

# Spravato (Esketamine) and Ketamine (Ketalar) for Mental Health Guide

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## Background

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.

- The FDA and CMS recognize Spravato (esketamine) treatment for treatment-resistant depression and major depressive disorder with acute suicidal ideation or behavior.
- Ketamine (Ketalar) is off-label when used to treat mood disorders or treatment-resistant depression. It is not expected to be routinely covered and generally should be a last resort treatment option.
- Due to 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, troche (lozenge), or other forms of compounded formulations.
- Intravenous ketamine may be considered for coverage through our exception process (“prior authorization”).

## Policy

Ketalar (Ketamine) therapy by any mechanism for the treatment of TRD, MDD, and/or mood disorders is not covered by CareOregon unless explicitly approved through a prior authorization.

- An FDA approved form of the IV formulation must be used.
- Prior authorization can be requested using our Injectable Medication Administered by Provider Authorization Form, which can be found on our Pharmacy Resources web page.
  - Requests will be scrutinized for medical necessity and appropriateness including past treatment histories and clinical records.
  - Priority for use of, at minimum, FDA approved Spravato will typically be required.
- Subsequent approvals will be billed thru a medical claim using the most appropriate drug HCPCS code and procedure codes.

Spravato (Esketamine) therapy for the treatment of TRD and MDD with suicide ideation or behavior will be covered when billed appropriately.

**Medicaid (OHP/CCOs):**

- 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 encounter should be billed with the appropriate evaluation and management service and prolonged service codes based on time. The Spravato drug should not be billed to the health plan if it was 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.

Encounter Duration for New Patient	New Patient Office Visit Code	Encounter Duration for Established Patient	Established Patient Office Visit Code
45-59 minutes	99204	40-54 minutes	99215
60-74 minutes	99205	55-69 minutes	99215 + 99415 x1 unit
75-89 minutes	99205 + 99415 x1 unit	70-84 minutes	99215 + 99415 x2 units
90-104 minutes	99205 + 99415 x2 units	85-99 minutes	99215 + 99415 x3 units
105-119 minutes	99205 + 99415 x3 units	100-114 minutes	99215 + 99415 x4 units
120-134 minutes	99205 + 99415 x4 units	115-129 minutes	99215 + 99415 x5 units

If the Spravato was purchased by the clinic and administered as an approved benefit under CareOregon Advantage Part B benefits, the encounter should be coded with G2082 and G2083. These codes include the expense associated with the Spravato drug itself along with the office visit and observation time.

HCPSC Code	HCPSC Code Description
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 self- administration, includes 2 hours post-administration observation.

## References

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>

SPRAVATO® Indications & Patient Stories | SPRAVATO® (esketamine) HCP

<https://www.spravatohcp.com/>

Drug Approval Package: Spravato (fda.gov)

[https://www.accessdata.fda.gov/drugsatfda\\_docs/nda/2019/211243Orig1s000TOC.cfm](https://www.accessdata.fda.gov/drugsatfda_docs/nda/2019/211243Orig1s000TOC.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.

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