## Select Health

#### CODING/REIMBURSEMENT POLICY

# SPRAVATO (ESKETAMINE) FOR TREATMENT RESISTANT DEPRESSION

Policy # 91

Implementation Date: 1/1/21

Review Dates:

Revision Dates: 2/13/25, 4/15/25

#### Disclaimer:

1. Policies are subject to change without notice.

2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

#### **Description**

Spravato is a drug-device combination, consisting of esketamine for intranasal administration, intended for the treatment of treatment resistant depression (TRD). Spravato is the s-isomer of racemic ketamine, an FDA-approved general anesthetic agent. Spravato has been designated as a Schedule III controlled substance and may be subject to abuse and diversion. Due to an increased risk of adverse side effects (sedation, dissociation, fainting, respiratory depression, hypertension, etc.) an individual must be supervised by a healthcare provider while the medicine is being administered and for at least two (2) hours following medication administration.

## COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health Commercial covers Spravato when billed directly through Pharmacy with appropriate preauthorization. The observation for Spravato should be billed separately under professional services using applicable evaluation and management service codes. Spravato benefits depend on pharmacy coverage.

- RxSelect Covered in all states
- RxCore Not covered in all states

### **Esketamine Administration:**

- Use HCPCS S0013 to bill for the drug itself
- E&M codes should be billed with the drug

### **SELECT HEALTH MEDICARE (CMS)**

Select Health Medicare will follow CMS guidelines for reimbursement of Spravato.

Covered in all states

#### **Esketamine Administration:**

- When billing for the administration of esketamine, use HCPCS codes G2082 and G2083.
  These codes include the drug administration and post-administration monitoring, rather than billing for the medication itself.
- E&M codes should not be used in conjunction with HCPCS codes G2082 or G2083

## SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care does not cover Spravato (esketamine).

**Applicable Codes** 

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Codes	Descriptions
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded
99415	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)
99416	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)
G2082	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 professional 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

	professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post administration observation
G2212	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215, 99483 for office or other outpatient evaluation and management services.) (Do not report G2212 on the same date of service as codes 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes)
S0013	Esketamine, nasal spray, 1 mg

#### Sources

- 1. "Esketamine for the Treatment of Treatment-Resistant Depression. Effectiveness and Value." ICER, 2019. Accessed 11/6/2024. Available at: https://icer.org/wp-content/uploads/2020/10/ICER TRD Final Evidence Report 062019.pdf
- 2. FDA Approves New Nasal Spray Medication for Treatment-Resistant Depression; Available Only at a Certified Doctor's Office or Clinic. Retrieved November 6, 2024, from

https://www.fda.gov/news-events/press-announcements/fda-approves-new-nasal-spray-medication-treatment-resistant-depression-available-only-certified

2. LCDA A59249 - Billing and Coding: Eskatamine. Original effective date 11/14/22, revision effective date 9/19/24.

https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59249

- 3. ICD-10-CM Coding Guidelines (2021, January 1) Retrieved Nov 11, 2024, from Optum EncoderPro.com Professional HCPCS Code Detail S0013
- 4. Spravato (esketamine) nasal spray, CIII prescribing information. Janssen Pharmaceuticals, Inc.; Titusville, NJ. Updated Oct 2023.Available at https://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/SPRAVATO-pi.pdf 5. Spravato Purchasing and Billing Information. Retrieved January 13, 2025, from https://ereferrals.bcbsm.com/docs/common/common-spravato-purchasing-billing.pdf

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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