

### **AUTHORIZATION MANAGER TIPS**

# Esketamine Nasal Spray (Spravato<sup>™</sup>) & Intravenous Ketamine

#### INTRODUCTION

Use this tip when you submit an Esketamine Nasal Spray (Spravato<sup>™</sup>) & 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
TM) &
INTRAVENOUS
KETAMINE
REQUESTS

#### THE FOLLOWING INFORMATION IS REQUIRED

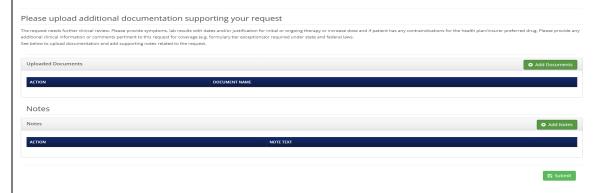
- Request type: Behavioral Health Service Request
- Place of service: 57 Non-Residential Substance Abuse Treatment Facility
- Review type: Initial
- Add Servicing/Facility Provider:
  - Add the facility/group provider once with the type, Servicing Provider. (Do not add the MD as the servicing provider.)
  - o 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.



#### Notes

- Submit code G2082 in Authorization Manager regardless of which drug you will be administering, AND:
- Attach the <u>Esketamine Nasal Spray (Spravato™) and Intravenous Ketamine for</u> <u>Mental Health</u> 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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