



# Gambling

Optum Maryland Provider Training

**Participant Guide**



# Key Learning Points



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# Gambling Overview

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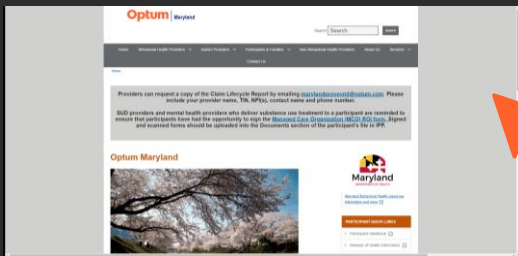
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Claims Submission with Incedo Tutorial Video

# Gambling Resources

## Optum Maryland Website

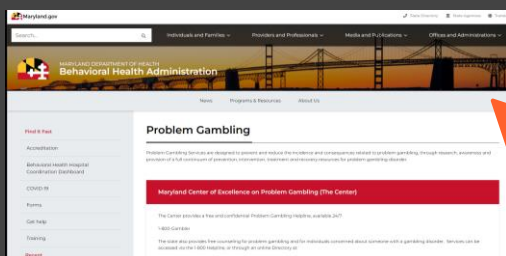
The Optum Maryland website houses resources for Gambling such as Fee Schedules, Provider Alerts, and ICD-10 documents.



*Click on the image for the website*

## Maryland.gov Website

The Maryland Department of Health, Behavioral Health Administration website that houses resources for Problem Gambling.



*Click on the image for the website*

## Center of Excellence

The Maryland Center of Excellence on Problem Gambling provides gambling related training and clinical consultation at no cost.

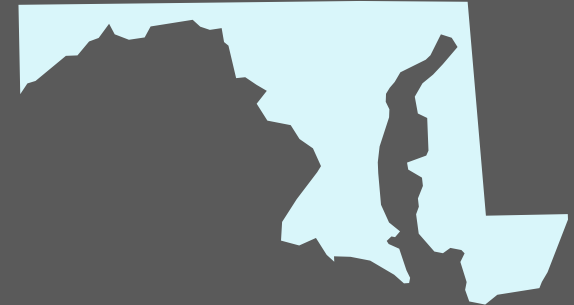


*Click on the image for the website*

# Gambling Overview

The State of Maryland provides comprehensive therapeutic problem gambling treatment services that include assessment, outpatient, intensive outpatient, and residential treatment services for those individuals and significant others in need of problem gambling services.

- These services will be provided by eligible substance use disorder and mental health treatment providers.
- Services not reimbursed by Medicaid will be reimbursed with State Problem Gambling Special Funds.



# Gambling Overview

**Maryland Medicaid Providers**  
can provide gambling services.

## **Medicaid (MA) Providers**

Community-based Medicaid Providers are automatically able to participate in gambling services.

- Providers already enrolled in Maryland Medicaid and registered with Optum are eligible to provide Problem Gambling services. Those who are not already enrolled may enroll using the normal enrollment process.
- Once enrolled, the provider may also complete the Provider Referral registration form <https://is.gd/DGProviderReferral> in order to be included in the Provider Referral Directory posted on the Center's website and used for referrals from the 1-800-GAMBLER Helpline.

# Gambling Overview

**Non-Medicaid Providers** that wish to provide gambling services need to register with the Maryland Center of Excellence on Problem Gambling.

## **Non-Medicaid (MA) Providers**

- Providers need to be enrolled in the problem gambling program but should not enroll with Medicaid if they are only seeking reimbursement for gambling services and do not wish to provide any other Medicaid reimbursed services.
- Non-Medicaid providers must apply through the Maryland Center of Excellence on Problem Gambling's (COE) website at <https://www.mdproblemgambling.com/provider-referral-network/>

# Gambling Overview

**Non-Medicaid Providers** that wish to provide gambling services need to register with the Maryland Center of Excellence on Problem Gambling.

## **Non-Medicaid Providers**

1. Following a review of the application information by Center clinical staff, a confirmation notice of enrollment will be sent to the provider.
2. The Center will notify Optum that the Provider's application has been approved.
3. Optum will then send the Provider login instructions for Incedo access
4. Once these two steps are completed and approval has been provided from the COE and Optum, and the provider verifies the consumer's eligibility, the provider will be able to submit authorizations and start receiving reimbursement for services.
5. Once approved, the provider may also click on the following link <https://www.mdproblemgambling.com/provider-referral-network/> to complete the registration form in order to be included in the Provider Referral Directory. This is listed on the Center's websites (main and help-seeker) and used for referrals from the 1-800-GAMBLER Helpline.



