CODING/REIMBURSEMENT POLICY

SPRAVATO (ESKETAMINE) FOR TREATMENT RESISTANT DEPRESSION

Policy # 91
Implementation Date: 1/1/21
Revision Dates:

Description
Spravato is a drug-device combination, consisting of esketamine for intranasal administration, intended for the treatment of treatment resistant depression. Spravato is the s-enantiomer of ketamine, an FDA-approved general anesthetic agent. Spravato is a more potent anesthetic than ketamine but has a more rapid metabolism. Spravato has been designated a Schedule III controlled substance and may be subject to abuse and diversion.

Commercial Plan Policy
SelectHealth 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.

SelectHealth Advantage (Medicare/CMS)
SelectHealth Advantage will follow CMS guidelines for reimbursement of Spravato.

SelectHealth Community Care (Medicaid)
SelectHealth Community Care does not cover Spravato (esketamine).

Applicable Codes

<table>
<thead>
<tr>
<th>Codes</th>
<th>Descriptions</th>
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<tbody>
<tr>
<td>G2082</td>
<td>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</td>
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<tr>
<td>G2083</td>
<td>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</td>
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<tr>
<td>S0013</td>
<td>Esketamine, nasal spray, 1 mg</td>
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</tbody>
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Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the “Policy” section for more information.
Sources


Disclaimer
This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

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.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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