Thus, groups of repetitive behaviors, sometimes termed behavioral addictions (with subcategories such as "sex addiction," "exercise addiction," and "shopping addiction"), are not included in the DSM-5-TR because there is insufficient peer-reviewed evidence to establish the diagnostic criteria and course descriptions needed to identify these behaviors as mental disorders (APA, 2022).

These behavior patterns are not established as mental/behavioral health diagnoses at this time, there is minimal evidence from which to base appropriate or effective treatment recommendations and/or identify levels of care for individuals presenting with these behaviors. Given that, treatment interventions to address these behaviors, in the absence of another DSM-5-TR diagnosis, are considered investigational.

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RATIONALE

With the exception of gambling disorder, other non-substance-related patterns of repetitive or excessive behaviors are not currently defined as distinct diagnoses in the DSM-5-TR, and there are not currently accepted, evidenced-based treatments for these challenging behavior patterns. While these behaviors may be considered, inasmuch as they contribute to functional impairment in a given individual, treatments for problematic behavior patterns involving sex, pornography, internet or gaming, shopping, and exercise, among others, are currently considered experimental.

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

CPT Codes

Code	Description
	There are multiple codes that could be utilized

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HCPCS Codes

Code	Description
	There are multiple codes that could be utilized

ICD10 Codes

Code	Description
F63.0	Pathological gambling

REFERENCES

*American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC, American Psychiatric Association, 2022.

*American Psychiatric Association. What is gambling disorder? 2021 Aug. [<https://www.psychiatry.org/patients-families/gambling-disorder/what-is-gambling-disorder>] accessed 12/26/23.

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Massachusetts Department of Health. Treatment recommendations for Gambling Disorders.

[<https://www.mass.gov/service-details/treatment-recommendations-for-gambling-disorders>] accessed 12/26/23.

*New York Codes, Rules and Regulations (NYCRR). Title 14 Department of Mental Hygiene. Chapter XXI Office of Alcoholism and Substance Abuse Services. Part 857 Problem Gambling Treatment and Recovery Services.

[<https://oasas.ny.gov/system/files/documents/2019/05/Part857.pdf>] accessed 01/24/24.

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*New York State Office of Addiction Services and Supports. Level of care determination (LOCADTR). Modules: LOCADTR 3.0, Concurrent LOCADTR, or LOCADTR for Gambling Treatment. [<https://oasas.ny.gov/locadtr>] accessed 01/24/24.

Nilsson A, et al. Behavioral couples therapy vs. cognitive behavioral therapy for problem gambling: a randomized controlled trial. Addiction 2020 Jul;115(7):1330-1342.

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*Key Article

KEY WORDS

Gambling Disorder, Non-substance use addictions.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) (L33632) for psychiatry and psychological services. Please refer to the following LCD website for Medicare Members: [<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33632&ver=82&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7CCAL%7CNCD%7CMEDCAC%7CTA%7CMCD&ArticleType=SAD&PolicyType=Both&s=41&KeyWord=psychology&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAAAAA&=>] accessed 01/24/24.