



## Medicaid Reimbursement for Gambling Disorder Treatment Provided Certified Programs Fact Sheet

### **A. NOTIFICATIONS OF MEDICAID FOR GAMBLING ONLY**

- 1. Medicaid FFS and MAMC reimbursement for Gambling Only Effective January 1, 2023**
  - **Effective January 1, 2023**, New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) Plans will begin covering Gambling Disorder treatment provided **to individuals admitted for and receiving gambling only services** from those Office of Addiction Services and Supports (OASAS) certified outpatient, inpatient and Part 820 stabilization and or rehabilitation programs [that are have the OASAS Gambling Designation](#).
- 2. September 2022 = General Announcement Via the Medicaid Update**
  - **Summary Announcement was included in the September 2022 publication of the New York State Medicaid Update Publication.**  
[https://www.health.ny.gov/health\\_care/medicaid/program/update/2022/no10\\_2022-09.htm](https://www.health.ny.gov/health_care/medicaid/program/update/2022/no10_2022-09.htm)
  - The New York State Medicaid Update is released Monthly by the New York State Department of Health. To sign up for the *Medicaid Update* LISTSERV, please email the request to: [medicaidupdate@health.ny.gov](mailto:medicaidupdate@health.ny.gov).
- 3. October 2022 = Managed Care Plans notified via New York State Department of Health Office of Health Insurance Programs**
  - Plans received the MMC plan 60-day notification, member handbook update language , and the 30-day member notice for Gambling Disorder Treatment services.
  - Plans responsible for providing and coordinating these Gambling Disorder Treatment services and will be required to enhance networks and update policies, procedures, and plan benefit materials accordingly. MMC plans will be required to complete readiness activities prior to January 1, 2023.

**B. OASAS Program Gambling Designation = Required to admit, provide services and bill for gambling ONLY individuals and services**

1. **To admit and bill for Gambling only, OASAS Gambling Designation is required for an OASAS Certified Title 14 NYCRR Part 822 Outpatient, Part 818 Inpatient (including ATCS) and Part 820 Stabilization and / or Rehabilitation programs**
  - The OASAS Gambling designation is to identify a program as able to admit / provide / bill “gambling only” services.
  - To bill Medicaid FFS or Managed care for a gambling only service the OASAS Certified Part 822 Outpatient, Part 818 inpatient (including ATC) and Part 820 (stabilization / rehabilitation) program must have the gambling designation.
2. **However, All OASAS programs can provide gambling treatment secondary to SUD.**
  - OASAS programs are not required to have the Gambling designation to admit / provide services/ submit claims for individuals whose gambling is secondary to their SUD.

**C. Claim Submission and Reimbursement: Part 818 inpatient; Part 820 stabilization/ rehabilitation and Part 822 utilize the current respective coding ( rate / procedure codes) and reimbursement amount**

1. **OASAS Part 818 Inpatient (including ATCS): If Gambling Disorder Treatment is provided in the inpatient or residential setting (Part 818) are the provider payment rates inclusive of the Gambling Treatment Services**
  - For negotiated rates programs and plans are at liberty to negotiate a new fee.
2. **OASAS Part 820 (Stabilization and Rehabilitation): If Gambling Disorder Treatment is provided in the Part 820 residential setting is there an additional fee or separate coding for the Part 820 treatment per diem**
  - No. [Plans are required to reimburse Part 820 programs at the government established rate.](#) Programs utilize the applicable Part 820 stabilization or rehabilitation rate and HCPCS code and receive the applicable government rate.
3. **OASAS Part 822 Outpatient Programs: utilize the Prevailing APG rate / cpt codes identified in the OASAS APG Manual and are reimbursed per the APG pricing structure.**
  - a. Utilize the Prevailing APG rate / cpt codes identified in the OASAS APG Manual
  - b. The **OASAS Medicaid APG Clinical and Billing Manual** contains the rate codes and procedure codes for covered Problem Gambling services. These are the same as the Outpatient SUD Program where the gambling services are being provided

**4. For Outpatient programs is there a list of specific services that are covered under Gambling Disorder Treatment?**

- Problem Gambling can utilize all the same services as the Outpatient SUD Program where the gambling services are being provided. These can be found in the OASAS Medicaid APG Clinical and Billing Manual.

**5. If the client is receiving both outpatient SUD services and gambling services at the same clinic, can we bill for all services?**

- Yes, and the prevailing APG rules regarding apply for all claims including daily service limitations and discount rules apply to all submitted claims.

