

Spravato (Esketamine) For Mental Health Guide

08/01/2023

Purpose

The purpose of this guide is to establish policy on all forms of ketamine therapy for the treatment of mental health conditions. This applies to all providers, non-physician providers, and subcontractors who submit Ketalar (Ketamine) and Spravato (Esketamine) claims.

Background

- CMS currently considers ketamine (Ketalar) treatment to be off-label (experimental) and does not cover this service for treatment of mood disorders or treatment-resistant depression.
- The FDA and CMS recognize Spravato (Esketamine) treatment for treatmentresistant depression and major depressive disorder with acute suicidal ideation or behavior.
- Because of the risk of serious adverse outcomes resulting from sedation and dissociation caused by Spravato administration, and the potential for abuse and misuse of the drug, it is only available through a restricted distribution system, under a Risk Evaluation and Mitigation Strategy (REMS).
- Non-covered ketamine therapies for treatment of resistant depression and/or major depressive disorder, mood disorders or anxiety include (but are not limited to): intramuscular, intravenous, roche (lozenge).

Policy

Effective immediately:

- Ketalar (Ketamine) therapy by any mechanism for the treatment of TRD, MDD, and/or mood disorders will no longer be covered by CareOregon.
- Spravato (Esketamine) therapy for the treatment of TRD and MDD with suicide ideation or behavior will be covered when billed appropriately.
 - Medicaid (OHP/CCO's):
 - Spravato must be dispensed by a specialty pharmacy.
 - Coverage of Spravato is determined by OHA FFS (mental health drug "carveout"). Prior authorization through FFS is required.
 - Once Spravato is authorized and supplied by OHA FFS, CareOregon will allow coverage of the billed administration costs.

- Medicare (CareOregon Advantage)
 - CareOregon Advantage is responsible for both Spravato drug costs and administrative costs.
 - Spravato can be supplied as a Part B benefit (provider "buy and bill") or Part D benefit (pharmacy dispense). Both require prior authorization through COA.
 - Due to the risk of sedation and dissociation, patients must be monitored by a health care provider for at least **two hours** after receiving their Spravato dose.

Billing Examples for Spravato (Esketamine)

The Spravato drug itself can be coded with codes G2082 and G2083. This should only be included in the claim when the Spravato was purchased by the clinic and administered as an approved benefit under CareOregon Advantage Part B benefits.

The Spravato drug should not be billed if dispensed by a pharmacy either for Medicaid OHP claims under specialty pharmacy or under Medicare part D.

There is no administration code for nasal spray medication.

New Patient		Established Patient	
Total Duration of E/M Services (mins)	Code(s)	Total Duration of E/M Services (mins)	Code(s)
15-29	99202	10-19	99212
30-44	99203	20-29	99213
45-59	99204	30-39	99214
60-74	99205	40-54	99215
75-89	99205 and 99417		
	99205 and 99417	55-69	99215 and 99417
	(x2)	70-84	99215 and 99417
105-119	99205 and 99417 (x3)		(x2)
		85-99	99215 and 99417 (x3)

HCPCS Code	HCPCS Code Descriptor
G2082	Office or other outpatient visits for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care provider and provision of up to 56 mg of Esketamine nasal self-administration, includes 2 hours post- administration observation.
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care provider and provision of greater than 56mg of Esketamine nasal selfadministration, includes 2 hours postadministration observation.

Definitions

- Ketalar: Ketamine Hydrochloride
- Spravato: Esketamine
- MDD: Major Depressive Disorder
- TRD: Treatment Resistant Depression
- FDA definition of TRD: Patients with major depressive disorder who, despite trying at least two antidepressant treatments given at adequate doses for an adequate duration in the current episode, have not responded to treatment are considered to have treatment-resistant depression.
- REMS: Risk Evaluation and Mitigation Strategy
- FFS: Fee For Service
- CMS: Centers for Medicare and Medicaid Services

Regulations/Related

FDA approves new nasal spray medication for treatment-resistant depression; available only at a certified doctor's office or clinic | FDA https://www.fda.gov/news-events/press-announcements/fda-approves-new-nasal-spray-medication-treatment-resistant-depression-available-only-certified

<u>SPRAVATO®</u> Indications & Patient Stories | SPRAVATO® (esketamine) HCP https://www.spravatohcp.com/

Drug Approval Package: Spravato (fda.gov)

https://www.accessdata.fda.gov/drugsatfda_docs/nda/2019/2112430rig1s000TOC.cfm

These guidelines have been developed to accompany and complement the official conventions and instructions provided within the American Medical Association's Current Procedural Terminology (CPT) itself. Additions and deletions conform it to the most recent publications of CPT and HCPCS Level II and to changes in CareOregon and its affiliates coverage policy and payment status, and as such these guidelines are current as of 01/01/2023. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. CareOregon and its affiliates make no claim, promise or guarantee of any kind about the accuracy, completeness or adequacy of the content for a specific claim, situation or provider office application, and expressly disclaim liability for errors and omissions in such content. As CPT codes change annually, you should reference the current version of published coding guidelines and/or recommendations from nationally recognized coding organizations for the most detailed and up-to-date information.