

Psychedelic Medication Therapy (e.g. Ketamine, Psilocybin, MDMA)

Background

- In-person monitoring/intervention during psychedelic medication therapy (e.g. ketamine, psilocybin, MDMA) is not currently covered by The Plan.

Regulatory Status

- Neither psilocybin nor MDMA are FDA-approved and are considered Schedule I substances.
- All non-FDA-approved services are denied in accordance with the “[Definition of Investigational \(Company\)](#)” policy.
- Ketamine is FDA-approved in the form of esketamine, a nasal spray marketed as *Spravato*, specifically for treatment-resistant depression and suicidal ideation.
 - The use of esketamine as an augmentation for concomitant therapy is considered “not medically necessary.”
- Though approved as an anesthetic, ketamine is not FDA-approved for any psychiatric indications.
- The Plan does not consider ketamine medically necessary when used as part of “enhanced” psychotherapy, due to a lack of high-quality studies demonstrating clinical utility.

Coding

- The correct codes for in-person monitoring and intervention during psychedelic medication therapy services are: **0820T**, **0821T** and **0822T**.
 - These codes are considered “not medically necessary” and are included in the “[New and Emerging Technologies and Other Non-Covered Services \(Company\)](#)” policy as well as the “[Non-Covered and Limited Services List](#).”
- All other codes (e.g. CPT **90837-90840**) are inappropriate and will deny for incorrect billing.

Questions?

- Email the Medical Policy Team at: PHPMedicalPolicyInquiry@providence.org