Spravato Reimbursement Policy

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the procedure code or codes that correctly describe the health care services provided to individuals whose behavioral health benefits are administered by Optum, including but not limited to UnitedHealthcare members. This reimbursement policy is also applicable to behavioral health benefit plans administered by OptumHealth Behavioral Solutions of California.

Our behavioral health reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other procedure coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement. This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to services billed on the UB-04 claim form and to electronic claim submissions (i.e., 837p and 837i) and for claims submitted online through provider portals. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding our reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum may use reasonable discretion in interpreting and applying this policy to behavioral health care services provided in a particular case**. Further, the policy does not address all issues related to reimbursement for behavioral health care services provided to members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy**. These factors may include, but are not limited to: member's benefit coverage, provider contracts and/or legislative mandates. Finally, this policy may not be implemented exactly the same way on the different electronic claim processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.*

Optum may modify this reimbursement policy at any time by publishing a new version of the policy on this website. However, the information presented in this policy is accurate and current as of the date of publication.

**CPT® is a registered trademark of the American Medical Association*

Applicability

This reimbursement policy applies to all health care services billed on CMS 1500 forms and to electronic claim submissions (i.e., 837p) and for claims submitted online through provider portals. This policy applies to commercial and Medicare, all in-network contracted and non-network physicians and other qualified health care professionals.

Policy

Overview

This policy identifies when Optum Behavioral Health will separately reimburse physicians or other qualified health care professionals for the administration and observation of Spravato medication services. As of January 2021, the appropriate Spravato add-on code 99417 should be reported when physicians are monitoring the Spravato treatment. Spravato treatment should be reported in conjunction with companion Evaluation & Management (E/M) codes such as 99205 or 99215.

Reimbursement Guidelines

Optum Behavioral Health reimburses Spravato services when reported with E/M codes in which time is a factor in determining level of service in accordance with CPT guidelines. Physicians or other qualified health care professionals should report only Spravato services beyond the typical duration of the service on a given date, even if the time spent by the physician or other qualified health care professional is not continuous. Providers should not include the time devoted to performing separately reportable services when determining the amount of prolonged services time. A prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the evaluation and management codes.

For prolonged services guidance related to evaluation and management codes please refer to the **Prolonged Services Reimbursement Policy.**

For Network Providers please continue to bill codes in accordance with your contract.

Report CPT Code 99417 Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each minutes of total time.

List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services. For example, Providers should report 99417 in conjunction with E/M codes 99205 or 99215.

Note: Please use G2212 for Medicare in place of 99417

Applicable Diagnosis Codes

The following list of diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

Major Depression diagnosis codes. (This list of codes is not intended as exhaustive of all relevant codes.)	
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent, severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission

F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified

Definitions	
Prolonged Services with Direct Patient Contact	Prolonged Services with Direct Patient Contact are when a physician or other qualified health care professional provides prolonged services beyond the usual service in either the inpatient or outpatient setting. Direct Patient Contact is face-to-face and includes additional non-face-to-face services on the patient's floor or unit in the hospital or nursing facility during the same session. This service is reported in addition to the designated evaluation and management services at any level and any other services provided at the same session as evaluation and management services.
Spravato	Spravato is an intranasal spray used to treat Treatment Resistant Depression. Its generic name is "Esketamine" which is not to be confused with "ketamine."

Questions and Answers	
1	**Q:** Do Prolonged Services with Direct Patient Contact include patient time spent with office staff and/or patient time spent unaccompanied in the office? **A:** No. The Prolonged Services with Direct Patient Contact must be between the patient and the physician or other qualified health care professional who provided the initial service. Office staff includes anyone who is not the primary provider of the service. The time a patient remains unaccompanied by the primary provider also cannot be counted.
2	**Q:** Is time spent waiting for test results or for potential changes in a patient's condition reported as prolonged services? **A:** Per CMS, time spent waiting for test results or for changes in the patient's condition cannot be reported as prolonged services.
3	**Q.** Can a provider bill for Spravato add-on codes 99354 and 99355 on or after DOS 1/1/2023? **A.** No. 99354 and 99355 were replaced with 99417 in the Optum Spravato Reimbursement Policy, effective 1/1/2021. Additionally, CPT codes 99354-99355 have been deleted from AMA CPT 2023 Professional Edition effective 1/1/2023.

Resources

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

History	
March, 2025	Annual Anniversary Review; No Updates
March, 2024	Remove old CPT codes in Reimbursement Guidelines Section
March, 2023	Annual Anniversary Review; No Updates
November, 2022	Added Q&A 3 as it relates to 2023 deleted codes 99354-99355

April, 2022	Annual review; Updated Reimbursement Guidelines Section related to Prolonged Services
April, 2021	Annual review; No updates
January , 2021	Reimbursement Guidelines section updated related to E/M codes (99205,99215) and Spravato 99417 (commercial) and Medicare (G2212) add-on codes; Guidelines based on 2021 AMA Guidelines
April, 2020	Policy Implemented by Optum Behavioral Health