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# Eligibility Requirements

- Services are available to all Maryland residents, regardless of insurance coverage. This means participants may be Medicaid eligible, Medicaid ineligible, uninsured or privately insured in the state of Maryland.
- Participants get 1 year of eligibility (from start date of registration).



# Eligibility Requirements

- If the participant does not exist in Incedo they need to be added in the portal.
- The concerned other is also eligible to receive counseling services but must be registered/added just like the participant in treatment.
- The concerned other is also eligible to receive counseling services.
- The concerned other can access treatment on their own even if the person with a gambling disorder does not.

The screenshot shows the 'Add Member' form in the Incedo portal. The form is titled 'Add Member' and has a yellow header bar with 'Save' and 'Cancel' buttons. The form is divided into several sections: 'Member Identification', 'Member Profile Note', 'Status', and 'Address Details'. The 'Member Identification' section includes fields for ID (0), Salutation (--- Select One ---), Last Name (\*), First Name (\*), Middle, Gender (\*), Birth Date (\*), SSN, Language 1, Language 2, Race, Ethnicity, External ID, and Additional Number. The 'Member Profile Note' section has a text area. The 'Status' section shows 'Status - Active (Standard)' with a 'Change Status' link. The 'Address Details' section includes 'Date From' (04/10/2023), 'Date To', and checkboxes for 'Verified Address', 'Mail Undeliverable', and 'Mail Declined'.

## Gambling Funding Rules

**Scenario 1:** If MH Medicaid provider is seeing a Medicaid individual for gambling, F630, select a non-gambling MH auth plan like MH OP or OMHC. The auth insurance will = Medicaid, and funding will be Medicaid.

**Scenario 2:** If MH Medicaid provider is seeing a Medicaid individual for DX Z726 & Z719, select Gambling auth plan. The Provider must request a gambling insurance line, and the authorization insurance will be gambling, and the funding will be gambling.

**Scenario 3:** if MH Medicaid Provider is seeing a non-Medicaid individual F630, Z726, Z719 select gambling auth plan. The Provider must request a gambling insurance line, and the authorization insurance will be gambling, and the funding will be gambling.

## Gambling Funding Rules

**Scenario 4:** If SUD Medicaid Provider is seeing anyone, any F630, Z726, Z719 , select gambling auth plan. The Provider must request a gambling insurance line, and the authorization insurance will be gambling, and the funding will be gambling.

**Scenario 5:** Provider type: GA (non Medicaid) should only be able to select gambling auth plan. The Provider must request a gambling insurance line, and the authorization insurance will be gambling, and the funding will be gambling.

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# Participant Registration Process

- Everybody must register participants for gambling services except for individuals in this instance:

*Scenario: If MH Medicaid provider is seeing a Medicaid individual for gambling, F63.0, select a non-gambling MH auth plan like MH, OP, or OMHC. The auth insurance will be Medicaid, and funding will be Medicaid.*



# Uninsured Participant Guide



## Uninsured Eligibility Requests

Optum Maryland Provider Training and Education

Training Participant Guide

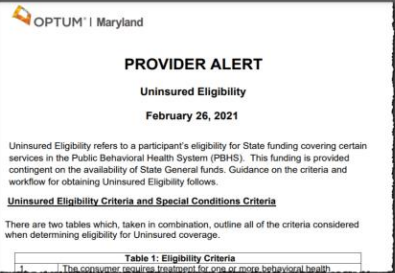


Click on the image for the Participant Guide

## Uninsured Eligibility Criteria

The **Uninsured Eligibility Criteria, Special Conditions Criteria, and Uninsured Time Spans** can be found on the Optum Maryland website under **Provider Alerts**.

Click the document image below to access the *Criteria Policy*.



