



**TO: Pharmacy Providers, Physicians, Nurse Practitioners, Physician Assistants and Hospitals**  
**RE: Spravato® Coverage Guidelines**

Effective January 1, 2021 the Department of Social Services (DSS) is implementing a Prior Authorization (PA) requirement for the coverage of esketamine nasal spray, marketed as Spravato®, for HUSKY A, HUSKY B, HUSKY C, and HUSKY D members.

The U.S. Food and Drug Administration (FDA) approved Spravato® (esketamine) nasal spray, in conjunction with an oral antidepressant, for the treatment of depression in adults who have tried other antidepressant medicines but have not benefited from them (treatment-resistant depression) and acute suicidal ideation.

Because of 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). Details and additional information regarding the Spravato® REMS can be found at <https://www.spravatorems.com/>.

The Spravato® Coverage Guideline document is available on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site under Pharmacy Information → Pharmacy Program Publications → Spravato® Coverage Guidelines.

The guidelines can also be found on the Connecticut Behavioral Health Partnership (CT BHP) Web site at: [www.ctbhp.com](http://www.ctbhp.com) web page under For Providers → Provider Resources → Level of Care Guidelines.

Please note that Spravato® will be authorized for a period of no more than six (6) months and requires re-authorization after the initial PA ends.

### **Pharmacy Prior Authorization Submission Process**

PA requests for coverage of Spravato® must be submitted by the prescriber using the Spravato® PA form located on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page, go to Pharmacy Information → Pharmacy Program Publications → Spravato® PA Form (Pharmacy).

When the clinical criteria are not met, a letter of medical necessity must be faxed to CT BHP at 1-866-434-7681 with all relevant information relating to the medical necessity.

### **Outpatient Hospital and Physician Prior Authorization Submission Process**

Effective for dates of service January 1, 2021 and forward, outpatient providers buying and billing for Spravato® must utilize a separate PA process identified below. Outpatient hospital providers must fax a completed Spravato® PA Request Form along with the required documentation to CT BHP at 1-866-434-7681.

The Spravato® PA Request Form for outpatient hospitals is available on CT BHP Web site at: [www.ctbhp.com](http://www.ctbhp.com) web page under For Providers → Provider Resources → Forms.

For questions regarding the PA process for outpatient hospitals, please contact CT BHP at 1-877-552-8247 or at [CTBHP@BeaconHealthOptions.com](mailto:CTBHP@BeaconHealthOptions.com).

### **Billing Guidance – If you Purchase, Administer and Bill for Spravato®**

#### **Outpatient Hospitals**

Two dose-specific procedure codes (G2082 and G2083) for the provision of the drug and the professional services associated with Spravato® therapy have been added to the CMAP Addendum B. The following table describes the

G codes. Selection of the appropriate code is dose dependent.

HCPCS Code	Description
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 <b>up to 56 mg of esketamine</b> 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 <b>greater than 56 mg of esketamine</b> nasal self-administration, includes 2 hours post-administration observation.

Since procedure codes G2082 and G2083 describe both the drug and the professional services, when the drug is administered in the outpatient hospital setting there cannot be a separate professional claim submitted. The reimbursement rates for the G-codes on CMAP Addendum B is an all-inclusive rate. Outpatient hospitals should bill Spravato® in conjunction with Revenue Center Code (RCC) 919.

**Physicians Office**

Effective for dates of service 1/1/2021, when separately reported, Spravato® should be billed with the permanent code S0013 – Esketamine, nasal spray, 1 mg.

For dates of service prior to 1/1/2021, when separately reported, Spravato® should be billed with J3490 – unclassified drug. The National Drug Code (NDC) must be submitted on the claim.

Physicians administering and performing the required monitoring of Spravato® should bill one of the appropriate evaluation and management (E&M) codes:

HCPCS 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

**Billing Guidance – For the Administration of Spravato® Only**

When the drug is supplied by a Risk Evaluation and Mitigation Strategy (REMS)-certified pharmacy, it cannot be billed by the administering provider; however, the administration of the drug and required monitoring is covered under one of the appropriate E&M codes listed above.

**Accessing the Fee Schedule:**

The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance (CMAP) Web site: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web site, go to “Provider”, then to “Provider Fee Schedule Download”, then click on the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

**Accessing CMAP Addendum B:**

CMAP’s Addendum B can be accessed via the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by selecting the “Hospital Modernization” Web page. CMAP’s Addendum B (Excel) is located under “Important Messages – Connecticut Hospital Modernization”.

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.



Questions? Need assistance? Call the Provider Assistance Center Mon. – Fri. 8:00 a.m. – 5:00 p.m. Toll free 1-800-842-8440 or write to Gainwell Technologies, PO Box 2991, Hartford, CT 06104 Program information is available at [www.ctdssmap.com](http://www.ctdssmap.com)