

# ForwardHealth **UPDATE**

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## COVERAGE POLICY FOR IV KETAMINE INFUSION THERAPY FOR MAJOR DEPRESSIVE DISORDER WITH OR WITHOUT SUICIDALITY

Effective January 1, 2025, ForwardHealth will cover IV ketamine infusion therapy with an approved prior authorization (PA) request for members diagnosed with:

- Major depressive disorder (MDD) with suicidality.
- MDD without suicidality.

In accordance with federal law, ForwardHealth may establish coverage policy for off-label indications of covered outpatient drugs that are supported by clinical compendia. ForwardHealth will not accept PA requests for any other off-label indication for IV ketamine.

Refer to the following sections for more information about:

- [Allowable settings for IV ketamine infusion therapy administered to members, including:](#)
  - [Providers administering IV ketamine infusion therapy.](#)
  - [Billing and rendering providers.](#)

## AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

## TO

Advanced Practice Nurse Prescribers With Psychiatric Specialty, Anesthesiologist Assistants, Certified Registered Nurse Anesthetists, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

## CONTACT INFORMATION

Provider Services, 800-947-9627

The information provided in this ForwardHealth Update is published in accordance with Social Security Act § 1927(k) (6), Wis. Admin. Code ch. DHS 107 and §§ DHS 107.06 and 107.122(1)(b).



- [Clinical criteria and the attestation form for IV ketamine infusion therapy, including:](#)
  - [Clinical criteria for IV ketamine infusion therapy for members diagnosed with MDD with suicidality.](#)
  - [Clinical criteria for IV ketamine infusion therapy for members diagnosed with MDD without suicidality.](#)
  - [The attestation form for IV ketamine infusion therapy for MDD with or without suicidality.](#)
- [Procedure codes and modifiers for IV ketamine infusion therapy claims, including:](#)
  - [Information regarding institutional claims.](#)
  - [Information regarding professional claims.](#)
  - [A billing example for IV ketamine infusion therapy drug component.](#)

## Allowable Settings for IV Ketamine Infusion Therapy Administered to Members

IV ketamine infusion therapy must be administered:

- To a member in a medical office or medical facility such as an inpatient hospital, stand-alone outpatient clinic, or outpatient hospital clinic.
- By a physician or a qualified medical professional within their scope of practice.

## Providers Administering IV Ketamine Infusion Therapy

To prescribe IV ketamine infusion therapy, providers must be enrolled with Wisconsin Medicaid and operating within their scope of practice. Prescribers also must follow all other applicable state and federal practice requirements, such as a Drug Enforcement Agency (DEA) registration to prescribe controlled substances.

New providers can enroll with Wisconsin Medicaid:

- As an individual provider (when they are the only qualified provider at their medical office or facility).
- As a group (of two or more providers).

Refer to the [Provider Enrollment Information](#) page on the ForwardHealth Portal (the Portal) for more information about becoming a Medicaid provider.

## Billing and Rendering Providers

To bill or render IV ketamine services, providers must enroll with Wisconsin Medicaid.

## QUICK LINKS

Prescriber Responsibilities for Checking PDMP Prescription History topic [#23057](#)

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Enrollment as a billing and rendering provider allows providers to identify themselves on claims (and other forms) as either the provider billing for the services or the provider rendering the services.

A provider who is not restricted to rendering only can enroll with Wisconsin Medicaid as both a billing and rendering provider.

### **Rendering-Only Providers**

Providers who practice under the professional supervision of another provider must enroll with Wisconsin Medicaid as a rendering-only provider. Examples include:

- Physician assistants
- Nurse practitioners

Providers enrolled as rendering providers cannot submit claims to ForwardHealth directly. Instead, they have reimbursement rates established for their provider type. Claims for services provided by a rendering provider must:

- Identify the Medicaid-enrolled rendering provider.
- Identify the Medicaid-enrolled supervising provider or group provider as the billing provider.

Note: A registered nurse (RN) is not a recognized provider type in Wisconsin Medicaid. Therefore, an RN cannot enroll as either a rendering or a billing provider. An RN administering IV ketamine, even under the supervision of a physician, is still not a rendering provider under Wisconsin Medicaid.

Refer to the [Provider Enrollment Information](#) page on the Portal for more information about becoming a Medicaid provider.

## **Clinical Criteria and Attestation Form for IV Ketamine Infusion Therapy**

ForwardHealth established the clinical PA criteria for IV ketamine infusion therapy for members diagnosed with MDD with or without suicidality.

ForwardHealth has also created the IV Ketamine Infusion Therapy Attestation form, F-03342 (01/2025).

