

Policy Clarification #000307

Spravato® (esketamine nasal spray) Billing

February 5, 2026

To: Iowa Medicaid Managed Care Plans

This letter is a formal notification of the Department's expectations related to the operations and implementation of Iowa Medicaid under the managed care program.

Purpose of this communication (check all that apply):

- Provide formal guidance
- Clarification of existing Iowa Medicaid policy
 - Federal mandate: [cite CFR]
 - Iowa Code: [cite section]
 - Iowa Administrative Code: [cite IAC]
 - Managed Care Contract (if applicable): [cite contract section and if MCO or PAHP]
- Guidance on new process or policy
- Replacement of prior PC: [PC #]

The purpose of this letter is to provide an update to the billing code for **Spravato® (esketamine nasal spray)**. This information is now published on the Iowa Medicaid Claims & Billing website and a formal IL notification for providers will be sent out this week.

Spravato® (esketamine nasal spray) Billing and Coding Update – Effective January 1, 2026

Due to CMS' Spravato® HCPCS code change - **Effective January 1, 2026**, Iowa Medicaid and the Managed Care Organizations (MCOs) require that providers use Healthcare Common Procedure Coding System (HCPCS) code **J0013** when submitting a claim for Spravato®.

- Exception: When billing a Medicare crossover claim, the Medicare codes G2082 or G2083 should be used.

HCPCS code **J0013** does require a prior authorization. Claims with a date of service on or before December 31, 2025, will still need to be billed using HCPCS code S0013. Providers that have a current prior authorization for code S0013 need to have the prior authorization modified to the new code **J0013**. This should be retro'd back to 1/1/2026, as necessary to avoid disruption to the member.

Please do not deny claims for **J0013** when its clinically appropriate based on the code update. We are actively working with Core, QIO and our Communications Team to get the code open and on the Fee Schedule.

If a provider acquires Spravato® through a [Risk Evaluation and Mitigation Strategies^{\[1\]}](#) (REMS)-certified pharmacy, the pharmacy must bill a medical claim for the drug using code **J0013** and the provider may submit a claim with E&M codes for administration and post-administration observation (if Medicare crossover claim: G2082 or G2083).

SUMMARY – Billing Options for Providers

Buy and Bill	Obtain from REMS-Certified Pharmacy
<ul style="list-style-type: none"> • Bill under the medical benefit. • For Medicare crossover claims ONLY: • Bill using Spravato® HCPCS G2082 or G2083 for administration and post-administration observation. • For all other claims: • Bill using Spravato® HCPCS J0013 and appropriate E&M codes for administration and post-administration observation. 	<ul style="list-style-type: none"> • Pharmacy should bill under the medical benefit using Spravato® HCPCS J0013. • Provider does not bill for drug. • Provider may bill appropriate E&M codes for administration and post-administration observation.

^[1] <https://www.spravatorems.com/>

Related to this Policy Clarification:

- ▶ Effective date of this Policy Clarification: 01/01/2026
- ▶ Claims processing requirement:
 - Prospective
 - Retroactive
 - Not applicable

Attestation:

I hereby acknowledge receipt and understanding of this policy clarification, including all specified requirements and deadlines.

Name _____ Date _____

The department will monitor progress towards implementation and may impose remedies for failure to implement.

Sincerely,

Contract Manager
Managed Care Contract Manager