

	Esketamine (Spravato)	
	Policy Number: POL-PP-243	Original Creation Date: 08/01/2023
	Version Number: Version	Version Effective Date: 08/01/2023
	Policy Status: Active	Next Review Date: 08/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Esketamine is sold under the brand name SPRAVATO and is indicated for adults with treatment-resistant depression.

SPRAVATO is a nasal spray that is self-administered by patients under the direct observation of a healthcare provider. Documentation must include the name and professional title of who performed the administration/monitoring of Spravato and the name of the physician present providing direct supervision.

Reporting the administration of this drug is based upon whether the drug is purchased for self-administration by the professional provider or if the drug has been supplied and reported by a pharmacy.

Policy**Professional provider purchased and administered**

For professional providers that supply the drug, supervise administration, and provide the required observation of SPRAVATO, one of the packaged services codes G2082 and G2083 should be used. These codes include administration, the drug, and billing of the post-administration observations.

When SPRAVATO is supplied by an outpatient hospital and administered in an outpatient hospital, the facility should bill G2082 or G2083 (based on the dosage given) with revenue center code 919, the drug should not be billed separately. There should not be a separate professional claim submitted as codes G2082 and G2083 describe both the drug and the professional service.

Pharmacy supplies and professional provider administered

When SPRAVATO is supplied by a pharmacy and submitted on a separate claim, the drug should be billed with HCPC's code J0031 Esketamine, nasal spray, 1mg. If the provider administering SPRAVATO did not purchase the drug, then the provider should not report the supply of the drug on their claim.

Post-administration observation

The post-observation period after SPRAVATO administration is a minimum of 2 hours followed by an assessment to determine when the patient is considered clinically stable and ready to leave the healthcare setting.

When the provider does not bill a packaged service code (listed above), the professional provider may report an Evaluation and Management (E/M) service including the appropriate prolonged service code for time spent.

CPT codes 99417 should only be billed when reported with CPT codes 99205 and 99215. Medical records must support code selection.

Documentation

Documentation must include specifics of the previous depression treatment resistance. This includes tried therapies and interventions. A list of antidepressants with an inadequate response is acceptable. Documentation of "treatment resistant depression" alone does not fulfill this requirement. SPRAVATO is a prescription medicine used along with an antidepressant taken by mouth to treat:

- adults with treatment-resistant depression (TRD)
- depressive symptoms in adults with major depressive disorder (MDD) with suicidal thoughts or actions

Documentation Requirements

Documentation must include the oral antidepressant medication taken in conjunction with SPRAVATO administration.

Documentation must include the oral antidepressant medication taken in conjunction with SPRAVATO administration.

SPRAVATO is available only through a restricted program called the SPRAVATO REMS because of the risks of serious adverse outcomes from sedation, dissociation, and abuse and misuse. Pharmacies must be certified in the Risk Evaluation and Mitigation Strategy (REMS) and must only dispense SPRAVATO to healthcare settings that are certified in the program. Patients treated in outpatient settings (e.g., medical offices and clinics) must be enrolled in the program.

Documentation must contain the name of the pharmacy that provided the drug to ensure they are REMS certified.

Coding

Procedure Code	Description
99202-99205	Office or other outpatient visit for the evaluation and management of a new patient
99212-99215	Office or other outpatient visit for the evaluation and management of an established patient
99417 (Commercial)	Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes
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 healthcare 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 healthcare professional and provision of greater than 56 mg of Esketamine nasal self-administration, includes 2 hours post-administration observation.
Revenue Code	Description
919	Behavioral Health Treatments/Services - Other

References and Resources

Blue KC Medical Policy 5.01.702

Spravato Manufacturer

Related Documents

Blue KC Medical Policy 5.01.702 Spravato (Esketamine)

Revision History		
Version	Date	Summary of Revisions
001	08/01/2023	Initial version
002	08/01/2024	Annual review, no changes, or updates were made
003	08/01/2025	Annual review, Removed prolonged Care for Medicare
004	1/1/2026	Update, S1003 deleted 1/1/2026, new code for Esketamine, nasal spray, 1 mg, J0013