

Highmark Reimbursement Policy Bulletin



Bulletin Number: RP-083

Subject: Spravato® (esketamine)

Effective Date: January 1, 2026

End Date:

Issue Date: January 1, 2026

Revised Date:

Date Reviewed:

Source: Reimbursement Policy

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

→ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan.

REIMBURSEMENT GUIDELINES:

In alignment with the Centers for Medicare and Medicaid Services (CMS), when Spravato® is supplied by a professional provider, providers shall use 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, professional providers shall use HCPCS codes G2082 or G2083. These codes include provision of the drug and related professional services.

When a specialty pharmacy supplies Spravato®, the specialty pharmacy shall submit the drug on a separate claim using HCPCS code J0013 or J3490.

The professional provider should use the appropriate evaluation and management, and prolonged service codes, for the administration of the drug and observing the patient. Professional providers should not unbundle their services and bill using the HCPCS code J0013 or J3490. Professional providers are directed to use the HCPCS codes G2082 or G2083 for provision of the drug, the administration, and the required observation.

The Plan may audit the provider to determine that the appropriate level of direct observation was provided.

Applicable codes:

99202	99203	99204	99205	99212	99213	99214	99215	99417
G2082	G2083	G2212	J0013	J3490				

ADDITIONAL BILLING INFORMATION AND GUIDELINES:

When billing for the administration and observation only, documentation must support the appropriate level of Evaluation and Management service, as outlined in RP-057: Evaluation and Management Services.

RELATED POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- I-212: Esketamine (Spravato)

Refer to the following Medical Advantage Medical Policies for additional information:

- I-270: Billing and Coding – Esketamine (PA and DE)
- I-212: Esketamine (Spravato) (NY and WV)

Refer to the following Reimbursement Policies for additional information:

- RP-020: Preventive Medicine and Office or Outpatient Evaluation and Management Services
- RP-034: Prolonged Detention or Critical Care
- RP-035: Correct Coding Guidelines
- RP-037: Emergency Evaluation and Management Services
- RP-057: Evaluation and Management Services
- RP-081: Critical Care with Home Discharge

POLICY UPDATE HISTORY INFORMATION:

1 / 2026	Implementation
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IMPORTANT INFORMATION

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the member's contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations.