MEDICAL POLICY

Medical Policy Title	Treatment of Gambling Disorder and Other Repetitive Behaviors
Policy Number	3.01.19
Current Effective Date	February 20, 2025
Next Review Date	February 2026

Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to Product Disclaimer)

POLICY STATEMENT(S)

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):

   A. Mental health PHP services will be reviewed for individuals for whom gambling disorder is comorbid with other psychiatric disorders. When gambling disorder is comorbid with a substance use disorder, PHP will be reviewed using the American Society of Addiction Medicine (ASAM) medical necessity criteria currently utilized for substance use disorders (see Policy Guidelines section).

   B. PHP is considered investigational for the treatment of gambling disorder occurring in the absence of another Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) diagnosis.

III. Other Patterns of Repetitive or Excessive Behaviors

   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**.

RELATED POLICIES

Corporate Medical Policy

3.01.18 Partial Hospitalization for Substance Use Disorders

11.01.03 Experimental or Investigational Services

POLICY GUIDELINE(S)

I. Coverage for all levels of care is subject to the terms of the member's subscriber contract.

II. 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.

III. Financial issues are often a primary concern when someone seeks help. Gambling disorder often involves some element of financial risk-taking. Financial counseling and treatment planning are supported components of the treatment process and address financial issues (e.g., skills around money management skills, limiting access to money/credit, dealing with creditors). The Health Plan endorses addressing financial planning as a prudent element of treatment for gambling disorder, regardless of level of care.

IV. Given the hidden nature of gambling disorder, many people suffer an elevated risk of suicidal thoughts and attempts. 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). The DSM-5-TR reflects evidence that gambling behaviors activate reward systems like those activated by drugs of abuse and produces some behavioral symptoms that appear comparable to those produced by a substance use disorder.

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

- 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:
  - Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
  - Is restless or irritable when attempting to cut down or stop gambling.
  - Has made repeated, unsuccessful efforts to control, cut back, or stop gambling.
  - 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).
  - Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
  - After losing money gambling, often returns another day to get even ("chasing" one's losses).
  - Lies to conceal the extent of involvement with gambling.

- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling, and/or

- Relies on others to provide money to relieve desperate financial situations caused by gambling.

- The gambling behavior is not better explained as a manic episode.

Other repetitive 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. There is insufficient peer-reviewed evidence to establish the diagnostic criteria and course descriptions needed to identify these behaviors as mental disorders (APA, 2022).

SUPPORTIVE LITERATURE

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. Individuals with problem gambling or gambling disorder respond well to evidenced-based cognitive behavioral therapy (CBT) that focuses specifically on cognitions that fuel gambling behavior. In addition, treatment can involve building on skills to manage personal and environmental triggers (e.g., an advertisement or a memory). There is insufficient published literature to support efficacy of partial hospital program for the treatment of gambling disorder in the absence of a comorbid psychiatric diagnosis.

A Cochrane review on psychological therapies for pathological and problem gambling reviewed 14 studies (n=1245) to assess the efficacy of therapies and durability of therapy effects (Cowlishaw 2012). The authors concluded that evidence supports the efficacy of cognitive behavioral training (CBT) in reducing gambling behavior and other symptoms of pathological and problem gambling immediately following therapy; however, the durability of therapeutic gain is unknown. Preliminary evidence supports some benefits from motivational interviewing therapy in terms of reduced gambling behavior, although not necessarily other symptoms of pathological and problem gambling. There was also evidence suggestive of some possible benefit from integrative therapies, and other psychological therapies for pathological and problem gambling; however, there are too few studies, and evidence is insufficient to evaluate these therapies.

A Cochrane review on motivational interviewing (MI) for substance use reduction reviewed 93 studies (n=22,776) to assess the effectiveness of motivational interviewing for substance use on the extent of substance use, readiness to change, and retention in treatment (Schwender 2023). The authors concluded that MI may reduce substance use compared with no intervention up to a short follow-up period. The authors reported that MI may reduce substance use slightly compared with assessment and feedback over medium- and long-term periods. MI may make little to no difference to substance use compared to treatment as usual and another active intervention. It is unclear if MI has an effect on readiness to change and retention in treatment.

PROFESSIONAL GUIDELINE(S)

Not Applicable

REGULATORY STATUS

In June 2024, New York State (NYS) Office of Additional Services and Supports (OASAS) issued a resource document to support OASAS certified treatment providers to provide problem gambling treatment services as both an individual and co-occurring disorder. NYS supports promoting person centered care as an important component in providing any type of treatment services. It is important to develop clinical interventions which are based on a comprehensive person-centered assessment and treatment plan that may include but not limited to a spectrum of care including self-help, psycho-education, individual, couples and family therapy, medication assisted treatment and relapse prevention.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
Multiple codes	

Copyright © 2025 American Medical Association, Chicago, IL

HCPCS Codes

Code	Description
Multiple codes	

ICD10 Codes

Code	Description
F63.0	Pathological gambling
Z72.6	Gambling and Betting

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 [Internet]. What is gambling disorder? 2024 May [accessed 2024 Jan 07]. Available from: https://www.psychiatry.org/patients-families/gambling-disorder/what-is-gambling-disorder

American Society of Addition Medicine. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. Fourth Edition, Volume 1 - Adults. 2023. Hazelden Publishing.

Cardullo S, et al. Clinical improvements in comorbid gambling/cocaine use disorder (GD/CUD) patients undergoing repetitive transcranial magnetic stimulation (rTMS). J Clin Med. 2019 May 30;8(6).

Cowlishaw S, et al. Psychological therapies for pathological and problem gambling. Cochrane Database Syst Rev. 2012 Nov 14;11:CD008937.

Kristensen JH, et al. Suicidality among individuals with gambling problems: a meta-analytic literature review. Psychol Bull. 2024 Jan;150(1):82-106. PMID: 38095933.

New York Codes, Rules and Regulations (NYCRR) [Internet]. Title 14 Department of Mental Hygiene. Chapter XXI Office of Alcoholism and Substance Abuse Services. Part 857 Problem Gambling Treatment and Recovery Services [accessed 2024 Dec 24]. Available from: https://oasas.ny.gov/system/files/documents/2019/05/Part857.pdf

New York State Office of Addiction Services and Supports [Internet]. Level of care determination (LOCADTR). Modules: LOCADTR 3.0, Concurrent LOCADTR, or LOCADTR for Gambling Treatment [accessed 2025 Jan 7]. Available from: https://oasas.ny.gov/locadtr

New York State Office of Addiction Services and Supports [Internet]. Problem gambling clinical resources. Implementing problem gambling services; 2024 Jan [accessed 2025 Jan 7]. Available from: https://oasas.ny.gov/providers/problem-gambling-treatment

New York State Office of Addiction Services and Supports [Internet]. Problem gambling treatment [accessed 2025 Jan 7]. Available from: https://oasas.ny.gov/treatment/problem-gambling

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.

Schwenker R, et al. Motivational interviewing for substance use reduction. Cochrane Database Syst Rev. 2023 Dec;12:CD008063

Zucchella C, et al. Non-invasive brain stimulation for gambling disorder: A systematic review. Front Neurosci. 2020 Aug 18;14:729.

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Psychiatry and Psychological Services (LCD L33632) [accessed 2025 Jan 27]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.

- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, 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 HISTORY/REVISION
Committee Approval Dates
02/28/19, 06/25/20, 02/25/21, 02/17/22, 02/16/23, 02/22/24, 02/20/25

Date	Summary of Changes
02/20/25	- Annual review, policy intent unchanged.
01/01/25	- Summary of changes tracking implemented.
02/22/18	- Original effective date