

High Hopes, High Costs:

*Breaking the Ketamine Therapy
Cost Barrier in the U.S.*



Introduction

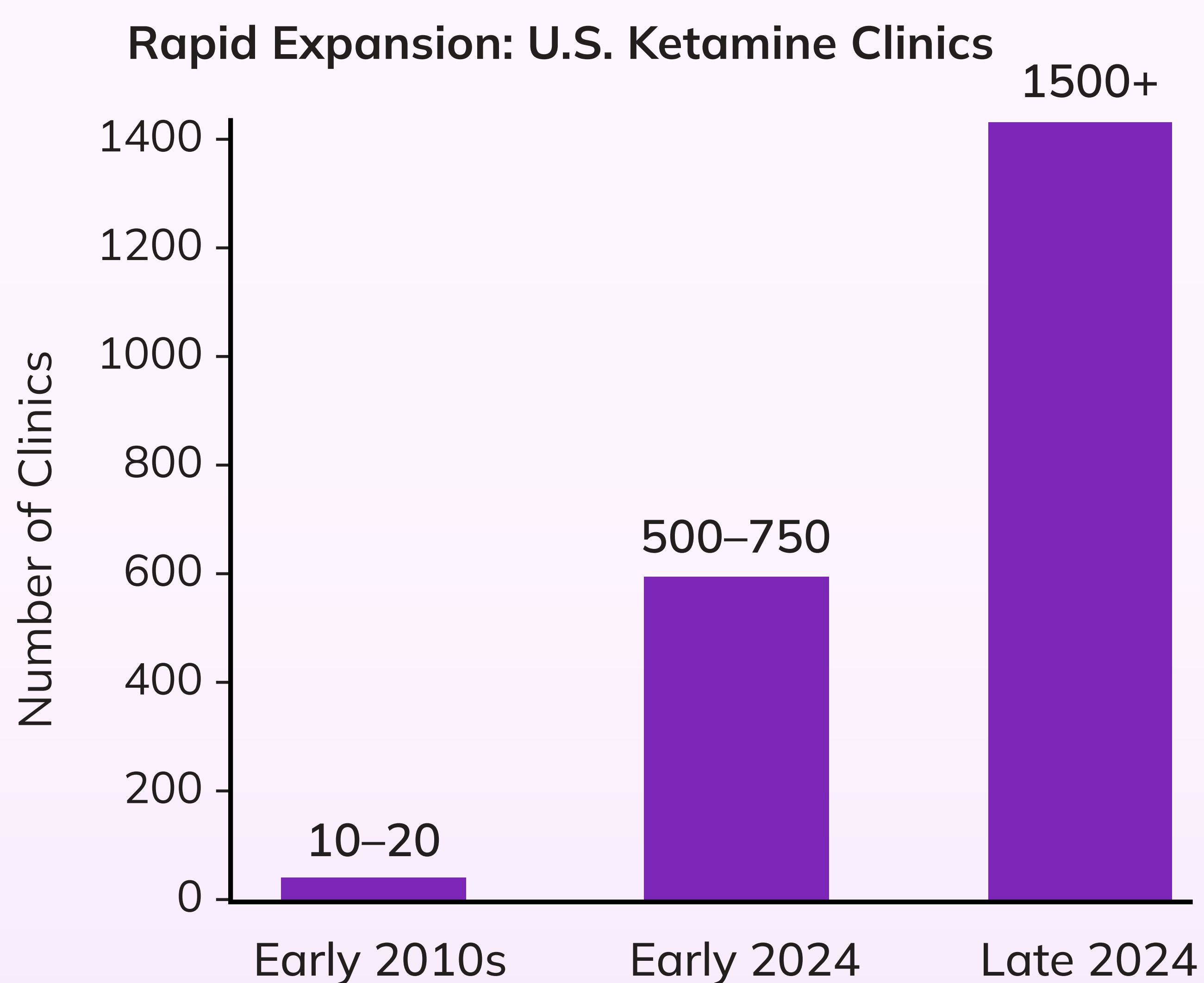
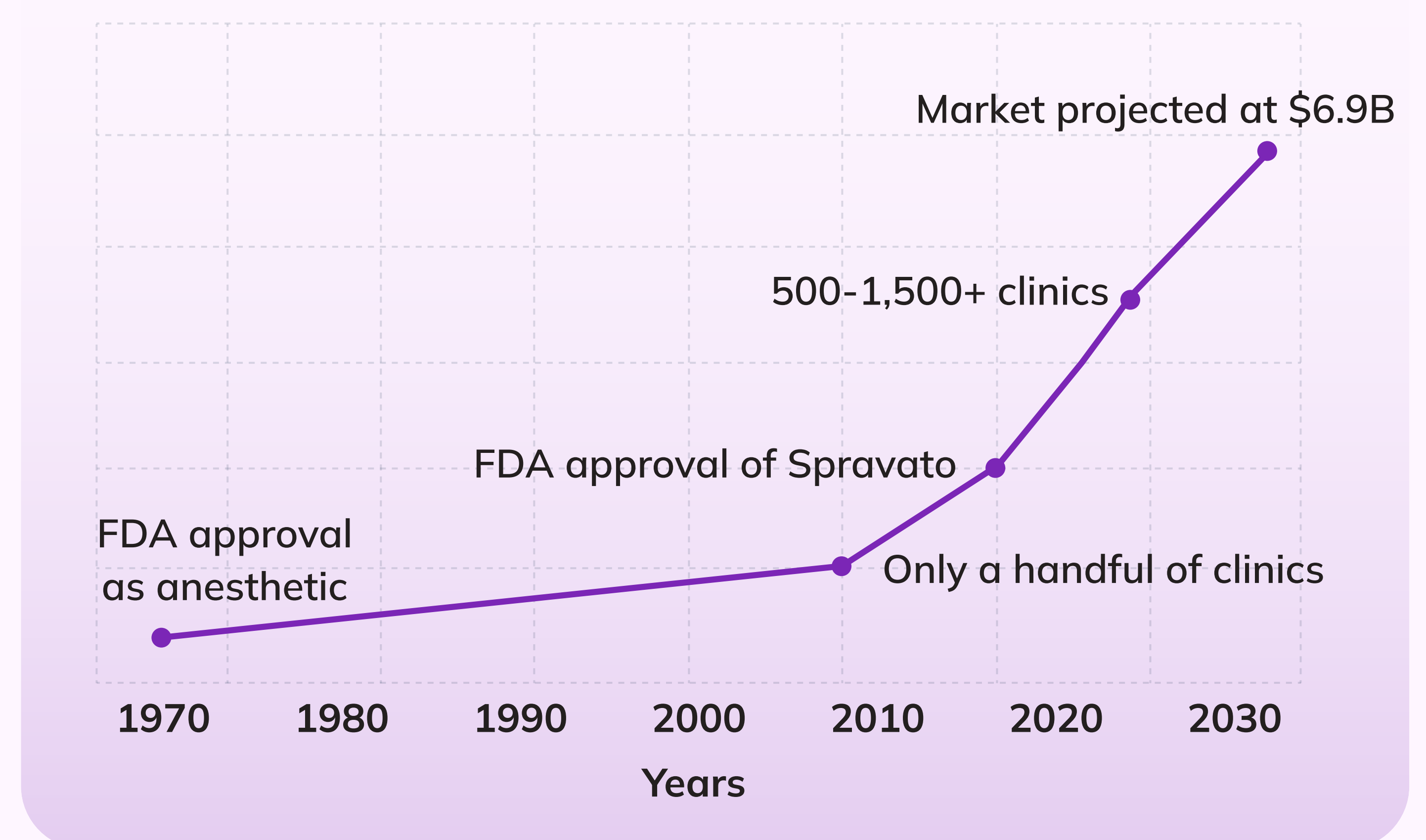
Ketamine has emerged over the past decade as a groundbreaking therapy for treatment-resistant mental health conditions, offering rapid relief when traditional antidepressants fail. Yet alongside this promise lies a significant challenge: **affordability**. Most ketamine treatments are **not covered by insurance**, forcing patients to pay thousands of dollars out-of-pocket for a full course of therapy. While demand for ketamine clinics has boomed, the **financial barriers** to treatment remain high, limiting patient access and leaving clinic owners grappling with how to make care accessible. This whitepaper examines the history and growth of ketamine therapy in the U.S., the **cost hurdles** patients and clinics face (from insurance gaps to payment processing woes), and practical insights for clinic owners on navigating the economics of this rapidly evolving field.