### **Clinical Criteria for IV Ketamine Infusion Therapy for Members Diagnosed With Major Depressive Disorder With Suicidality**

The clinical criteria for initial PA approval for IV ketamine infusion therapy for

# **QUICK LINKS**

Categories of Enrollment topic  
[#3969](#)

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members diagnosed with MDD with suicidality **are all of the following:**

- The member has a confirmed diagnosis of MDD as defined by criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.
- The member is at least 18 years of age.
- The member does not have an active substance use disorder (SUD).
- The member has active suicidal ideation that requires symptom control.
- The requested treatment is used in combination with an oral antidepressant.

### **Clinical Criteria for IV Ketamine Infusion Therapy for Members Diagnosed With Major Depressive Disorder Without Suicidality**

The clinical criteria for initial PA approval for IV ketamine infusion therapy for members diagnosed with MDD without suicidality **are all of the following:**

- The member has a confirmed diagnosis of MDD as defined by criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.
- The member's MDD is treatment resistant, meaning that the member's depression has not responded to two trials of treatment with antidepressant drugs.
- The member is at least 18 years of age.
- The member does not have an active SUD.
- The member experienced an unsatisfactory therapeutic response or clinically significant adverse drug reaction (during their current depressive episode) with at least two of the following:
  - A selective serotonin reuptake inhibitor
  - A serotonin-norepinephrine reuptake inhibitor
  - Bupropion

Note: The two antidepressant drug types taken by the member must have different mechanisms of action and have been prescribed at the maximally tolerated labeled dose for at least four weeks.

- The requested treatment is used in combination with an oral antidepressant.

### **PA Requests for IV Ketamine Infusion Therapy**

Providers must submit supporting clinical information and a copy of the member's current medical records with all PA requests for IV ketamine infusion therapy for members diagnosed with MDD with or without suicidality.

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The supporting clinical information and medical records must include documentation that:

- The member’s baseline is recorded using a validated depression screening tool (for example, Patient Health Questionnaire-9 [PHQ-9], the Quick Inventory of Depressive Symptomatology [QIDS]).
- A standardized treatment plan is established and included in the member’s medical record.
- The IV ketamine infusion therapy will be given under the direct supervision of a qualified health care professional, in accordance with a documented, standardized treatment and monitoring protocol.
- The IV ketamine infusion therapy is ordered by, or in coordination with, the member’s managing mental health provider. (This could also be a primary care provider or other qualified health care professional.)

### ***Initial and Renewal PA Requests for IV Ketamine Infusion Therapy***

If the clinical criteria for IV ketamine infusion therapy for members diagnosed with MDD with or without suicidality are met:

- Initial PA requests may be approved for three months and a maximum of eight treatments.
- Renewal PA requests may be approved for six months and a maximum of 13 additional treatments.

IV ketamine infusion therapy is only authorized for the duration approved in the initial and renewal PA requests for members who are diagnosed with MDD with or without suicidality. ForwardHealth will not approve additional PA requests that would exceed the number of treatments allowed for in the initial and renewal PA requests. ForwardHealth will deny additional PA requests as noncovered services.

Renewal PA requests for IV ketamine infusion therapy for members diagnosed with MDD with or without suicidality must include copies of the member’s current medical records demonstrating that:

- The prescriber attests that the member’s depressive symptoms have improved from a documented baseline using a validated depression screening tool (for example, PHQ-9, QIDS).
- The member’s IV ketamine infusion therapy continues to be used in combination with an oral antidepressant.

## **QUICK LINKS**

Denied Requests topic [#425](#)

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## Attestation Form for IV Ketamine Infusion Therapy for Major Depressive Disorder With or Without Suicidality

Effective January 1, 2025, prescribers (physicians, physician assistants, nurse practitioners, nurse anesthetists, anesthesiologist assistants, and advanced practice nurse prescribers) must include the IV Ketamine Infusion Therapy Attestation form, F-03342 (01/2025), for PA requests for IV ketamine infusion therapy for members diagnosed with MDD with or without suicidality.

Prescribers must attest that the following statements are true:

- A treatment protocol is in place.
- A monitoring protocol is in place.
- Advanced cardiovascular life support (ACLS)-certified staff is on site at the time of the infusion.
- The prescriber is a registered provider with the DEA.

PA requests submitted without the attestation form will be returned to the provider.

Refer to the ForwardHealth Online Handbook Returned Requests topic [#427](#) for more information.

**“PA requests submitted without the attestation form will be returned to the provider.”**

Note: Due to the New Year’s Day holiday, the IV Ketamine Infusion Therapy Attestation form, F-03342 (01/2025), will be available on the Portal on January 2, 2025.

### *Submitting PA Requests for IV Ketamine Infusion Therapy*

The prescriber must complete, sign, and date PA requests for IV ketamine infusion therapy for members diagnosed with MDD with or without suicidality.