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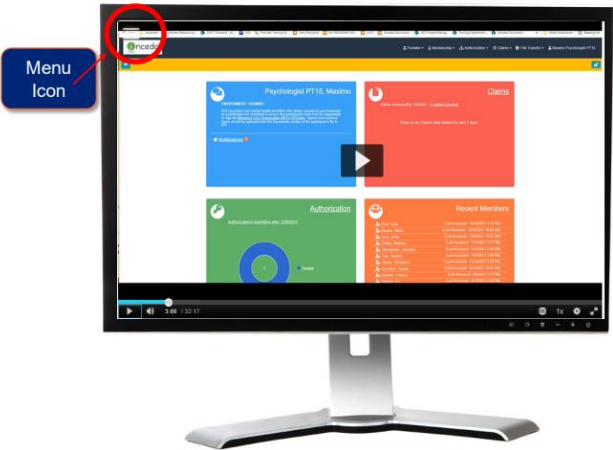
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## Uninsured Request Video Tutorial

A [video tutorial](#) demonstrating Uninsured Eligibility requests using the Uninsured Eligibility and Exception form can be found on the Provider Training and Education Homepage.

Click the image below to access the *video tutorial*.



Click the **Menu Icon** in the video player to scan directly to the following chapters:

- Uninsured Criteria
- Adding a New Participant
- Uninsured Application Form
- Uninsured Forms for Existing Participants
- Uninsured Exception Form
- Time Spans and Subsequent Requests

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# Uninsured Eligibility Application Form

**Uninsured Eligibility Application**

Prior to completing this form, review the new provider portal titled "how to submit an uninsured request", located on Maryland Optum Care. The portal explains the requirements for eligibility, the eligibility time periods, as well as when an exception request form must be filed. If requesting uninsured coverage for an individual who is in supported employment, residential crisis, respite or MDRN services, please indicate so in the space provided at the bottom of the form. These services will not require an exception to be filed.

Is this a request for an extension of an existing uninsured eligibility span? --  
☐ Yes ☐ No

Is this a request for Gambling? --  
☐ Yes ☐ No

Uninsured Eligibility Start Date:

**Eligibility Requirements**

1. Participant requires treatment for behavioral health diagnosis(es) covered by the Public Behavioral Health System (PBHS) --  
☐ NO ☐ YES

2. Participant meets the financial criteria (under 200% of the Federal Poverty Level) and is not covered by Medicaid or other insurance --  
☐ NO ☐ YES

The service provider is responsible for collecting and maintaining documentation from the consumer that validates the consumer's financial need. This may include documentation of an application and outcome for benefits, pay stubs, other income, etc. to document the participant meets the financial criteria.

2.1 Participant is under the age of 19 --  
☐ NO ☐ YES

2.2 Participant has been released from prison, jail or Department of Corrections facility within the last three months --  
☐ NO ☐ YES

2.3 Participant is pregnant --  
☐ NO ☐ YES

2.4 Participant is an intravenous (IV) drug user --  
☐ NO ☐ YES

2.5 Participant is receiving medication to treat an opioid use disorder --  
☐ NO ☐ YES

2.6 Participant was discharged from a Maryland-based medically monitored residential treatment facility within the last 30 days (American Society of Addiction Medicine Level 3.7) --  
☐ NO ☐ YES

2.7 Participant is requesting services required by HG 8-507 order or referred by drug or probate court --  
☐ NO ☐ YES

2.8 Participant is receiving services as required by an order of conditional release --  
☐ NO ☐ YES

2.9 Requested Service is one of the following --

3. Participant has a verifiable social security number --  
☐ NO ☐ YES

4. Participant is a Maryland resident --  
☐ NO ☐ YES

5. Participant has applied to Medicaid, the Exchange, SSI or SSDI, if the individual has an illness/disability for a period of 12 months or more (or is expected to have and illness/disability for a period of 12 months or more) --  
☐ NO ☐ YES

6. Participant meets US citizenship requirements --  
☐ NO ☐ YES

7. Participant is currently receiving SSDI --  
☐ NO ☐ YES

8. Participant is homeless within the state of Maryland --  
☐ NO ☐ YES

9. Participant is a veteran --  
☐ NO ☐ YES

Please enter any additional information, if this eligibility request is related to Supported Employment, Residential Crisis, Respite or MDRN services --

FOR OPTUM CARE USE ONLY

Has the participant already had an approved uninsured request for services within the last 12 months? --  
☐ NO ☐ YES

When completing the Uninsured Eligibility Application form, enter Gambling in the space provided to indicate the request is for a gambling treatment participant.

Please enter any additional information, if this eligibility request is related to Supported Employment, Residential Crisis, Respite or MDRN services.

Gambling

If an exception form pops up after you have saved the uninsured eligibility application, decline it.



Are you sure ?

An additional form is recommended for you to complete based on a previous response. Please click continue to proceed.

