

Ketamine-Assisted Psychotherapy (KAP)

Policy MP-054

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Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

Description:

Major depressive disorder (MDD) has one of the highest global morbidities. Literature suggests that standard antidepressants are effective in only about two-thirds of patients and have a significant response delay, taking 2-4 weeks for initial effects and 6-12 weeks for maximum efficacy. Therefore, there is a need for faster-acting antidepressant therapies to alleviate depression more quickly. Recent research suggests that ketamine may be a novel, rapid-acting antidepressant.

Ketamine, a Schedule III controlled substance and NMDA receptor antagonist, is FDA-approved as a general anesthetic for surgeries and procedures not requiring muscle relaxation. It also has rapid-acting antidepressant effects and is used off-label for treatment-resistant depression.

While its exact mechanism for treating depression is unknown, one of the mechanisms is thought to include dissociating the patient from their environment through action on the cortex and limbic system.

Ketamine-assisted psychotherapy (KAP) is a therapeutic approach that combines the administration of ketamine with psychotherapy sessions for mental health disorders as listed below.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans covers a one-time consultation with a psychiatrist, APRN, or PA to assess eligibility for Ketamine-Assisted Psychotherapy (KAP).

U of U Health Plans does not cover the administration of ketamine in any form (IV, IM, nasal, oral, or sublingual) for the purpose of Ketamine-Assisted Psychotherapy (KAP), as it is considered investigational for psychiatric conditions at this time.

U of U Health Plans covers 3 post-ketamine assisted psychotherapy sessions (only one per day) if the following criteria are met:

- A. Treatment is at an approved U of U Behavioral Health credentialed clinic;
- B. Member has one of the following diagnoses:
 - i. Major Depression Disorder
 - ii. Post-Traumatic Stress
 - iii. Generalized and other Anxiety Disorders
 - iv. Obsessive-Compulsive Disorder
- C. Initial integration therapy sessions are scheduled within 1-3 days following a KAP session (same-day integration may be covered if clinically justified by the provider). Sessions held while a patient is intoxicated or dissociating from ketamine are not covered;
- D. Post-ketamine assisted therapy sessions focus on processing and applying insights from KAP;
- E. Each integrated session documents the following (i.- iii.):
 - i. Patient outcomes including:
 - a) Therapeutic goals;
 - b) Session content;
 - c) Progression directly related to processing the KAP experience; and
 - ii. Observable patient outcomes across integrated sessions including:
 - a) Therapeutic gains
 - b) Challenges; or
 - c) Adverse events
 - iii. Timing of integrated therapy related to KAP

- F. Clinics have one of the following qualified clinicians onsite to monitor member safety:
 - i. Register Nurse (RN);
 - ii. Advanced Practice Registered Nurse (APRN);
 - iii. Physician Assistant (PA); or
 - iv. Medical Doctor (MD);

- G. Integration therapies are provided by a licensed mental health provider (e.g., LCSW, LPC, LMFT) that has relevant training or experience in KAP or psychedelic-assisted therapies
 - i. Credentialed clinics must maintain and have available documentation of each provider's qualifications and any KAP-specific training

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Clinical Rationale

Ketamine is an effective short-term treatment for a range of psychiatric disorders. A key question is whether the addition of psychotherapy to ketamine treatment improves outcomes or delays relapse. In a 2023 systematic review, Kew et. al. identified studies combining psychotherapy with ketamine for the treatment of psychiatric disorders to summarize their effects and make recommendations for future research. Two Potential studies were searched for in MEDLINE, Embase, PsycINFO, SCOPUS, the Cochrane library and Google Scholar. Eligible studies combined ketamine and psychotherapy for the treatment of psychiatric disorders and did not use case reports or qualitative designs. Key findings relating to psychotherapy type, diagnosis, ketamine protocol, sequencing of psychotherapy and study design were reported. Risk of bias was assessed using modified Joanna Briggs critical appraisal tools. Nineteen studies evaluating 1006 patients were included in the systematic review. A variety of supportive individual and group, manualized and non-manualized psychotherapies were used. The majority of studies evaluated substance use disorders, post-traumatic stress disorder and treatment-resistant depression. Ketamine protocols and sequencing of ketamine/psychotherapy treatment varied substantially between studies. Outcomes were largely positive for the addition of psychotherapy to ketamine treatment. In conclusion, the authors found that the combination of psychotherapy and ketamine offers promise for the treatment of psychiatric disorders, but study heterogeneity prevents definitive recommendations for their integration. Thus, further, more robust randomized controlled trials (RCTs) using manualized psychotherapies and standardized ketamine protocols are needed to

clarify the extent to which the addition of psychotherapy to ketamine improves outcomes over ketamine treatment alone.