A Decade of Ketamine Care in the U.S.

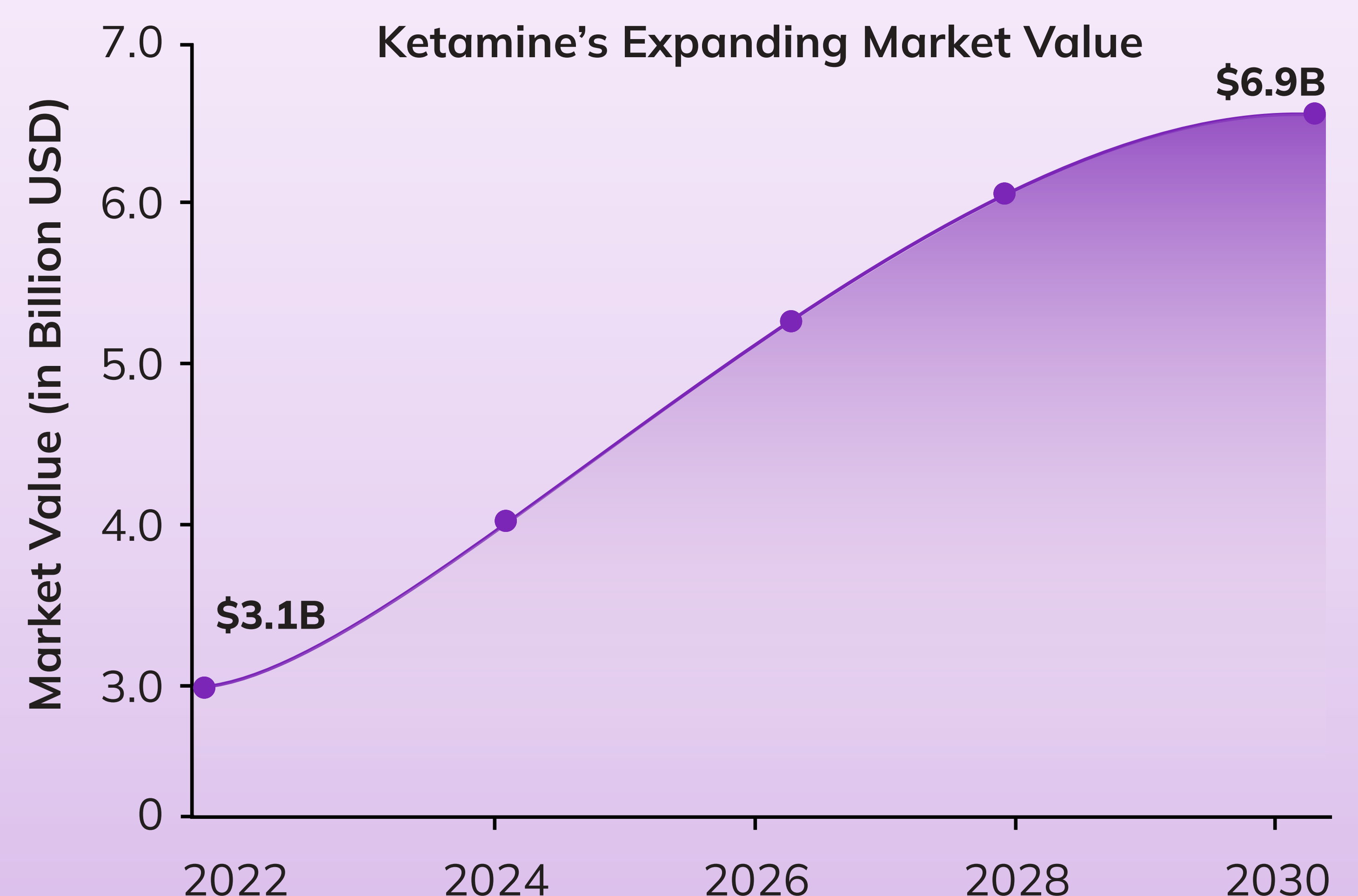
Ketamine was first approved in 1970 as an anesthetic, but its **psychiatric potential** was recognized much later. Over the last 10 years, ketamine therapy for depression, PTSD, and other mood disorders has gone from an experimental idea to a widespread (if still unconventional) practice. In the early 2010s, only a handful of pioneering clinics offered off-label ketamine infusions for mental health. Today, the landscape has transformed: **between 500 and 750 ketamine clinics** had sprung up nationwide by early 2024, and some estimates put the number of clinics over 1,500 by late 2024. Market research shows U.S. ketamine clinic revenues reached **\$3.1 billion in 2022**, and projections suggest the industry will more than double to about **\$6.9 billion by 2030**. This explosive growth reflects both intense patient demand (driven by the mental health crisis and positive clinical outcomes) and entrepreneurial interest in the “ketamine boom.”