Continue

Decline

# Uninsured Eligibility Span



Insurers											
ID	Alert	Insurer	COB	Rank	Policy Number	Date From	Date To	Status	Plan	Group	Modified On
28794032		Unfunded		Unspecified		1/1/2020	12/31/9999	Claims Not Payable	Unfunded		2/24/2023 4:44 AM
28788614		Uninsured		Unspecified	U3487286	2/23/2023	2/23/2024	Active	Gambling		2/24/2023 8:38 AM

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# Authorization Process

Authorization requests for initial and continued stay gambling services are requested through Optum's Incedo platform. (for both gambler and concerned other)



Authorizations are completed by the provider through submission of up-to-date clinical information in the Incedo Provider Portal for participants eligible for the gambling program and allowable covered diagnoses down below.

- **F63.0 Pathological Gambling**
- **Z72.6 Gambling and Betting – Problems related to Lifestyle**
- **Z71.9 Counseling unspecified**

# Authorization Process

- Participants will be automatically authorized for outpatient services.
- Participants who require IOP or residential services ASAM Level 3.1, ASAM Level 3.3, or ASAM Level 3.5 must have a primary diagnosis of F63.0 Pathological Gambling.
- Providers requesting gambling IOP or gambling ASAM Level 3.1, ASAM Level 3.3, or ASAM Level 3.5 services are expected to initiate discharge planning at the beginning of service delivery. These providers are also required to submit the discharge plan with each authorization request.

# Authorization Process

- If the level of care is medically necessary, services will be authorized.
  - Concurrent authorization must be submitted with supporting clinical information on the first uncovered day.
- 
- If an Optum Clinical Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to an Optum Physician Advisor for review.
  - If the services requested do not meet medical necessity criteria and are non-authorized, the determination of the non-authorized case will be communicated both via Incedo Provider Portal and telephonically to the provider.

# Authorization Process

- On Tab 2 of the Authorization Process is where you can find and fill out the form Gambling Services Request.
- The form can be viewed under the Membership tab, under Forms in the category named Gambling.

**Gambling Services Request v2**

**Provider Information**

Provider Contact Name: \*  Provider Contact Phone #: \*  Provider Contact Phone Ext:  Provider Contact Email: \*

Participant Email:  Participant Phone #:  Participant Phone Ext:

Is the participant an adult or a juvenile? \*\*  
☐ Adult ☐ Juvenile

Is this a telephonic request? (INTERNAL OPTUM USE ONLY) \*\*  
☐ Yes ☒ No

**Clinical Information**

Request Type: \*\*  
☐ Initial ☐ Concurrent

Level of Care Requested: \*\*  
☐ MH/SUD Outpatient ☐ MH-IOP ☐ MH-Crisis Sessions ☐ SUD-IOP Initial ☐ SUD-IOP Concurrent ☐ SUD-ASAM Level 3.1- Halfway House ☐ SUD-ASAM Level 3.3- Medium Intensity ☐ SUD-ASAM Level 3.5- High Intensity

What current, uncontrolled symptoms, risks or impairment require treatment under the requested LOC? \*

**Diagnosis**

Primary Diagnosis Code: \*\*  
☐ F63.0 Pathological Gambling ☐ Z72.6 Gambling/Betting-Problems Related to Lifestyle ☐ Z71.9 Counseling, unspecified

Additional Diagnosis? \*\*  
☐ Yes ☐ No

Medical Diagnosis Code:

Medical Diagnosis Description:

# Authorization Process

- While doing the authorization and filling out the form, you must identify the participant as the Gambler or the concerned other.

**Gambling Disorder & Treatment History**

Date of Review: \* 03/02/2021 First Contact Date: \* \_\_\_/\_\_\_/\_\_\_ Source of Referral: \* --SelectOne--

