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Overview of Spravato purchasing and billing

We're outlining purchase options and clarifying billing information for Spravato — for the drug itself, for its administration, observation and monitoring in a provider office and for the prolonged services associated with it.

Spravato is a part of Blue Cross Blue Shield of Michigan and Blue Care Network members' medical benefits.

Review the table below to see the options for Blue Cross and BCN Medicare Advantage (Medicare Plus BlueSM and BCN AdvantageSM) and commercial members. Then read the entire article for details. Note the differences for Medicare Advantage and commercial members.

	For Blue Cross / BCN Medicare Advantage members	For Blue Cross / BCN commercial members
Purchasing	Only the buy and bill purchase option can be used.	Use one of these purchase options: • Buy and bill • Assignment of benefits
Billing	• Bill only with HCPCS codes G2082 and G2083 for the drug itself, for all administration, observation and monitoring services. • Don't bill with HCPCS code S0013; S codes are not payable for Medicare Advantage members. • Follow the Centers for Medicare & Medicare Services billing and coding guidelines.	• Bill S0013 for the drug itself. • Add evaluation and management codes *99202-*99205 and *99212-*99215 for administration, observation and monitoring, based on the time involved • Add *99205 or *99215 and G2212, as needed, to bill prolonged services with or without direct patient contact. • Add *99415 and *99416 to bill prolonged clinical staff services. Bill G2212 as appropriate. • Don't bill with HCPCS codes G2082 and G2083 or CPT code *99417.

Spravato purchasing options

As a provider, you can purchase Spravato using either the buy and bill option or the assignment of benefits option. Refer to the table below for the details.

	Buy and bill	Assignment of benefits
Which members	- Medicare Advantage members - Commercial members	Commercial members only
Steps	- Provider purchases Spravato from specialty distributor. - Specialty distributor ships Spravato to provider's office. - Patient is treated with Spravato. - Provider bills Blue Cross or BCN for both the drug Spravato and for the administration, observation and monitoring services related to it.	- Provider purchases Spravato from a specialty distributor.¹ - Specialty pharmacy bills Blue Cross or BCN for Spravato and ships Spravato to provider's office. - Patient is treated with Spravato. - Provider bills Blue Cross or BCN for the administration, observation and monitoring services only.

¹To order Spravato through a REMS-certified specialty pharmacy, contact Blue Cross and Blue Care Network to identify the appropriate preferred in-network specialty pharmacy. Refer to the [Spravato REMS website](#)** for information about REMS, or Risk Evaluation and Management Strategy.

Buy and bill option

The buy and bill option can be used with both Medicare Advantage and commercial members.

Reporting the drug

Here are the guidelines for selecting the appropriate procedure codes when billing for the drug itself:

- For Medicare Advantage members:** Bill for Spravato using G2082 and G2083. Use these codes for the drug itself, for its administration, observation and monitoring. Follow the CMS billing and coding guidelines.

Note: Don't bill the S0013 code for Medicare Advantage members. The S codes aren't payable for Medicare Advantage members.

- For commercial members:** Bill for Spravato using 1 unit of S0013 per 1-mg dose administered. For example, bill 56 units of S0013 for the 56-mg dose kit and 84 units for the 84-mg dose kit.

Note: Don't bill codes G2082 and G2083 for commercial members. These codes are not payable for commercial members.

Reporting administration, observation and monitoring

Here are the general guidelines for reporting the administration, observation and monitoring of Spravato:

- **For Medicare Advantage members:** Bill Spravato using G2082 and G2083. Use these codes for the drug itself, for its administration, observation and monitoring. Follow the CMS billing and coding guidelines.

Note: Don't bill the S0013 code for Medicare Advantage members.

- **For commercial members:** There isn't a unique, designated code to describe the administration, observation and monitoring of Spravato. Providers should select the CPT codes that best represent the services provided to the patient. Various E/M codes and prolonged services codes may apply. Review the rest of the information in this section for the details.

For commercial members only: E/M codes for administration

Select the CPT code based on the time involved in administering Spravato in the office or in other outpatient locations. Select one of these E/M service codes: *99202-*99205 and *99212-*99215.

Note: For Blue Cross commercial members, E/M service codes are subject to member benefit requirements.

The E/M services to which these guidelines apply require a face-to-face encounter with the provider or other qualified health care professional.

Use the time defined in the code descriptors to select the appropriate level of service. For coding purposes, the time for these services is the total time on the date of the encounter. It includes both face-to-face and non-face-to-face time spent by the provider on the day of the encounter but doesn't include time in activities normally performed by clinical staff.

Typically, providers bill for the administration and monitoring of Spravato using CPT code *99204, *99205, *99214 or *99215, based on either the time or the medical decision making involved.

E/M code	Code descriptor	Total time on day of encounter
New patients		
*99202	• Medically appropriate history or examination • Straightforward medical decision making	15-29 minutes
*99203	• Medically appropriate history or examination • Low level of medical decision making	30-44 minutes

E/M code	Code descriptor	Total time on day of encounter
*99204	- Medically appropriate history or examination - Moderate level of medical decision making	45-59 minutes
*99205	- Medically appropriate history or examination - High level of medical decision making	60-74 minutes
Established patients¹		
*99212	- Medically appropriate history or examination - Straightforward medical decision making	10-19 minutes
*99213	- Medically appropriate history or examination - Low level of medical decision making	20-29 minutes
*99214	- Medically appropriate history or examination - Moderate level of medical decision making	30-39 minutes
*99215	- Medically appropriate history or examination - High level of medical decision making	40-54 minutes

¹CPT code *99211 (sometimes called “a nurse visit”) isn’t applicable to Spravato administration. This code doesn’t require the presence of a provider, as presenting problems are usually minimal and services are typically performed in 5 minutes.