Milestones in Ketamine Treatment: 1970-2030



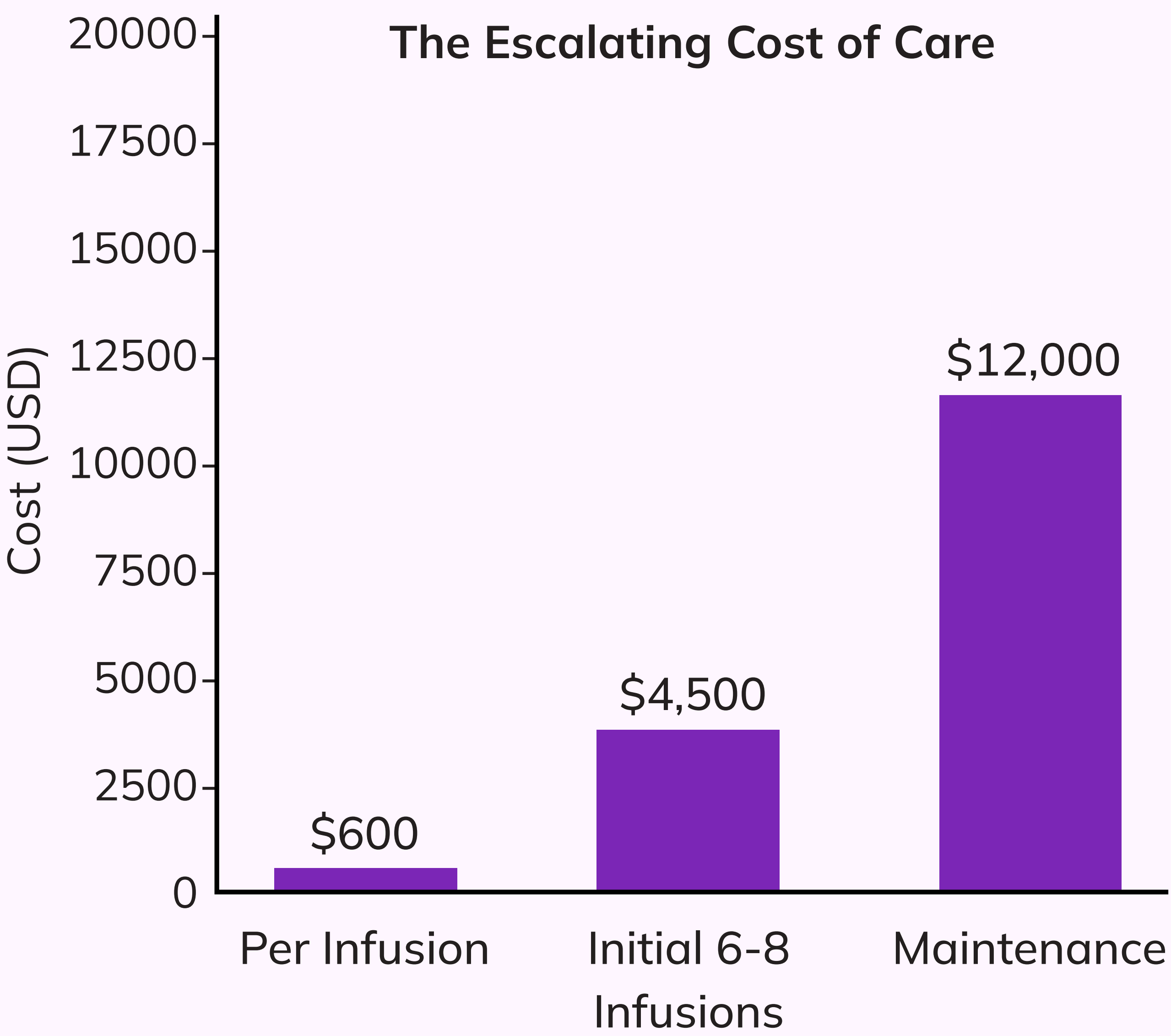
However, the rapid proliferation of clinics has come with growing pains. The field has been described as a “Wild West” of medicine – highly promising but with little standardized regulation. Early on, many people (including healthcare professionals and financial institutions) misunderstood ketamine’s role, associating it mainly with its history as a club drug (“Special K”) or an anesthetic. This stigma meant ketamine clinics initially faced skepticism about legitimacy.