Participant is: \*

--SelectOne--

Concerned about someone with a gambling disorder

A person with a gambling disorder



# Authorization Plans for Concerned Others

Name	Duration	Care Modality	Default Units	Max Units
Gambling-Concerned Other-Crisis	180	90839-Crisis Psychotherapy 60 Minutes	3	3
Gambling-Concerned Other-Crisis	180	90840-Psychotherapy for crisis--additional 30 min	3	3
Gambling-Concerned Other-Discharge	180	GAMDC-Gambling Discharge	1	1
Gambling-Concerned Other-Outpatient	180	90832-Individual Psychotherapy (30 Minutes)	75	75
Gambling-Concerned Other-Outpatient	180	90833-30 min Psychotherapy add on	75	75
Gambling-Concerned Other-Outpatient	180	90834-Individual Psychotherapy (45 Minutes)	75	75
Gambling-Concerned Other-Outpatient	180	90836-45 min Psychotherapy add on	75	75
Gambling-Concerned Other-Outpatient	180	90837-Individual Psychotherapy (60 Minutes)	75	75
Gambling-Concerned Other-Outpatient	180	90838-60 min Psychotherapy add on	75	75
Gambling-Concerned Other-Outpatient	180	90846-Family Psychotherapy without Patient Present	75	75
Gambling-Concerned Other-Outpatient	180	90847-Family Psychotherapy with Patient Present	75	75
Gambling-Concerned Other-Outpatient	180	90849-Multiple family group therapy 45 - 60 min	75	75
Gambling-Concerned Other-Outpatient	180	90853-Group psychother (not multi-fam) 45-60 min	75	75
Gambling-Concerned Other-Outpatient	180	90875-Individual psychotherapy w/ Biofeedback	75	75
Gambling-Concerned Other-Outpatient	180	90876-Individual Psychotherapy w/ biofeedback	75	75
Gambling-Concerned Other-Outpatient	180	H0001-Alcohol and Drug Assessment	300	300
Gambling-Concerned Other-Outpatient	180	H0004-Individual Outpatient Therapy	300	300
Gambling-Concerned Other-Outpatient	180	H0005-Group Outpatient Therapy	300	300
Gambling-Concerned Other-Outpatient	180	H2027-Family Psycho-education w/ Consumer Present	75	75

# Authorization Process – Discharging

To receive reimbursement for discharges, you must **submit an authorization** for discharge first.



Instructions for submitting a discharge can be found on the Provider Alert (11/24/21)

Choose your Authorization Plan:

--- Select One ---

--- Select One ---

Gambling-Concerned Other-Discharge (180)

Gambling-Concerned Other-Outpatient (180)

Gambling-Discharge (180)

Gambling-Outpatient (180)

Gambling-Residential ASAM 3.1 Concurrent (60)

Gambling-Residential ASAM 3.1 Initial (90)

Gambling-Residential ASAM 3.3 Concurrent (30)

Gambling-Residential ASAM 3.3 Initial (30)

Gambling-Residential ASAM 3.5 Concurrent (30)

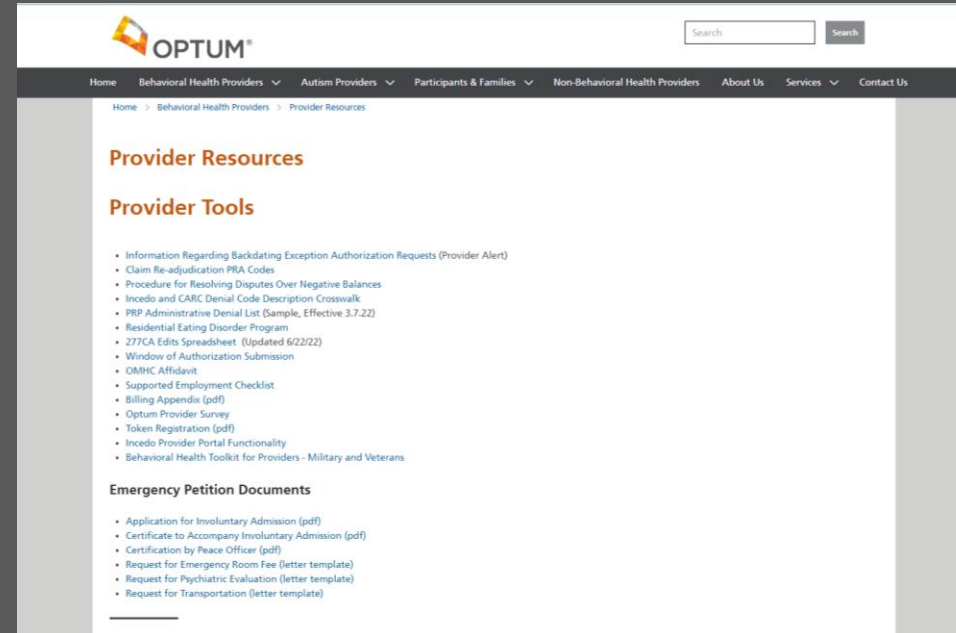
Gambling-Residential ASAM 3.5 Initial (30)

Gambling-SUD IOP Initial (60)

Gambling-SUD-IOP Concurrent (60)

# Authorization Process – Combination of Services

For a description of services which may be reimbursed on the same day, follow the combination of services rules per your appropriate Provider type. i.e. mental health or SUD provider.