A 2022 systematic review (Joneborg et. al.) evaluated the efficacy of ketamine-assisted psychotherapy (KAP) in the treatment of treatment-resistant depression (TRD) and substance use disorders (SUD). Five randomized-controlled trials reported on the efficacy of KAP treatment and discussed active mechanisms. Four of the studies treated adults with SUD and a single study treated adults with TRD. Overall, KAP had a significant positive effect on primary outcome measures compared to controls, however, the data is mixed. The study examining KAP for TRD found no benefit. Limitations include lack of large, replicated clinical trials and no studies actively examined mechanisms of action. In conclusion, the authors found that evidence suggests that temporary neural changes caused by ketamine such as n-methyl-d-aspartate receptor (NMDAR) inhibition and increase of synaptic neuroplasticity affect treatment outcomes of KAP. However, further, more robust studies are needed to substantiate these findings.

Another 2022 systematic review (Drozd et. al.) looked at ketamine-assisted psychotherapy (KAP) and summarized existing evidence regarding present-day practices. Currently, ketamine is used in treating multiple pain, mental health, and substance abuse disorders due to rapid-acting analgesic and antidepressant effects. Its limited short-term durability has motivated research into the potential synergistic actions between ketamine and psychotherapy to sustain benefits. Seventeen articles that included 603 participants were identified. Findings supported that combined treatments can, in specific circumstances, initiate and prolong clinically significant reductions in pain, anxiety, and depressive symptoms. Despite much variance in how KAP is applied (route of ketamine administration, ketamine dosage/frequency, psychotherapy modality, overall treatment length), these findings suggest psychotherapy, provided before, during, and following ketamine sessions, can maximize and prolong benefits. However, further, large-scale RCTs are warranted to gain greater insight into the mutually influential relationships between psychotherapy and ketamine.

Applicable Coding

CPT Codes

90832	Psychotherapy, 30 minutes with patient
90834	Psychotherapy, 45 minutes with patient
90837	Psychotherapy, 60 minutes with patient

HCPCS Codes

No applicable codes

References:

1. Drozd, S. J., A. Goel, M. W. McGarr, J. Katz, P. Ritvo, G. F. Mattina, V. Bhat, C. Diep and K. S. Ladha (2022). "Ketamine Assisted Psychotherapy: A Systematic Narrative Review of the Literature." *J Pain Res* 15: 1691-1706.
2. Fond G, Loundou A, Rabu C, et al. Ketamine administration in depressive disorders: A systematic review and meta-analysis. *Psychopharmacology (Berl)*. 2014;231(18):3663-3676.
3. Joneborg, I., Y. Lee, J. D. Di Vincenzo, F. Ceban, S. Meshkat, L. M. W. Lui, F. Fancy, J. D. Rosenblat and R. S. McIntyre (2022). "Active mechanisms of ketamine-assisted psychotherapy: A systematic review." *J Affect Disord* 315: 105-112.
4. Kew, B. M., R. J. Porter, K. M. Douglas, P. Glue, C. L. Mentzel and B. Beaglehole (2023). "Ketamine and psychotherapy for the treatment of psychiatric disorders: systematic review." *BJPsych Open* 9(3): e79.
5. Niciu MJ, Luckenbaugh DA, Ionescu DF, et al. Ketamine's antidepressant efficacy is extended for at least four weeks in subjects with a family history of an alcohol use disorder. *Int J Neuropsychopharmacol*. 2014;18(1).

6. U.S Food and Drug Administration (FDA) (2020) "KETALAR (ketamine hydrochloride) injection, for intravenous or intramuscular use, CIII Initial U.S. Approval: 1970." Accessed: February 10, 2025. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/016812s046lbl.pdf
7. U.S Food and Drug Administration (FDA) (2024) "FDA warns patients and health care providers about potential risks associated with compounded ketamine products, including oral formulations, for the treatment of psychiatric disorders." Accessed: February 10, 2025. Available at: <https://www.fda.gov/drugs/human-drug-compounding/fda-warns-patients-and-health-care-providers-about-potential-risks-associated-compounded-ketamine>

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