



Depression and Bipolar  
Support Alliance



February 1, 2021

Carol Blackford  
Director, Hospital and Ambulatory Policy Group  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Ms. Blackford:

We, as organizations dedicated to improving the lives of people with mental health conditions. Now, more than ever, as our nation is seeing increased rates of suicide (cite CDC data), we are writing to express our collective concerns about the revised codes for Evaluation and Management, Observation and Provision of Self-Administered Spravato (HCPCS Codes G2082 and G2083), which were finalized as part of the CY 2020 PFS final rule (84 FR 63102 through 63104). As you know, CMS had previously issued an interim final rule with comment period (IFC) to establish coding and payment for E/M, observation, and the provision of self-administered Spravato to facilitate beneficiary access to care for treatment resistant depression (TRD). Two new codes were created, G2082 and G2083, on an interim final basis. For CY 2020, established RVUs for these services were put in place to reflect the relative resource costs associated with the E/M, provision of Spravato and clinical observation post-administration.

For CY 2021, CMS had proposed a number of improvements to these codes that we supported. First, we were pleased that CMS clarified that it is in the public interest to ensure beneficiaries have access to new, potentially life-saving treatment for TRD using Spravato. We also supported CMS's decision to expand observation time for HCPCS codes G2082 and G2083 to 150 minutes, based on the sum of the clinical labor for CPT code 95076 (110 minutes) and CPT code 95079 (40 minutes).

We were, however, extremely disappointed that CMS finalized payment rates for CY 2021 that were below both what had been proposed and what had been in place on an interim basis without any clarification or opportunity to comment on the change. We now have reports from Colorado, Texas and other states of providers and clinics who no longer find they can afford to administer Spravato to Medicare beneficiaries, including to patients who had previously successfully received this treatment. The impact of these changes on access to treatment will put the lives of people suffering from TRD in jeopardy.

We note that this rate change was made without transparency or the opportunity for comment. It is impeding the ability of the provider to offer all options that could possibly save the life of the person in treatment. We continue to support the proposed increase in valuation of clinical staff time that more appropriately accounts for the clinical staff time and the effort required for pre-, intra-, and post- administration of Spravato, allowing providers the chance to offer this life saving treatment option to people with TRD. We therefore urge CMS to restore the payment rates from 2020 for CY 2021 and, instead, seek comment on coding and billing in the proposed rule for CY 2021.

If you have any questions, please feel free to reach out to Andrew Sperling, National Alliance on Mental Health, at [asperling@nami.org](mailto:asperling@nami.org).

Sincerely,  
American Psychiatric Association  
Anxiety and Depression Association of America  
Depression and Bipolar Support Alliance  
Mental Health America  
National Alliance on Mental Illness  
National Council for Behavioral Health  
National Infusion Center Association