MEDICAL POLICY

Excellus
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Medical Policy Title	**Treatment of Gambling Disorder and Other Repetitive Behaviors**
Policy Number	**3.01.19**
Current Effective Date	**February 19, 2026**
Next Review Date	**February 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service. (Link to Product Disclaimer)

POLICY STATEMENT(S)

Gambling Disorder:

I. The Health Plan utilizes the Level of Care Determination (LOCADTR) tool for Gambling (LOCADTR-G), 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.

Partial Hospital Programs (PHPs) (also referred to as high-intensity outpatient [HIOP]):

II. Mental health PHP services will be reviewed for individuals for whom gambling disorder is comorbid with other psychiatric disorders (refer to Policy Guidelines).

III. 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.

Other Patterns of Repetitive or Excessive Behaviors

IV. 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. LOCADTR 3.0 and LOCADTR-G do not address PHP for treatment of SUD when rendered outside of New York State. Therefore, 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. Refer to the Related Policies section above.

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. 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.

V. 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 is characterized by a persistent pattern of problematic gambling behavior in which individuals struggle to control their gambling despite significant negative consequences (American Psychiatric Association [APA] 2021).

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) classifies gambling disorder within the Substance-Related and Addictive Disorders chapter, reflecting evidence that gambling activates reward pathways similar to those involved in substance use and produces comparable behavioral symptoms (APA 2022).

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.

As a result, groups of behaviors sometimes described as "behavioral addictions," including sex, exercise, and shopping addictions, are not included as formal diagnoses in the DSM-5-TR due to insufficient peer-reviewed evidence to define diagnostic criteria or illness trajectories (APA 2022).

While other repetitive behavioral patterns such as internet gaming have been described, the research supporting these and similar behavioral syndromes remains less well established. Due to insufficient peer-reviewed evidence, several repetitive behavior patterns (e.g., compulsive sexual behavior disorder [CsexBD], compulsive buying-shopping disorder [CBuy-ShopD, and problematic use of social media [PUSM]) have been referred to in the literature as behavioral addictions but are not included as distinct disorders in the DSM-5-TR (APA 2022). Although these behaviors lack formal diagnostic status, validated screening instruments are available (Brand 2025):

- Gambling disorder: South Oaks Gambling Screen (SOGS), Problem Gambling Severity Index (PGSI)
- Internet gaming disorder: No consensus on a single diagnostic tool
- CSexBD: Compulsive Sexual Behavior Disorder Scale (CSBD-19)
- CBuy-ShopD: Bergen Shopping Addiction Scale
- PUSM: No standardized assessment criteria, contributing to variability in prevalence estimates.

SUPPORTIVE LITERATURE

With the exception of gambling disorder, other non-substance-related patterns of repetitive or excessive behaviors are not currently recognized as distinct diagnoses in the DSM-5-TR. Individuals with problem gambling or gambling disorder respond well to evidenced-based cognitive behavioral therapy (CBT), which focuses specifically on cognitions that fuel gambling behavior. Treatment may also include skill-building to manage personal and environmental triggers (e.g., an advertisement or a memory). CBT has the strongest empirical support and is considered the gold standard first-line treatment. There is insufficient published evidence to support the effectiveness of partial hospitalization programs (PHPs) for a gambling disorder in the absence of a comorbid psychiatric condition.

A 2012 Cochrane review examining psychological therapies for pathological and problem gambling synthesized 14 studies (n=1,245) evaluating treatment efficacy and durability (Cowlishaw 2012). The review found that CBT effectively reduced gambling behaviors and symptoms immediately following

treatment; however, the durability of these gains over time remains uncertain. Preliminary evidence suggested some benefit of motivational interviewing (MI) for reducing gambling behavior, though effects on other gambling-related symptoms were not consistently demonstrated. Evidence for integrative therapies and other psychological interventions was limited due to the small number of studies, leaving their effectiveness unclear.

A 2023 Cochrane review of MI for substance use reduction reviewed 93 studies (n=22,776) to assess the effectiveness of motivational interviewing for reducing substance use analyzed 93 studies (n=22,776) to evaluate MI's impact on substance use behavior, readiness to change, and treatment retention (Schwender 2023). MI was associated with reductions in substance use compared with no intervention at short-term follow-up. Compared with assessment and feedback, MI demonstrated small reductions in substance use in the medium- and long-term. When compared to treatment as usual or other active interventions, MI produced little to no difference in substance use outcomes. Its effect on readiness to change and treatment retention remains unclear.

Brand et al (2025) conducted a narrative review summarizing current knowledge on behavioral addictions, focusing on five conditions of increasing clinical and public health relevance: gambling disorder, internet gaming disorder, compulsive sexual behavior disorder (CSexBD), compulsive buying–shopping disorder (CBuy ShopD), and problematic use of social media (PUSM). These conditions involve excessive engagement in non-substance behaviors despite harm, yet remain underrecognized and undertreated.

The review emphasizes that behavioral addictions share core neurobiological, psychological, and clinical mechanisms with substance use disorders, underscoring the need for increased clinical awareness. Their frequent co-occurrence with depression, anxiety, and ADHD means that missed diagnoses may hinder treatment outcomes. Assessment remains challenging due to high psychiatric comorbidity and the absence of universally accepted diagnostic criteria for several conditions. CBT is the most empirically supported treatment, especially in group formats. Mindfulness-based approaches show promise for targeting craving and impulsivity, though more validation is needed. Internet-based therapies improve access but lack robust long-term outcome data. The authors conclude that future research should refine diagnostic frameworks, standardize assessment tools, and clarify neurobiological mechanisms. Longitudinal studies are essential for understanding addiction trajectories, and treatment research should prioritize individualized, risk-informed interventions.

PROFESSIONAL GUIDELINE(S)

Not Applicable

REGULATORY STATUS

In June 2024, the New York State (NYS) Office of Addiction Services and Supports (OASAS) released a guidance document to support OASAS-certified treatment providers in delivering problem gambling services, both as a primary condition and as a co-occurring disorder. The guidance underscores person-centered care, beginning with brief screening and a comprehensive, culturally relevant assessment that addresses suicide risk (using the Columbia-Suicide Severity Rating Scale [C-SSRS] and Suicide Safer Care protocols), co-occurring mental health/substance concerns, and financial

harms. Recommended treatment models emphasize Cognitive-Motivational Behavioral Therapy (CMBT)/CBT with problem-solving, social-skills training, and relapse-prevention strategies; involvement of families/significant others (including Community Reinforcement and Family Training [CRAFT]. When aligned with client goals, harm-reduction approaches may also be incorporated.

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	

HCPCS Codes

Code	Description
Multiple Codes	

ICD10 Codes

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

REFERENCES

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SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Psychiatry and Psychological Services (LCD L33632) [accessed 2026 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, 02/19/26	
Date	**Summary of Changes**
02/19/26	• Annual review, policy intent unchanged.
08/19/25	• Off-cycle edit, policy intent unchanged. Clarified the use, and the rationale for use, of LOCADTR-G for gambling.
02/20/25	• Annual review, policy intent unchanged.
01/01/25	• Summary of changes tracking implemented.
02/22/18	• Original effective date