Over time, research and success stories have earned greater acceptance – for example, the FDA’s 2019 approval of a ketamine-derived nasal spray (Spravato) for depression lent credibility to ketamine’s psychiatric use. By the mid-2020s, ketamine treatments are broadly recognized in psychiatric circles as a legitimate option for treatment-resistant conditions. Yet, despite this growing clinical validation and a surge of new clinics, one fundamental reality persists: most patients still cannot afford ketamine therapy.



The True Cost of Ketamine Therapy

For patients, the price tag of ketamine treatment is often prohibitive. Unlike a one-time medication prescription, ketamine’s efficacy relies on a series of supervised treatments. A standard protocol for depression might involve an induction phase of 6–8 IV or IM infusions administered over a few weeks, followed by periodic maintenance sessions. Each infusion session can cost anywhere from \$400 to \$800 on average in the U.S., though prices vary by region and clinic. Many clinics charge \$600 or more per infusion, which means an initial treatment series commonly totals \$3,000 to \$6,000 out-of-pocket for the patient. Subsequent booster infusions (e.g. monthly or as needed) add to this cumulative cost.



Why is ketamine therapy so expensive? The irony is that ketamine the drug itself is relatively cheap – a single dose of generic ketamine costs clinics only around \$1. The high price of treatment comes from the professional services and infrastructure required: consultations and monitoring by medical staff, the controlled clinical setting, equipment and overhead, and the specialized nature of the treatment. Unlike a routine medication refill, ketamine infusions demand intensive, one-on-one care over an extended period, and clinics must price sessions to sustain these resource-intensive services. With little to no insurance reimbursement, clinics operate on a cash-pay model, which passes the full burden to patients. In effect, the absence of insurance support turns ketamine therapy into a boutique or elective procedure in practice – financially out of reach for many who might benefit.

Insurance Coverage Gap



“Drug cost: \$1” vs. “Patient cost: \$500+ per infusion”

Little to no reimbursement → patients bear 100% of cost

The Cost Curve of Ketamine



1 infusion (\$500) = manageable for many



6 infusions in 1 month = \$3,000 → financially inaccessible



Long-term maintenance = potentially tens of thousands

It’s important to note that the necessity of multiple sessions magnifies the affordability problem. A single \$500 infusion might be manageable for a patient, but needing six of them in a month (and additional maintenance later) can quickly escalate beyond what most people can pay. The total cost of a complete ketamine treatment course can range from several thousand to even tens of thousands of dollars, especially if long-term maintenance is needed. Such costs are “financially inaccessible for many patients.”

The Insurance Gap: Why Patients Pay Out-of-Pocket

A core reason ketamine therapy is so costly to patients is the lack of insurance coverage. **Most insurance providers do not cover IV/IM ketamine treatments for mental health conditions.** The therapy is considered “off-label” – ketamine is only FDA-approved as an anesthetic, not for depression or other psychiatric uses (despite robust evidence of effectiveness). Insurance companies generally refuse coverage for treatments without FDA approval for that indication, labeling them as experimental. As a result, insurance parity laws and mental health coverage mandates have not tangibly helped ketamine patients: the default is that patients must pay 100% out-of-pocket for ketamine infusions or injections.



