



Practitioner Administered Drug Update: New York State Medicaid Fee-for-Service Policy Guidance for esketamine (SPRAVATO®) nasal spray

On May 12, 2022, the New York State Medicaid Drug Utilization Review (DUR) Board recommended the below criteria for esketamine (Spravato®) nasal spray under both the [Pharmacy](#) and [Medical Benefit](#). The Commissioner of Health has reviewed the recommendations of the Board and has approved those changes.

Effective **August 11, 2022**, criteria for esketamine (Spravato®) nasal spray will be as follows:

- Before initiating esketamine nasal spray (Spravato), prescribers must attest that they have obtained a baseline score using a validated clinical assessment tool for depression (e.g., HAMD17, QIDS-C16C, MADRS).
- Trial of at least two oral antidepressants prior to esketamine nasal spray (Spravato) when used for Treatment Resistant Depression
- After the initiation of esketamine nasal spray (Spravato) therapy, every six months prescribers must attest that esketamine nasal spray (Spravato) has resulted in an improvement of depressive symptoms (from baseline) using the same baseline clinical assessment tool for depression (e.g., HAMD17, QIDS-C16C, MADRS).

Fee-for-Service Billing

HCPCS code S0013 should be used to bill for esketamine (Spravato). The associated National Drug Code (NDC) must be included on the claim. See the March 2022 Medicaid Update for detailed esketamine (Spravato) billing guidance:

[New York State Medicaid Update - March 2022 Volume 38 - Number 3 \(ny.gov\)](#)

Practitioner

- Practitioners should bill esketamine (Spravato) as a By Report item. Documentation of medical necessity that includes the criteria listed above must accompany the claim as well as manufacturer invoice documenting the cost of the drug.

Clinics

- Clinics are to bill an ordered ambulatory claim for esketamine (Spravato). The ordered ambulatory claim should be submitted on paper (using the eMedNY 150003 claim form) and should include the hospital's actual acquisition cost by invoice. Documentation of medical necessity that includes the criteria listed above must accompany the claim. Ordered ambulatory billing guidelines can be found at: https://www.emedny.org/ProviderManuals/OrderedAmbulatory/PDFS/OrderedAmbulatory_Billing_Guidelines.pdf.
- Clinics should bill a separate APG claim for patient observation following administration of esketamine (Spravato).

Medicaid Managed Care

Providers participating in MMC should check with the individual health plans for billing instructions.

Questions and Additional Information:

- Fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS Pharmacy and Physician Administered drug coverage and policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by email at NYRx@health.ny.gov.
- Medicaid Managed Care (MMC) reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found in the [***eMedNY New York State Medicaid Program Information for All Providers Managed Care Information***](#) document and via <https://mmcdruginformation.nysdoh.suny.edu/>.
- For more detailed information on the DUR Board, please refer to: http://www.health.ny.gov/health_care/medicaid/program/dur/index.htm.
- For more detailed information on the Practitioner Administered Drug Policy and Billing Guidance and for Clinical Criteria Worksheets, please refer to: https://www.health.ny.gov/health_care/medicaid/program/practitioner_administered/ffs_practitioner_administer.htm.