

## Reimbursement Policy Statement Illinois Medicaid

<b>Effective Date</b>	<b>Next Annual Review</b>	<b>Policy Number</b>	
<b>06/01/2024</b>	<b>12/01/2026</b>	<b>ABHIL-RP-0004</b>	
<b>Policy Name</b>		<b>Department</b>	
<b>Esketamine Services</b>		<b>Claims Operations Medical Payment</b>	
<b>Policy Type</b>			
<b>Medical</b>	<b>Administrative</b>	<b>Pharmacy</b>	<b>Reimbursement</b>

Aetna Better Health of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

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**A. Policy**

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of Evaluation and Management Services (E&M) specific to Esketamine administration. This policy aligns with guidance from the Centers for Medicare & Medicaid Services (CMS) as well as with AMA CPT Coding Guidelines for coding and reporting of Esketamine services.

**B. Overview**

This policy outlines the coding and editing guidelines for reporting the provision and supervision of Esketamine self- administration. Esketamine nasal spray is an N-methyl D-aspartate (NMDA) receptor antagonist. It is indicated for use in conjunction with an oral antidepressant for treatment-resistant depression (TRD) in adults. TRD is defined as a major depressive disorder (MDD) in adults who have not responded adequately to at least two different antidepressants of adequate dose and duration in the current depressive episode. It is administered under the direct supervision of a healthcare provider, with monitoring by the provider under a Risk Evaluation and Mitigation Strategy. This policy applies to all professional claim types.

**C. Definitions**

<b>Term</b>	<b>Definition</b>
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children’s Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.



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Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system maintained by the Centers for Medicare & Medicaid Services (CMS) that is used primarily to identify products, supplies, and services not included in the CPT codes, such as Ambulance Services, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) when used outside a physician's office. Level II HCPCS codes were established for submitting claims for items and/ or services not addressed in other existing code sets.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

**D. Reimbursement Guidelines**

ABH IL will only reimburse for the provision and supervision of Esketamine self- administration when

- Reported using the appropriate HCPCS Level II code that applies to the documented dosage administered

Claims that are submitted will be denied when

- Reported using an inappropriate office or outpatient E&M CPT codes
- Reported using an inappropriate prolonged service CPT codes

The medical record documentation is expected to support the specific CPT code(s), HCPCS Level II code reported.



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**E. Codes/Condition of Coverage**

Appropriate HCPCS Level II Codes

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
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

Inappropriate CPT Codes

99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.
99415	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour
99416	Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management



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	service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time

**F. Frequently Asked Questions**  
N/A

**G. Review/Revision Date**

Action	Date	Comments
Revision	12/01/2025	New Policy created; guidance from previous policy used to create policy specific to esketamine services.
Effective Date	06/01/2024	Evaluation and Management (E&M) Policy- Previous policy document

**H. Resources**

- American Medical Association. *CPT Professional Edition 2025, AMA; 2024.*
- American Medical Association. *HCPCS Level II Professional Edition. 2025 ed.* American Medical Association; 2024