**D. Diagnosis: Coding etc.**

**1. What on a Part 822 outpatient, Part 818 inpatient or Part 820 residential per diem TX claim would denote 'Problem Gambling?**

- Problem Gambling or Problem Gambling related primary diagnosis. See **Implementing Problem Gambling Services**.

**2. What Diagnosis Code will be utilized for a Gambling Only service ?**

- F63.0 (Pathological Gambling.)

**3. If a client has a dual diagnosis (substance and gambling) can we bill for their services?**

- Yes.

**4. In all programs (outpatient / inpatient / Part 820 residential) If a client has both SUD and gambling but does not want to focus on any SUD goals, do we have to make the gambling services non billable?**

- No.

**5. What diagnosis qualifies an individual who does not have a substance use disorder for payment for services delivered by designated program under MMC and FFS MC when the gambling LOCADTR points to Outpatient or Intensive Outpatient?**

- The Part 857 Problem Gambling Treatment and Recovery Services regulation allows for provisions to admit without a full Gambling Disorder diagnosis as outlined in the Diagnostic Statistical Manual -V (DSM V). People who meet the full DSM-V criteria for a gambling disorder should be diagnosed with /F63.0. This should be on the first position of the claim. If they do not meet the criteria for gambling disorder and the focus of treatment is for difficulty experienced due to gambling, the diagnosis should be a mental health diagnosis that reflects the distress with Z72.6, Gambling and Betting, in the second or subsequence place on the claim

## **E. Managed Care Credentialing and Claiming**

### **1. Are the Gambling Disorder Providers Designated providers? Is there a special credentialing process that the Gambling Disorder Providers need to go through with MCO's?**

- For the delivery of service for GAMBLING only services Plans will contract with OASAS Gambling Designation Part 822 Outpatient, Part 818 inpatient (including ATCS) and Part 820 stabilization and / or rehabilitation programs. Plans will accept the OASAS operating certificate for the credentialing

### **2. Will Plans have to separately identify those providers of Gambling Disorder Treatment in their provider directories?**

- To ensure that enrollees have the most comprehensive understanding of plan providers and services offered, plans are strongly encouraged to identify providers of gambling disorder treatment in provider directories.
- Identifying the contracted network providers that provide gambling disorder treatment will further support members understanding of their benefit as articulated in updated member notices and handbooks

### **3. Claims Testing: Providers must proactively reach out to their contracted Plans to begin conversations around steps for testing**

- Providers and plans are encouraged to do test claiming. Testing your systems is a helpful step in the process of readiness for the transition to managed care reimbursement.
- Providers must proactively reach out to their contracted Plans to begin conversations around steps for testing Programs and should test claims for submission of a gambling only service claims.
- A list of the Plans with their direct billing department contact information may be found at <https://www.ctacny.org/tools/>

## **F. LOCADTR**

### **1. Should plans and programs Utilize the Gambling 2019 LOCADTR Tool, or will there be additional guidance provided by the State that speaks otherwise?**

- Plans and Programs should utilize the **Gambling LOCADTR** to determine need for admission and treatment.

## **G. Utilization Review**

1. **Does the limitation on conducting concurrent reviews during the first four weeks or 28 days of treatment apply to Gambling Disorder Treatment?**
  - Yes
2. **If a member has a primary gambling diagnosis, would the LOCADTR-gambling be utilized? With that, would the Chapter 57 Laws of 2019 apply?**
  - yes
3. **If a member has a primary SUD diagnosis and secondary gambling diagnosis, would current UM practices be followed using the LOCADTR and notification of admission process (if applicable) under Chapter 57 of the Laws of 2019?**
  - yes

## **H. Other**

1. **Are CASAC-Gs working in a non-gambling designated program able to treat a person with gambling disorder and be reimbursed?**
  - In an OASAS Certified Part 822 Program without the gambling designation, a CASAC-G working within their Scope of Practice and with appropriate supervision can provide problem gambling services and be reimbursed IF the person has a primary SUD diagnosis, and problem gambling is included in the person's plan of treatment.
2. **What are the age parameters for the treatment of gambling disorders?**
  - There are no age limitations for treatment of Problem Gambling. However, staff providing services should be appropriately trained to treat the age of the person receiving the treatment.

## **I. Other = Questions / Concerns and Online resources**

### **1. Questions and Concerns :**

- a. **OASAS Programs may direct general questions to OASAS at:**

[PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov)

- b. **Plan Concerns / Complaints may be directed jointly to BOTH OASAS and the NYS Department of health via the two email addresses below**

[PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov) AND  
[NYSDOH.BCS.Behavioral.Health.Complaints@health.ny.gov](mailto:NYSDOH.BCS.Behavioral.Health.Complaints@health.ny.gov)