



Alaska Medical Assistance

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Toll-free: 800.770.5650
<http://medicaidalaska.com>

Remittance Advice (RA) Message

Title: **Dsuvia and Spravato Conditions of Payment**

Issue Date: 04/16/2019

Run Length: 10 weeks

Provider Type(s): 001, 002, 003, 005, 008, 010, 012, 020, 021, 025, 028, 030, 033, 034, 035, 036, 039, 040, 041, 042, 045, 051, 053, 054, 055, 056, 059, 062, 068, 070, 072, 078, 080, 107

Message: Dsuvia™ is covered only when administered in a hospital inpatient setting, and is not covered when administered in an outpatient setting.

Spravato™ requires [prior authorization](#) (http://manuals.medicaidalaska.com/docs/dnld/Form_ServiceAuth.pdf) and may be provider-administered in an inpatient or outpatient setting. Spravato™ must be administered under the direct supervision of a healthcare provider for a minimum of 2 hours, until the patient is clinically stable.

Dsuvia™ and Spravato™ may **not** be billed through the Alaska Medicaid pharmacy point of sale system.

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, 1, or toll-free in Alaska at 800.770.5650, option 1, 1, 1.