

MEDICAL POLICY

**SUBJECT: TREATMENT OF GAMBLING DISORDER
AND OTHER REPETITIVE BEHAVIORS**

EFFECTIVE DATE: 02/22/18

POLICY NUMBER: 3.01.19

CATEGORY: Behavioral Health

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- *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 product, covers a specific service, medical policy criteria apply to the benefit.*
- *If a Medicare 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.*

POLICY STATEMENT:

Based on our criteria and assessment of the peer-reviewed literature:

I. Outpatient treatments for Gambling Disorder are as follows:

- Outpatient therapy** for Gambling Disorder in the form of brief interventions, office-based individual treatment, motivational enhancement therapy, and family therapy are supported in the applicable clinical literature and considered **medically appropriate**. Prior authorization for these services is not required.
- Group Therapy:** Certain types of group therapy treatment (notably CBT, mindfulness training, and self-help support groups) for Gambling Disorder may be useful as adjuncts to other professional therapy services. Group therapy for Gambling Disorder is considered **medically appropriate** and approvable by the health plan when this therapy meets medical necessity criteria for group therapy treatment as per corporate medical policy 3.01.08. As noted in that policy, group therapy treatment must be time-limited, administered by a state licensed therapist, must have clearly defined admission and discharge criteria, and must clearly delineate the group treatment goals.
- Medication-assisted treatment:** Currently, there is no specific FDA-approved pharmacotherapy for the treatment of Gambling Disorder. There are randomized clinical trials (though some involved a small number of patients) that have shown favorable outcomes for escitalopram, lithium, valproate, topiramate, paroxetine, and naltrexone.
- Intensive Outpatient Treatment:** IOP treatment in the community will be considered **medically appropriate** for individuals with Gambling Disorder when that treatment is provided by a state-licensed provider (OMH, OASAS or equivalent), and when the individual's symptom severity is such that the condition is significantly impairing the individual's level of function. Functional impairment will be defined as a significant deterioration from baseline in two or more areas including: family functioning and relationships, work/school functioning (probation, suspension, expulsion, written warnings, or demotion at school or work), and social/peer functioning/relationships. (Note: while financial problems and legal repercussions are very common among individuals with Gambling Disorders, financial and/or legal concerns alone are not considered an indicator of severity of illness in the absence of functional impairment as defined above).

- ### **II. Partial Hospital Programs, Inpatient Rehabilitation and Residential Levels of Care:**
- There is currently little research regarding the efficacy and appropriateness of high-intensity treatments such as php, inpatient rehabilitation, and residential services for the treatment of Gambling Disorder. Therefore, at the current time, these levels of care are considered **investigational** for the treatment of Gambling Disorder occurring in the absence of another DSM-5 diagnosis. Inpatient mental health and 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, residential, and or inpatient rehabilitation levels of care will be reviewed using the medical necessity criteria currently utilized for substance use disorders. {Currently NYS LOCADTR-3.0 Criteria (for inpatient rehabilitation and for residential levels of care) and ASAM criteria (for PHP loc)}. In these cases, the significance of the Gambling Disorder diagnosis will be considered since it contributes to the symptom burden and functional impairment in that individual (see Guidelines section) .

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III. Treatment interventions to address other behaviors of non-substance-based patterns of repetitive or excessive behaviors (other than Gambling Disorder) in the absence of another DSM-5 diagnoses are considered **investigational**.

POLICY GUIDELINES:

- I. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.
- 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 D/O 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 him or herself or others should be referred to an emergency room and considered for acute inpatient mental health treatment, regardless of diagnosis.
- V. Coverage for all levels of care is subject to the terms of the member contract.

DESCRIPTION:

The Diagnostic and Statistical Manual of Mental Disorders; Fifth Ed. (DSM-5) was published in 2013, replacing the prior fourth edition version of the same name (DSM-IV). Notable changes to the newest DSM involved a re-conceptualization of addictive disorders, moving away from the terms “abuse and dependence,” to a classification of addictive disorders in terms of their severity levels (from mild → severe). A new/re-characterized diagnosis, “Gambling Disorder” was added to the Substance-Related and Addictive Disorders’ section of the DSM-5, (and the diagnosis pathological gambling, previously within the impulse control disorders, was removed). This change was in response to evidence suggesting that gambling behaviors activate reward systems similar to those activated by drugs of abuse and may produce some behaviors similar to those seen in substance use disorders¹.

Gambling Disorder is defined in the DSM – 5 as: “A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (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. 9. Relies on others to provide money to relieve desperate financial situations caused by gambling. B. The gambling behavior is not better explained by a manic episode.”

While Gambling Disorder has thus been defined and characterized within the DSM-5, other non-substance-based patterns of repetitive or excessive behaviors (often referred to colloquially as “addictions”) were NOT included as an addition to the DSM-5. Examples of these repetitive behaviors include internet or gaming “addiction”, “exercise addiction,” “sex addiction,” “pornography addiction,” and “shopping addiction.” While these behavior patterns have been described in a limited way by researchers and have received considerable attention by the media, authors of the DSM-5 concluded that “ there is currently “insufficient peer reviewed evidence to establish the diagnostic criteria and

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course descriptions needed to identify these behaviors as mental disorders.^{1b} Furthermore, because these behavior patterns are not established as mental 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 diagnoses are considered investigational.

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, and there are no 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, exercise, and others are currently considered experimental.

CODES: Number Description

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: There are multiple codes that could be utilized

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REVENUE: There are multiple codes that could be utilized

ICD9: 312.31 Pathological gambling

ICD10: F63.0 Pathological gambling

REFERENCES:

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (5th ed.). 2013. Arlington, VA: American Psychiatric Publishing.

Lee KM, et al. Ministry of Health clinical practice guidelines: management of Gambling Disorders. Singapore Med J. 2011 Jun;52(6):456-458.

Massachusetts Department of Health. Treatment recommendations for Gambling Disorders. 2017. [<https://www.mass.gov/service-details/treatment-recommendations-for-gambling-disorders>]. Accessed 11/17.

* key article

KEY WORDS:

Gambling Disorder, Non-substance use addictions

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CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Psychiatry and Psychological Services. Please refer to the following LCD website for Medicare Members:

[https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ContrId=298&ver=31&ContrVer=1&CtrctrSelected=298*1&Ctrctr=298&name=National+Government+Services%2c+Inc.+\(13201%2c+A+and+B+and+HHH+MAC%2c+J+-+K\)&s=All&DocType=Active&bc=AggAAAQAAAAAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33632&ContrId=298&ver=31&ContrVer=1&CtrctrSelected=298*1&Ctrctr=298&name=National+Government+Services%2c+Inc.+(13201%2c+A+and+B+and+HHH+MAC%2c+J+-+K)&s=All&DocType=Active&bc=AggAAAQAAAAAAAA%3d%3d&)