# Authorization Videos in Incedo

Before doing an authorization make sure that the participant has proper eligibility.



**Click the play button to locate  
Authorization Tutorial Videos**



# Claims Submission

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# Claims Participant Guide



## Incedo Claim Submission

Optum Maryland Provider Training & Education

Participant Guide



Click on the image for the Participant Guide

## Tips for Claim Submission Success

Verify coverage is active

Verify services are authorized

Verify service is covered

HCPCS and CPT codes and fee schedules found on [Optum Maryland Web Site](#)

Use the SR authorization number on the claim

Rendering provider ID is ONLY required for these provider types:

- Mental Health Groups (PT 27)
- Physician Groups (PT 20)
- FQHC (PT 34)
- ABA (PT AB)



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## Claim Re-Submission

- The **ONLY** time a claim needs to be resubmitted as a corrected claim is if the claim was previously paid.
- To correct a denied claim, submit a new claim with changes reflected.
- Resubmitting without corrections or changes does not trigger reprocessing. These claims are denied as duplicates if previously paid.
- If a claim has been denied incorrectly, [contact the call center](#) and request a claim review. The Claims Team will review the original and, if appropriate, will reprocess.
- Pended claims do not require resubmission and are pended for further analysis by the claims team.

### Do Resubmit

- Corrected claims (original claim previously paid)
- Voided claims

### Do Not Resubmit

- Claims without corrections or changes
- Provider challenges a denied claim
- Pended Claims

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# Claims Process Tips

Fee Schedules can be found on the Optum Maryland website.

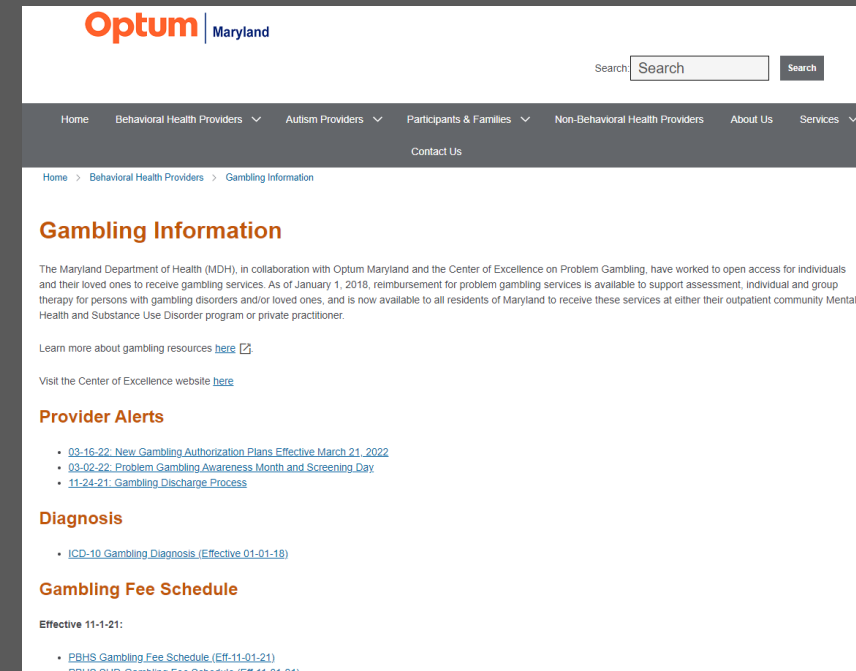
*Under the Behavioral Health Providers menu find the page named Gambling Information.*



Mental Health Fee Schedules



Substance Use Disorder Fee Schedules



# Claims Process Tips



Claims should be submitted on a CMS 1500 form



Providers should not submit claims unless the service has been authorized by Optum.



Each date of service must be submitted on a separate transaction line. Date spans will not be accepted.



If the participant does not have a covered diagnosis, claims will be denied.



# Claims Process Tips - Discharging

## Billing for Discharges

- For providers completing the gambling discharge, the billing code to use is "GAMDC" with a "GT" or "UB" modifier.
- Claims for unauthorized gambling services will be denied.