**The PA request must include clinical documentation (supporting clinical information and the member’s medical records) to support the use of IV ketamine infusion therapy.**

## DID YOU KNOW?

Providers can find PA-related forms on the [Forms](#) page of the Portal by entering the form number into the Keyword or Form Number field of the Search Criteria and clicking Search.

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The completed PA request should also include:

- Current Procedural Terminology (CPT) procedure code 96365 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; initial, up to 1 hour).
- The U4 modifier to indicate it is for IV ketamine infusion therapy approval.

When prescribers submit the PA requests, they must include the:

- Prior Authorization/Request Form (PA/RF), F-11018 (05/2013).
- Prior Authorization/Physician Attachment (PA/PA) form, F-11016 (07/2012).
- IV Ketamine Infusion Therapy Attestation form, F-03342 (01/2025).

PA requests may be submitted on the [Portal](#), by [fax](#), or by [mail](#).

Prescribers submitting the forms and documentation by fax should use the Prior Authorization Fax Cover Sheet, F-01176 (09/2022), available on the [Forms](#) page of the Portal.

**Prescribers submitting PA requests on the Portal must upload the IV Ketamine Infusion Therapy Attestation form, F-03342 (01/2025), as an attachment.**

Refer to the Prior Authorization section of the Physician service area for more information about [PA submission options](#).

## Procedure Codes and Modifiers for IV Ketamine Infusion Therapy Claims

To receive reimbursement, providers must use the most appropriate CPT code(s) and Healthcare Common Procedure Coding System (HCPCS) code with the U4 modifier on all claim details for IV ketamine infusion therapy for MDD with or without suicidality.

The CPT codes for IV ketamine infusion therapy are:

- 96365 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; initial, up to 1 hour)
- 96366 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; each additional hour)
- 96374 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; intravenous push, single or initial substance/drug)

## QUICK LINKS

[Prior Authorization Request Form Completion Instructions for Physician Services topic #4677](#)

Note: Providers must indicate process type 117 (for physician services) on the PA/RF for PA requests for IV ketamine infusion therapy for members diagnosed with MDD with or without suicidality. Providers should select the process type 117 that indicates physician services if submitting the PA request through the Portal.

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- 96375 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; each additional sequential intravenous push of a new substance/drug)

Providers must use HCPCS code J3490 (Unclassified drugs) with the U4 modifier to indicate the drug component of the IV ketamine infusion therapy. Claims for J3490 without the U4 modifier will be denied. Providers must bill each unit of ketamine in milliliters (mL), with one HCPCS billing unit equal to 1 mL.

Refer to the [Attachment](#) to this Update for information about how codes 96365, 96366, 96374, 96375, and J3490 should be billed for IV ketamine infusion therapy.

### Institutional Claims

Inpatient and outpatient hospital providers must submit institutional claims to ForwardHealth for fee-for-service members.

All components of the IV ketamine infusion therapy must be billed to the managed care entity (an HMO or managed care organization [MCO]) for managed care members whose program covers institutional claims.

**For inpatient institutional claims, IV ketamine infusion therapy cannot be the primary reason for admitting the member for inpatient services.**

Refer to the Submission chapter of the Claims section of the [Hospital, Inpatient](#) or [Hospital, Outpatient](#) service areas for more information.

### Professional Claims

Claims for IV ketamine infusion therapy for MDD with or without suicidality must be submitted according to current claim submission requirements for professional claims and physician-administered drugs.

### *UD Modifier for Drugs Purchased Through the 340B Program*

If the IV ketamine infusion therapy drug was purchased through the 340B Drug Pricing (340B) Program, the claim must include the UD modifier with HCPCS code J3490.

Providers who submit professional claims for physician-administered drugs purchased through the 340B Program to ForwardHealth are required to indicate the UD modifier for each HCPCS procedure code. The UD modifier indicates that the provider determined that the product billed on the claim

## QUICK LINKS

- Managed Care Organizations topic [#562](#)
- Physician-Administered Drug Claim Requirements topic [#4382](#)

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detail was purchased pursuant to rights available under Section 340B of the Public Health Act of 1992.

For example, providers who submit professional claims for ketamine under CPT code 96365 and HCPCS code J3490 with the U4 modifier for IV ketamine infusion therapy must also indicate the UD modifier with J3490.

Refer to the Claims for Drugs Purchased Through the 340B Drug Pricing Program topic [#20082](#) for more information about the UD modifier requirement.

### ***Physician-Administered Drugs Carve-Out Policy***

The physician-administered drugs carve-out policy is defined to include these procedure codes:

- Drug-related “J” codes
- Drug-related “Q” codes
- Certain drug-related “S” codes

The [Physician-Administered Drugs Carve-Out Procedure Codes](#) data table indicates the status of procedure codes considered under the physician-administered drugs carve-out policy.

