

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202611    JANUARY 22, 2026

## IHCP updates PA criteria for esketamine (Spravato) drug codes

The Indiana Health Coverage Programs (IHCP) announces updates to the prior authorization (PA) criteria for esketamine (Spravato) procedure codes (see Table 1), effective retroactively for dates of service (DOS) on or after **Oct. 1, 2025**.

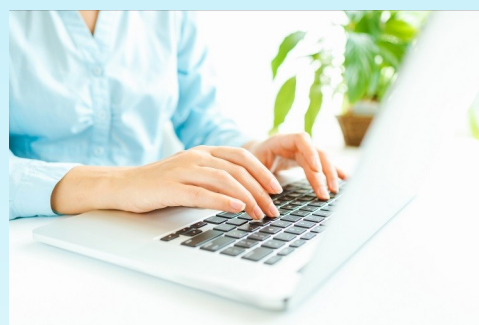
### Revised PA criteria for Spravato

The following PA criteria for Spravato is effective for PA submissions on or after Oct. 1, 2025:

#### ■ Initial Authorization:

⇒ Must meet **all** the following:

- ◆ One of the following:
  - \* Member has a diagnosis of treatment-resistant depression (supported by chart documentation or medical profile history)
  - \* Member has a diagnosis of major depressive disorder (unipolar), with suicidality and is on concomitant oral antidepressant therapy (supported by chart documentation or medical profile history)
- ◆ Member is 18 years of age or older.
- ◆ Drug is prescribed by, or in consultation with, a psychiatrist or psychiatric specialist.
- ◆ Member is enrolled in Spravato Risk Evaluation and Mitigation Strategy (REMS) program.
- ◆ Prescriber attests that member does not have any of the following contraindications:
  - \* Aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial, and peripheral arterial vessels)
  - \* Arteriovenous malformation
  - \* History of intracerebral hemorrhage
- ◆ Dose requested does not exceed one of the following:
  - \* For treatment-resistant depression diagnosis:
    - ◇ Induction: 56 mg or 84 mg twice weekly for four weeks (max: eight kits per four weeks)
    - ◇ Maintenance: 56 mg or 84 mg once weekly (max: four kits per four weeks)
  - \* For major depressive disorder (unipolar), with suicidality
    - ◇ 56 mg or 84 mg twice weekly for four weeks (max: eight kits per four weeks)



#### ■ Reauthorization:

⇒ Must meet **all** the following:

- ◆ History of the requested agent for at least 84 days within the past 112 days is confirmed by claim history or chart documentation.
- ◆ Member has a diagnosis of treatment-resistant depression (supported by chart documentation or medical profile history).
- ◆ Dose requested does not exceed 56 mg or 84 mg once weekly (max: four kits per four weeks).

## Billing guidance reminder

In addition to adding PA criteria, the IHCP reminds providers it is not appropriate to bill procedure codes G2082 or G2083 in conjunction with S0013. Any claims submitted with either G-code and the S-code listed will be denied as medically unnecessary.

Additionally, a separate evaluation and management (E/M) visit code should not be billed in conjunction with G2082 or G2083. However, E/M visit codes may be billed, as appropriate, with procedure code S0013.

For services provided under the fee-for-service (FFS) medical benefit, claims should be submitted to Gainwell Technologies. For drugs provided under the FFS pharmacy benefit, pharmacy claims should be submitted to the FFS pharmacy benefit manager, Optum Rx.

*Table 1 – Procedure codes for Spravato with updated PA criteria, effective for DOS on or after Oct. 1, 2025, and billing guidance reminder*

Procedure code	Code description	Billing guidance
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	Do not bill with an E/M visit code or with S0013.*
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	Do not bill with an E/M visit code or with S0013.*
S0013	Esketamine, nasal spray, 1 mg	Bill with appropriate E/M visit code.**  Do not bill with G2082 or G2083.*

\* Procedure codes G2082 and G2083 incorporate both the provision of the drug and associated professional services.

\*\*If a practitioner's time spent with a patient for a Spravato encounter exceeds the time stated in the standard E/M codes, the add-on code for prolonged service with or without direct patient contact may apply. See the Prolonged Office or Other Outpatient E/M Services section of the [Evaluation and Management Services](#) provider reference module for details.

## For more information

Fee-for-service (FFS) PA-related questions or concerns can be directed to Acentra Health Customer Service at 866-725-9991 or via email at [INPriorAuthIssues@acentra.com](mailto:INPriorAuthIssues@acentra.com).

For questions regarding billing and reimbursement provided under the FFS medical benefit, contact Gainwell Technologies Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#).

Questions about FFS pharmacy claim billing or reimbursement should be directed to Optum Rx Clinical and Technical Help Desk at 855-577-6317.

Questions regarding managed care medical and pharmacy benefits for members in the Healthy Indiana Plan (HIP), Hoosier Care Connect, Hoosier Healthwise and Indiana PathWays for Aging (PathWays) should be referred to the managed care entity (MCE) with which the member is enrolled.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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