






### IV Ketamine Infusion Therapy

#### Overview

ForwardHealth covers IV ketamine infusion therapy with an approved prior authorization request for BadgerCare Plus and Wisconsin Medicaid Supplemental Security Income (SSI) members diagnosed with major depressive disorder (MDD) with and without suicidality.\* The therapy can only be rendered by a prescriber who is registered with the DEA and who attests that specific protocols are in place during the treatment. Please review the information below to ensure you are following all appropriate guidelines and requirements.

<h4>ForwardHealth Guidance</h4>	
	<p><a href="#">ForwardHealth Update: Ketamine Infusion Therapy for MDD</a></p> <p>Please review this bulletin for guidance issued by the Wisconsin Department of Health Services, including provider attestation requirements, clinical criteria, allowable infusion settings, and appropriate billing codes and modifiers.</p>
<h4>Medical Policy</h4>	
	<p><a href="#">Ketalar® (Ketamine) and Spravato® (Esketamine) – UnitedHealthcare Community Plan Medical Benefit Drug Policy</a></p>
<h4>Provider Attestation</h4>	
	<p>You must complete the <a href="#">IV Ketamine Infusion Therapy Attestation Form (F-03342)</a> and include it with your prior authorization request for the treatment. As a prescriber, you must attest that:</p> <ul style="list-style-type: none"> <li>• A treatment protocol is in place</li> <li>• A monitoring protocol is in place</li> <li>• Advanced cardiovascular life support (ACLS)-certified staff is on site at the time of the infusion</li> <li>• The prescriber is a registered provider with the DEA</li> </ul>
<h4>Prior Authorization Requirements</h4>	
	<ul style="list-style-type: none"> <li>• Submit authorization requests via the UnitedHealthcare Provider Portal.             <ul style="list-style-type: none"> <li>○ <b>Do not submit</b> via the Optum Behavioral Health Provider Express secure portal. Your request will be denied and you will need resubmit it to UnitedHealthcare, which will delay review of the request.</li> </ul> </li> <li>• Your authorization request <b>must include</b>:             <ul style="list-style-type: none"> <li>○ Supporting clinical information,</li> <li>○ A copy of the member’s current medical records</li> <li>○ The completed IV Ketamine Infusion Therapy Attestation Form</li> </ul> </li> <li>• Requests submitted without the completed attestation form will be returned to the provider.</li> <li>• ForwardHealth will not approve prior authorization requests for any other off-label indication for IV ketamine.</li> </ul>
<h4>Submission Process</h4>	
	<ul style="list-style-type: none"> <li>• Go to <a href="https://UHCprovider.com">UHCprovider.com</a> to sign in to the UnitedHealthcare Provider Portal. Refer to these self-paced guides for step-by-step instructions, if needed.             <ul style="list-style-type: none"> <li>○ <a href="#">Access and New User Registration</a></li> <li>○ <a href="#">Quick Start: Prior Authorization and Notification</a></li> <li>○ <a href="#">Prior Authorization and Notification Interactive Guide</a></li> </ul> </li> </ul>

\*ForwardHealth began covering IV Ketamine infusion therapy on Jan. 1, 2025 for eligible members who meet clinical and administrative requirements.