Refer to the Physician-Administered Drug Claim Requirements topic [#4382](#) for more information about ForwardHealth’s physician-administered drug carve-out policy.

### ***National Drug Codes***

National Drug Codes (NDCs) for physician-administered drugs must also be indicated on a professional claim. The NDC must be accompanied by:

- An NDC qualifier.
- A unit qualifier.
- The correct NDC units.

Providers must indicate the appropriate NDC of the drug that was dispensed. ForwardHealth will deny the claim if:

- An NDC is not indicated on the claim.
- The NDC is not produced by a drug manufacturer who participates in the federal Medicaid Drug Rebate Program.

Refer to the [Submission](#) chapter of the Claims section of the Physician service area for detailed information about these requirements.

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Providers may refer to the [interactive maximum allowable fee schedules](#) on the Portal for the reimbursement rates for CPT codes 96365, 96366, and 96374 and HCPCS code J3490 with the U4 modifier for IV ketamine infusion therapy submitted on professional claims. These rates will be available for dates of service on and after January 1, 2025.

### Billing Example for IV Ketamine Infusion Therapy Drug Component

Providers are required to determine the appropriate procedure codes or units to bill based on the specific details of the treatment administered.

On a professional claim for IV ketamine infusion therapy for MDD with or without suicidality, the provider must **indicate the correct number of units of the drug administered for both:**

- The HCPCS code representing the drug
- The NDC of the actual drug dispensed

For example, a member receives a 35 mg dose of NDC 00409-2051-05 (Ketamine HCl 500 mg/5 mL vial) during their IV ketamine infusion therapy. The drug was not purchased through the 340B Program, so the UD modifier is not needed on the claim.

Providers would include HCPCS code J3490 with the U4 modifier to indicate 0.35 HCPCS billing units for the milliliter quantity for this claim. (The 0.35 billing units is equivalent to the example of 35 mg of ketamine given to the member.)

For NDC 00409-2051-05 (Ketamine HCl 500 mg/5 mL vial), the appropriate NDC unit of measurement is also in milliliters. Therefore, 0.35 NDC billing units would be indicated in the shaded area of Item Number 24A of the 1500 Health Insurance Claim Form (02/2012) by entering N4 (which is the qualifier that indicates an NDC is being used). This is followed by the 11-digit NDC (include all leading zeros), then the two-letter abbreviation for the unit of measure, and the number of units. Do not leave any blank spaces between these elements.

For further instructions on submitting a 1500 Health Insurance Claim Form with supplemental NDC information, providers may refer to the 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12 on the [National Uniform Claim Committee](#) website.

## QUICK LINKS

1500 Health Insurance Claim Form Instructions topic  
[#17797](#)

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## Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

## Information Regarding Managed Care Organizations

This ForwardHealth Update applies to IV ketamine infusion therapy that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate MCO. MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

This Update also applies to physician-administered drug services that members receive on a fee-for-service basis and through BadgerCare Plus and Medicaid SSI.

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**This Update was issued on 12/19/2024 and information contained in this Update was incorporated into the Online Handbook on 01/02/2025.**

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

# ATTACHMENT

## How to Bill for Allowable Procedure Codes for IV Ketamine Infusion Therapy

These three tables (on pages 12-13) outline how units of time for IV ketamine infusion therapy are billed for Healthcare Common Procedure Coding System code (HCPCS) J3490 (Unclassified drugs) with the most appropriate Current Procedural Terminology (CPT) codes:

- 96365 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; initial, up to 1 hour)
- 96366 (Intravenous infusion, for therapy, prophylaxis, or diagnosis [specify substance or drug]; each additional hour)
- 96374 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; intravenous push, single or initial substance/drug)
- 96375 (Therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; each additional sequential intravenous push of a new substance/drug)

The tables also show how providers will bill when an IV push medication is given to the member.

WHEN...	CPT code 96365 and HCPCS code J3490 with the U4 modifier are billed, the IV ketamine infusion can range from 16–90 minutes, and
IF...	An IV push medication is given to the member,
THEN...	The provider will use CPT code 96374 without the U4 modifier for the first medication and CPT code 96375 without the U4 modifier for each additional IV push drug.

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WHEN...	CPT codes 96365 and 96366 and HCPCS code J3490 with the U4 modifier are billed, the IV ketamine infusion is greater than 91 minutes, and
IF...	An IV push medication is given to the member,
THEN...	The provider will use CPT code 96374 without the U4 modifier for the first medication and CPT code 96375 without the U4 modifier for each additional IV push drug.

WHEN...	CPT code 96374 and HCPCS code J3490 with the U4 modifier are billed, the IV ketamine infusion is less than 16 minutes, and
IF...	An IV push medication is given to the member,
THEN...	The provider will use CPT code 96375 without the U4 modifier.

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