Medica Coverage Policy

Policy Name:	**Use of Injectable Ketamine (Ketalar®) for Treatment of Mental Health Conditions**
Effective Date:	**8/1/2021**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Use of injectable ketamine to treat symptoms of all mental health (including major depressive disorder, obsessive compulsive disorder, suicidal cognition, and post-traumatic stress syndrome) and substance-related disorders is considered INVESTIGATIVE and, therefore, is NOT COVERED for these indications.

Description

Ketamine HCl **(**Ketalar) is an anesthetic derivative of phencyclidine piperidine and a noncompetitive n-methyl-D-aspartate (NMDA) receptor antagonist. It is indicated as an anesthetic agent for diagnostic and surgical procedures that do not require skeletal muscle relaxation. Ketamine is also indicated for the induction of anesthesia prior to the administration of other general anesthetic agents or to supplement low potency agents, such as nitrous oxide.

Ketamine is an agent that affects the glutamatergic system. Investigators focusing on the activity of antidepressants believe that the delay in therapeutic effects demonstrated by these agents is a result of their initial concentration on substrates that are considerably upstream from the desired targets. Evidence points to the glutamatergic system as a mediator of the delayed therapeutic effects of conventional antidepressants. It has been postulated that directly targeting glutamate NMDA receptors with the antagonist, ketamine, would bring about rapid antidepressant effects.

Small randomized, controlled trials have demonstrated efficacy of ketamine in producing significant improvement in depressive symptoms in the short-term with effects generally lasting days or weeks. However, the long-term safety and efficacy with prolonged use of this medication, and the effects of repeated treatments have not been clinically evaluated.

FDA Approval

Ketamine is FDA-approved for the following indications:

a. General anesthesia; adjunct
b. Procedural sedation

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

Ketamine J3490 (miscellaneous, unclassified drugs) with product-specific NDC

Original Effective Date: 8/7/14
Re-Review Date(s): 8/1/2017, 4/10/17, 5/28/2021