BEFORE YOU LAUNCH

Spravato credentialing, contracting, and setup checklist

Use this before launching a Spravato or interventional psychiatry program, so your contracts and infrastructure are ready before the first dose.

Phase 1: Contracting and fee schedule verification

- [ ] **Pull allowable fee schedules:** Review your paper contracts and payer portals to confirm active code coverage *before* dosing the first patient.
- [ ] **Request comprehensive psychiatric code sets:** Ensure your application includes the full CPT and HCPCS list (G-codes, J0013, TMS codes 90867–90869).
- [ ] **Explicitly add prolonged-service codes:** Verify that 99417, or G2212 for Medicare, Medicare Advantage, and select commercial plans, is listed on your fee schedule.
- [ ] **Map behavioral health vs. medical entities:** Confirm which entity processes your claims (e.g., whether Anthem routes behavioral health claims through Carelon, or Cigna through Evernorth), and that it matches your primary taxonomy.
- [ ] **Audit code coverage by clinician type:** Ensure drug and interventional codes apply to *every* clinician type who will bill (physicians, NPs, PAs), not just physicians.

Phase 2: Credentialing, rostering, and location updates

- [ ] **Verify live roster status:** Confirm individual credentialing and rostering are fully complete. Don't rely on a backdated contract effective date to start billing or filing PAs.
- [ ] **Submit service location updates:** Ensure your treatment address is linked and approved on each payer's demographic file (allow about 30 days).
- [ ] **Evaluate MSO or credentialing-service agreements.** Before signing, ask:
  - [ ] Will I be credentialed under my own tax ID, or yours?
  - [ ] Which entity will you credential me under, and does it match my primary taxonomy?
  - [ ] Do you know which payers route Spravato through a PBM, and have you negotiated G-codes or TMS codes onto a fee schedule before?
  - [ ] If the codes I need aren't on your contract, will you get them added, and how long does that take?
  - [ ] Will signing constrain my EHR or billing choices, and what happens to my credentialing and payer relationships if I leave?
  - [ ] Which specific codes are on the fee schedule beyond default E/M codes?
  - [ ] What does it take to leave, and is unwinding guaranteed clean?

Phase 3: Drug procurement and GPO setup

- [ ] **Check buy-and-bill availability by payer:** UnitedHealthcare (OptumRx) and Cigna (Express Scripts) commercial plans typically route Spravato through their PBMs, which rules out buy-and-bill. Aetna and BCBS often allow it, but individual plans vary.
- [ ] **Decide your sourcing model per payer:** Buy-and-bill (more revenue per treatment, plus inventory and cash-flow risk) vs. specialty pharmacy (no inventory ownership; you bill administration only).
- [ ] **Ease into buy-and-bill:** Once you trust a payer's contract, move patients already succeeding on specialty pharmacy over one at a time, rather than stocking inventory up front.
- [ ] **Join a group purchasing organization:** Enroll in a GPO like CareNet to access discounted acquisition pricing through distributors (e.g., Cencora/Besse Medical), with no membership fees.
- [ ] **Plan for account setup time:** Allow 6 to 8 weeks for controlled-substance documentation if you're opening a new distributor account.

Phase 4: Ongoing payer tracking

- [ ] **Establish your payer matrix:** Track code acceptance, units, prior-auth rules, step therapy, observation requirements, and contracted allowables for every active plan.
- [ ] **Set a review cadence:** Review the matrix monthly if you work with many payers, twice a year if you work with only a handful.