



Spravato (esketamine) Outpatient Mental Health Administration & Observation Process for UnitedHealthcare Commercial and UnitedHealthcare Medicare and Retirement Plans

Frequently Asked Questions

Key Points

- As of October 1, 2019, UnitedHealthcare Commercial and UnitedHealthcare Retirement Plans began covering Spravato for the treatment of treatment-resistant depression.
- Behavioral health outpatient facilities/providers who wish to provide this service must be certified thru the Spravato REMS process.
- Behavioral health outpatient facilities/providers can bill up to the maximum of 12 units for the outpatient administration of Spravato
- Certified outpatient behavioral health providers will need to obtain authorization for the Spravato medication through the patient's pharmacy benefit.
- Eligible members must be enrolled in the Spravato program through Spravato
- Optum Behavioral Health will cover the outpatient administration and observation portion of the Spravato process when administered by a qualified behavioral health provider. This portion of the process will not require prior authorization.
- Notification/prior authorization requirements may vary depending on the member's benefit plan.
- Inpatient to outpatient transition of care could require special handling to ensure there's no gap in treatment.

Overview

Authorization for the Spravato medication should be obtained through the member's pharmacy benefit. Once the authorization is obtained, qualified outpatient mental health providers can proceed with the administration and observation portion of the Spravato protocol without obtaining any additional authorization through Optum Behavioral Health for UnitedHealthcare Commercial and UnitedHealthcare Medicare and Retirement plans.

Optum Behavioral Health reimburses Spravato services when reported with E/M codes in which time is a factor in determining level of service in accordance with CPT guidelines. Physicians or other qualified health care professionals should report only Spravato services beyond the typical duration of the service on a given date, even if the time spent by the physician or other qualified health care professional is not continuous. Providers should not include the time devoted to performing separately reportable services when determining the amount of prolonged services time. A prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the evaluation and management codes.

- Report CPT code 99415 (office or outpatient place of service codes) for the first hour of prolonged clinical staff services of direct patient contact with physician supervision. This code should be used only once per date, and prolonged services must exceed 30 minutes in order to report this service.



- Report CPT code 99416 (office or outpatient place of service codes) for each additional 30 minutes beyond the first 60 minutes of prolonged clinical staff services of direct patient contact with physician supervision. Additional services must exceed 15 minutes in order to report this service.
- Report CPT Code 99417 Prolonged office or other outpatient evaluation and management 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 minutes of total time.
 - List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services. For example, Providers should report 99417 in conjunction with E/M codes 99205 or 99215.

For Medicare: Report G2212 in place of 99417 in conjunction with E/M codes 99205 or 99215.

Spravato administration currently includes a Risk Evaluation and Mitigation Strategy (REMS) drug safety program which requires the medication to be administered in a medically supervised healthcare setting.

Frequently Asked Questions and Answers

Q1. What is REMS (Risk Evaluation and Mitigation Strategy)?

A1. A Risk Evaluation and Mitigation Strategy (REMS) is a drug safety program that the U.S. Food and Drug Administration (FDA) requires for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks.

Q2. What is the goal of the Spravato REMS strategy?

A2. To ensure Spravato is only dispensed to and administered in a medically supervised healthcare setting that provides patient monitoring

To ensure that pharmacy and healthcare setting that dispense Spravato are certified

To ensure each patient is informed about serious adverse outcomes from dissociation and need for monitoring

To enroll all patients in the REMS (registry) to further characterize the risks and support safe use

Q3. How can a provider obtain REMS certification to observe self-administration of Spravato?

A3. Complete and submit the Spravato REMS enrollment form available via Spravato's website:
<https://www.spravatorems.com/>.

Q4. Where can I view the coverage policies for a specific medication?

A4. To view the coverage policy for a specific medication, go to UHCprovider.com/policies, then select the appropriate health plan:

- For **UnitedHealthcare commercial plans**, select Commercial Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines

Q5. How does the notification/prior authorization process for the Spravato medication work?

A5. When notification request is received for medication coverage, UnitedHealthcare will determine if the member's benefit plan includes coverage for it and whether the plan requires covered services to be medically necessary. If so, a clinical coverage review will be conducted as part of the prior authorization process.

Clinical coverage reviews conducted as part of our prior authorization process will evaluate whether the drug is appropriate for the individual member, taking into account:

- The terms of the member's benefit plan
- Our drug coverage policy

For **UnitedHealthcare Commercial plans**, go to UHCProvider.com > Policies and Protocols > Commercial Policies > Medical & Drug Policies and Coverage Determination Guidelines for UnitedHealthcare Commercial Plans > [Ketalar® \(Ketamine\) and Spravato™ \(Esketamine\) – Commercial Medical Benefit Drug Policy](#).

- Applicable state and federal regulatory requirements
- The member's treatment history
- Dosage recommendations from the U.S. Food and Drug Administration-approved labeling

Additional criteria also may be considered. We encourage you to submit any information you would like reviewed as part of your prior authorization request.

When a coverage determination is made, you and the member will be informed of the decision. If an adverse determination is made, appeal information will be provided in the determination notice.

Q6. Is notification/prior authorization required for Spravato to be administered in an inpatient or emergency setting?

A6. No. Notification/prior authorization requirements don't apply for services that take place in an emergency room, observation unit, urgent care facility or during an inpatient stay, including an inpatient behavioral treatment program.

Q7. Is notification/prior authorization required for Spravato to be administered in an outpatient setting?

A7. No. Notification/prior authorization requirements do not apply for services that take place in an outpatient setting, including office or outpatient hospital for UnitedHealthcare commercial and UnitedHealthcare Medicare and Retirement plans. Only the medication requires prior authorization under the Pharmacy benefit.

Q8. Can Optum Behavioral Health create or request a prior authorization for the Spravato medication for a member who is currently in an inpatient behavioral health program for their transition to an outpatient setting?

A8. No. The outpatient servicing provider (person or entity that will bill the health plan for Spravato) has to create the notification/prior authorization request, as requests are tied to the servicing provider's Tax Identification Number (TIN). The outpatient service provider should contact the member's pharmacy benefit to obtain authorization for the medication.

Q9. How can a provider submit a notification/prior authorization request for Spravato?

A9. To access coverage for Spravato under the pharmacy benefit for a UnitedHealthcare member with pharmacy benefits managed by UnitedHealthcare and administered by OptumRx, a prior authorization should be requested through OptumRx.

- A provider can initiate an electronic prior authorization request by going to www.optumrx.com > health care professionals > prior authorization.
- Alternatively, a provider can contact OptumRx prior authorization by phone at 1-800- 711-4555 to initiate a prior authorization review.

Once benefit coverage has been approved for Spravato under the pharmacy benefit, a prescription can be filled by the provider at any Spravato certified pharmacy within UnitedHealthcare's retail pharmacy network which includes Genoa Healthcare pharmacies which are dedicated to individuals with behavioral health and complex, chronic conditions.

Q10. What turnaround time can I expect for my request?

A10. Standard processes apply, taking into account state regulatory requirements. Please refer to the Provider Administrative Guide for standard and urgent turnaround times for prior authorization requests.

Q11. Can I appeal an adverse decision?

A11. Yes. Follow the appeal process outlined in the determination notice.

If you have any questions, please contact your local Network Management representative or call the Provider Services phone number on the member's health plan ID card. Thank you.