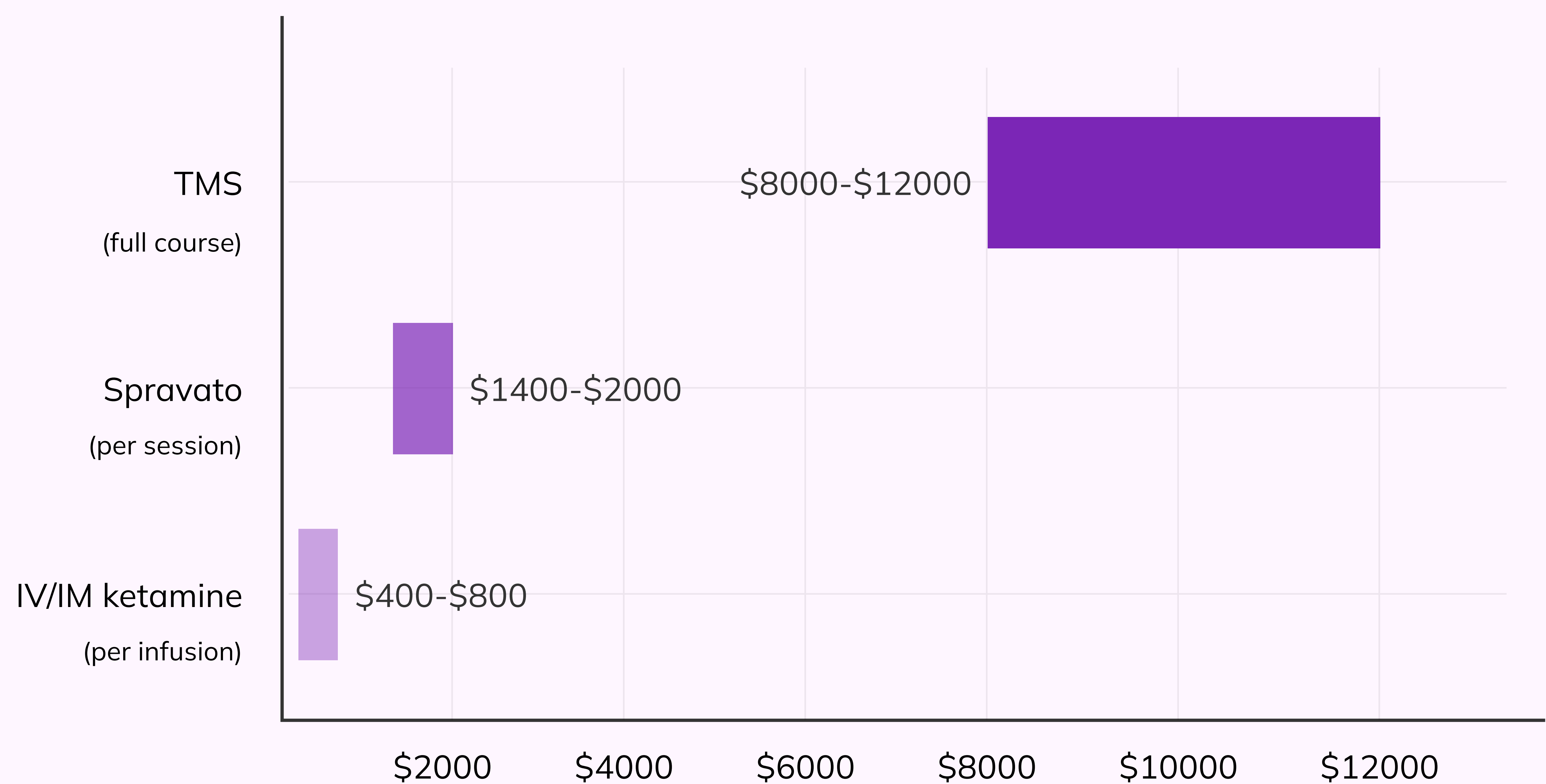
IV/IM ketamine for psychiatric use
0% coverage



Esketamine (Spravato)
conditional coverage (requires prior treatment failures, certified clinics)

There is one notable exception: **esketamine nasal spray (Spravato)**. Approved by the FDA in 2019 for treatment-resistant depression, Spravato opened the door for insurance coverage of ketamine-based therapy. Many insurers, including major carriers like Aetna, Anthem, Cigna, and United Healthcare, will **cover Spravato** – but only if patients meet strict criteria such as documented failure of 2–3 prior antidepressants. Even when approved, Spravato must be administered under medical supervision in a certified clinic due to safety monitoring requirements, and patients often need around 12 sessions in the first 1–2 months. The **cost of Spravato** is substantial: each treatment session involves expensive medication devices and clinic oversight. Insurers may be billed roughly \$1,400–\$2,000 per session. For patients, out-of-pocket costs vary widely depending on their plan. In the best case, a patient with excellent coverage might only pay a copay (e.g. \$20–\$50 per visit). But many patients still face **high out-of-pocket expenses for Spravato** – for example, those with high-deductible plans must often cover the full cost of initial treatments until their deductible is met, which can mean paying thousands in the first few months. In short, Spravato’s insurance coverage has stringent gatekeeping and often still leaves patients with large bills.

