



## MEDICAID REIMBURSEMENT POLICY

### Spravato® (esketamine)

Active

**Section:** General Coding  
**Policy Number:** 082  
**Effective Date:** 08/05/24

#### Description

This policy addresses coding and reimbursement for Spravato® (esketamine) on a professional (837P) or outpatient facility (837I) claim.

#### Definitions

**Esketamine:** a medication used for adults with treatment-resistant depression.

#### Policy Statement

In alignment with the Centers for Medicare and Medicaid Services (CMS), when Spravato® is supplied by a professional provider, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) expects the use of HCPCS codes G2082 or G2083 for the drug, the administration, and the required observation.

In addition, if Spravato® is supplied and administered in the outpatient hospital setting, Blue Cross expects the use of HCPCS codes G2082 or G2083. These codes include the drug and related professional services.

When a pharmacy supplies Spravato®, the pharmacy should submit the drug on a separate claim using HCPCS code S0013 or J3490. Refer to *Medicaid Reimbursement Policy General Coding – 005 Unlisted Codes*. Blue Cross will reimburse the professional provider for administering the drug and observing the patient. Use the appropriate E&M and prolonged service codes as necessary.

#### Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

#### Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

#### The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider



Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

### Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

**CPT/HCPCS Modifier:** N/A  
**ICD-10 Diagnosis:** N/A  
**ICD-10 Procedure:** N/A  
**CPT/HCPCS:** 99202 99203 99204 99205 99212 99213 99214  
 99215 99417  
 G2082 G2083 G2212  
 S0013  
**Revenue Codes:** N/A

### Resources

Janssen Pharmaceuticals, Inc. ( <a href="http://www.spravatohcp.com">www.spravatohcp.com</a> )
Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)

### Policy History

05/28/2024	Initial Committee Approval
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