



Reimbursement Update for SPRAVATO®

This notice is to inform providers about reimbursement updates for billing or submitting claims for the SPRAVATO medication.

What is SPRAVATO?

SPRAVATO® (esketamine) CIII Nasal Spray is indicated, in conjunction with an oral antidepressant, for the treatment of:

- Treatment-resistant depression (TRD) in adults.
- Depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior.

Pharmacy and Medical Billing Guidance for SPRAVATO® (esketamine)

Effective May 12, 2022, for New York State (NYS) Medicaid Fee-for-Service (FFS) and Medicaid Managed Care (MMC) plans, the following billing guidance will be implemented for SPRAVATO® (esketamine) in the Medicaid program.

Drug Procured by Medical Provider (“Buy and Bill”):

- Drug billed by the provider using the appropriate Healthcare Common Procedure Code System (HCPCS) code for esketamine (S0013 – Esketamine, nasal spray).
- Medical observation and monitoring are billed using the appropriate Current Procedural Terminology (CPT) code(s) for Evaluation and Management (E/M). See Claim Billing Requirements details below.
- Providers must bill the actual acquisition cost of esketamine, inclusive of all rebates and discounts, per invoice.

Drug Dispensed by REMS-Certified Specialty Pharmacy:

- Drug billed by the pharmacy and delivered, on behalf of the patient, to the provider.
- Medical observation and monitoring are billed by the provider using the appropriate CPT code(s) for E/M. See Claim Billing Requirements table below.
- A pharmacy must adhere to the program policy requirements, which can be found in the Dispensing of Drugs that Require Administration by a Practitioner article, published in the August 2019 issue of the Medicaid Update, located at:
health.ny.gov/health_care/medicaid/program/update/2019/apr19_mu.pdf.

Provider Alert

Claims Billing Requirements

	Information Required on the Claim		
	HCPCS Code	National Drug Code (NDC)	CPT E/M Code(s)
Medical Claim for Drug and E/M	X	X	X
Medical Claim for E/M Only	N/A	N/A	X
Pharmacy Claim	N/A	X	N/A

HCPCS Code

HCPCS Code	Code Description
S0013	esketamine, nasal spray, 1mg

CPT E/M Codes

CPT Codes	Code Description
99205	Office or other outpatient visit for the E/M of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60 to 74 minutes of total time is spent on the date of the encounter. For services 75 minutes or longer, use prolonged services code "99417."
99215	Office or other outpatient visit for the E/M of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40 to 54 minutes of total time is spent on the date of the encounter. For services 55 minutes or longer, use prolonged services code "99417."
99417	Prolonged office or other outpatient E/M service(s) beyond the minimum required 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 of total time (list separately in addition to codes "99205" and "99215" for office or other outpatient E/M services).

Provider Alert

Please note: HCPCS codes "G2082" and "G2083" should not be billed to the NYS Medicaid program. These codes are a bundled payment and are not eligible for rebate collection per Federal rule and, therefore, are not listed as covered by the program. These codes are only authorized for use on Medicare crossover claims.

If you have any questions regarding this update, please reach out to your Healthfirst network representative.

For more information, view these resources:

- FFS claim questions should be directed to the eMedNY Call Center at 1-800-343-9000.
- FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at 1-518-473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- FFS pharmacy coverage and policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at 1-518-486-3209 or by email at PPNO@health.ny.gov.