



MASSACHUSETTS

AUTHORIZATION MANAGER TIPS

Esketamine Nasal Spray (Spravato™) & Intravenous Ketamine

INTRODUCTION

Use this tip when you submit an Esketamine Nasal Spray (Spravato™) & Intravenous Ketamine request using the Authorization Manager tool. To correctly complete an authorization request, providers are required to include certain information.

REQUIRED INFORMATION FOR ESKETAMINE NASAL SPRAY (SPRAVATO™) & INTRAVENOUS KETAMINE REQUESTS

THE FOLLOWING INFORMATION IS REQUIRED

- **Request type:** Behavioral Health Service Request
- **Place of service:** 57 – Non-Residential Substance Abuse Treatment Facility
- **Review type:** Initial
- **Add Servicing/Facility Provider:**
 - Add the facility/group provider once with the type, *Servicing Provider*. **(Do not add the MD as the servicing provider.)**
 - Add the facility/group provider again with the type, *Facility*.
- **Diagnosis:** Enter diagnosis code or description
- **Procedure:** G2082

Please note: The CPT code does not need to match the claim if the provider is billing for the same service

After submitting, a new window opens. Populate details as follows:

- **Quantity:** As needed
- **Units:** Units
- **Frequency:** As prescribed
- **Start date:** Requested start date for service

Click **Submit**. When the case pends, you will be asked to upload clinical information.

Please upload additional documentation supporting your request

The request needs further clinical review. Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increase dose and if patient has any contraindications for the health plan/insurer preferred drug. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exceptions) or required under state and federal laws. See below to upload documentation and add supporting notes related to the request.

Uploaded Documents + Add Documents

ACTION	DOCUMENT NAME

Notes + Add Notes

ACTION	NOTE TEXT

Submit

Notes

- **Submit code G2082 in Authorization Manager regardless of which drug you will be administering, AND:**
- Attach the [Esketamine Nasal Spray \(Spravato™\) and Intravenous Ketamine for Mental Health](#) form and fill out the clinical portion.
- Specify which drug you are requesting in any attached clinical information or on the attached prior authorization request form.

- If this is an initial Ketamine request, and you are requesting more than eight units as outlined in our medical policy, please submit supporting clinical for this request.
- Extension requests must be faxed in. If there has been a break in service, a new case is required.
- If you are signed in as the group or facility who will bill for the service, select **yes** for the question below and you will only be required to enter the provider once, with the type being facility.

Requesting Provider Same as
Servicing Provider

YES NO

RELATED VIDEO RESOURCES

[Accessing authorizations & printing correspondence](#)

[Attaching Clinical to an existing Case](#)

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