For commercial members only: Prolonged service with or without direct patient contact (provider time)

If it’s medically necessary to provide services directly during the Spravato encounter beyond the time captured by standard E/M coding, bill those services using G2212. This code is used to report prolonged total time (combined time with or without direct patient contact) furnished by the provider or other qualified health care professional on the date of the office or other outpatient services (*99205 or *99215).

Note: Codes for prolonged services can’t be billed in the absence of the appropriate E/M code.

Additional considerations:

- Blue Cross and BCN don’t accept *99417.
- Blue Cross and BCN allow a maximum of 4 units of G2212. In addition:
 - G2212 is used only when the office or other outpatient service has been selected using time alone as the basis and only after the minimum time required to report the highest-level service (*99205 or *99215) has been exceeded by 15 minutes. For example, when reporting an established patient encounter (*99215), G2212

wouldn't be reported until at least 15 minutes of time beyond 54 minutes has been accumulated (for a total of 69 minutes) on the day of the encounter.

- For a new patient encounter (*99205), G2212 wouldn't be reported until at least 15 minutes of time beyond 89 minutes has been accumulated on the day of the encounter.

The time spent with the patient must be clearly documented in the medical record.

Descriptor for code G2212: Prolonged office or other outpatient E/M services beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the provider or qualified health care professional, with or without direct patient contact:

- For Blue Cross and BCN commercial members, use HCPCS code G2212 in place of procedure codes *99354 and *99355 for dates of service on or after Jan 1, 2023. The G2212 code can be billed with procedure codes *90837 and *90847.
- For Medicare Plus Blue and BCN Advantage members, follow CMS billing guidelines.
- Don't report G2212 for any time unit less than 15 minutes.

For commercial members only: Example of coding scenario using prolonged service codes under the buy and bill option

Coding for SPRAVATO®

	56-mg dose 2 devices	S0013*	56 units
Or			
	84-mg dose 3 devices	S0013*	84 units

+

54 minutes
99215
E/M code

15 minutes
G2212

15 minutes
G2212

15 minutes
G2212

15 minutes
G2212

= 114 minutes

Prolonged service code
Limit G2212 to 4 units

Sample CMS 1500

Commercial members: Prolonged clinical staff services

Codes for prolonged clinical staff services are used to report the total duration of face-to-face time clinical staff spend on a given date when providing prolonged service, even if the time spent by the clinical staff on that date isn't continuous.

A prolonged service of less than 30 minutes total duration on a given date isn't separately reported because the clinical staff time involved is included in the E/M codes.

To identify when the prolonged service time begins, select the code with the greatest total time. For example, prolonged clinical staff services for code *99214 begins after 39 minutes and code *99415 isn't reported until at least 69 minutes of total face-to-face clinical staff time has been performed. When face-to-face time is noncontiguous, use only the face-to-face time provided to the patient by the clinical staff. Code *99416 is used to report each additional 30 minutes of prolonged clinical staff service beyond the first hour.

The time spent with the patient must be clearly documented in the medical record.

Additional considerations:

- Codes *99415 and *99416 may not be reported for the simultaneous treatment of more than two patients.
- Don't report codes *99415 or *99416 in conjunction with G2212.

*Descriptors for codes *99415 and *99416:*

- Code *99415: Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an E/M service in the office or outpatient setting, direct patient contact with provider supervision; first hour. (List separately in addition to code for outpatient E/M service.)
- Code *99416: Each additional 30 minutes. (List separately in addition to code for outpatient E/M service.)

Assignment of benefits option

The assignment of benefits option can be used only with commercial members.

Example of coding scenario using prolonged service code under the assignment of benefits option



Sample CMS 1500

1. PATIENT'S NAME (Last, First, Middle Initial)		2. DATE OF BIRTH (MM/DD/YYYY)		3. SEX (M/F)	
4. NAME OF REFERRING PROVIDER OR OTHER SOURCE		5. HOSPITALIZATION DATES (Start/End)		6. HOSPITALIZATION STATUS (In/Out)	
7. ADDITIONAL CLINICAL INFORMATION (Diagnoses by ICD-9)		8. OUTPATIENT CLINICAL INFORMATION (Diagnoses by ICD-9)		9. OUTPATIENT CLINICAL INFORMATION (Diagnoses by ICD-9)	
10. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		11. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		12. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
13. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		14. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		15. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
16. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		17. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		18. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
19. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		20. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		21. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
22. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		23. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		24. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
25. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		26. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		27. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
28. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		29. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		30. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
31. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		32. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		33. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
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49. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		50. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		51. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
52. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		53. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		54. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
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58. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		59. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		60. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
61. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		62. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		63. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
64. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		65. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		66. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
67. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		68. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		69. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
70. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		71. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		72. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
73. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		74. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		75. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
76. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		77. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		78. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
79. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		80. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		81. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
82. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		83. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		84. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
85. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		86. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		87. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
88. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		89. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		90. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
91. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		92. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		93. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
94. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		95. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		96. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
97. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		98. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		99. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	
100. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		101. PHYSICIAN'S SIGNATURE (Typed Name & Signature)		102. PHYSICIAN'S SIGNATURE (Typed Name & Signature)	

Additional resource for billing information

Providers can access additional billing information in the [Spravato Access & Reimbursement Guide](#)^{**}, which is found in the [Janssen CarePath section](#)^{**} of the spravatohcp.com website.

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