Procedure Code:

GAMDC

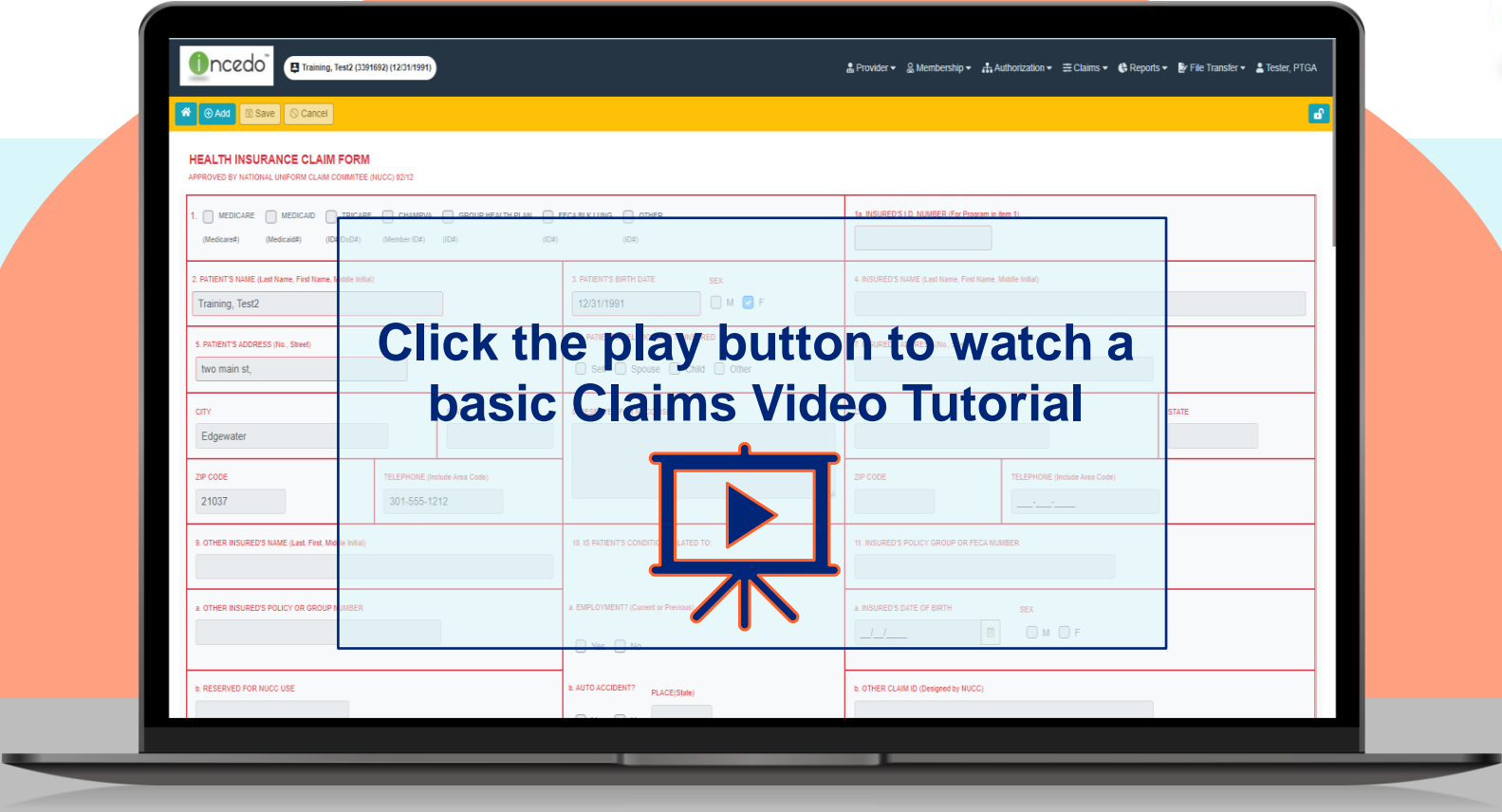
D. PROCEDURES, SERVICES, OR SUPPLIES

CPT/HCPCS	(Explain Unusual Circumstances)	MODIFIERS
GAMDC	GT	

or

GAMDC	UB	
-------	----	--

# Claims Video Tutorial



Click the play button to watch a  
basic Claims Video Tutorial