Cost Comparison per Session



Another related treatment, **Transcranial Magnetic Stimulation (TMS)**, offers an illustrative comparison. TMS is a non-invasive neuromodulation therapy for depression that, like Spravato, earned FDA approval (in 2008) for treatment-resistant depression. Most insurers will cover TMS, but only after the patient has tried and failed multiple antidepressant medications and psychotherapy. The typical cost of a TMS course is \$8,000–\$12,000 for 30–36 sessions, which insurers negotiate down; however, patients on high-deductible insurance plans might still pay several thousand dollars out-of-pocket for TMS before coverage kicks in. These examples underscore a broader point: **even when therapies are technically covered by insurance, patients often face sizable copayments, co-insurance, or deductibles.** High-deductible health plans (which are increasingly common in the U.S.) mean that a patient might effectively be paying out-of-pocket for most of their treatment until insurance coverage truly kicks in.



Payment Processing and Legitimacy Challenges for Clinics



Ketamine clinics are often treated as high-risk by financial institutions — due to Schedule III controlled substance status, off-label medical use, and potential chargebacks.



Beyond insurance issues, ketamine clinic owners have faced additional financial hurdles behind the scenes. In the early growth of the industry, a number of clinics encountered problems with **payment processors and banks** due to ketamine’s unusual status.

Many payment processing companies categorize ketamine clinics as a **“high-risk” business**. This is partly because ketamine is a controlled substance (Schedule III) and partly because of its off-label medical use. As a result, mainstream payment platforms – like PayPal or Square – have at times **refused to work with ketamine providers**. Clinic owners report suddenly having their merchant account applications denied or terminated, or being quoted exorbitant processing fees. Specialized “high-risk” merchant service providers will work with ketamine clinics, but often at the cost of **higher transaction fees and stricter terms**.

Who Will Process Your Payment?



Mainstream processors (PayPal, Square)
limited/refused



Specialized “high-risk” processors
available but costly

The classification of ketamine clinics as high-risk also ties into concerns about **chargebacks and fraud**. Some payment processors worry that patients might dispute charges (for example, if they feel a costly treatment “didn’t work”), which can lead to chargebacks. Frequent chargebacks can even result in a clinic losing its merchant account. These factors make payment processing a delicate area – clinics must ensure clear communication and billing practices to avoid disputes. Over time, as ketamine treatment became more mainstream, awareness in the financial industry has improved somewhat, but **clinic owners still need to navigate a financial services environment that was not originally designed with ketamine practices in mind**.

Financing Options for Patients: Limited and Credit-Dependent

Given the steep cost of ketamine treatment and the lack of insurance coverage, **patient financing** becomes a critical consideration. Many patients desperate for relief will seek ways to pay for care over time rather than upfront. From the clinic's perspective, offering or facilitating financing can expand the pool of patients who can start treatment. In recent years, **third-party medical financing** companies like CareCredit have included ketamine therapy in their portfolios. CareCredit and similar medical credit lines allow patients to charge medical fees and pay them off over time, sometimes with promotional 0% interest periods. **Many ketamine clinics now offer such financing.**

However, these financing options come with significant **limitations. Approval depends on creditworthiness – not everyone qualifies.** Patients with poor credit or past financial issues may be denied financing or given only a small credit line that doesn't cover the full treatment cost. Even patients who do qualify may face high interest rates if they cannot pay off the balance quickly – some medical financing products carry APRs up to **35%** for lower-credit patients. That means a \$4,000 treatment could end up costing significantly more once interest accrues. In essence, most current financing solutions are **backed by banks or lenders and involve extending credit (debt) to the patient**, which inevitably excludes those with no credit or poor credit history.

Multiple Ways to Cover Treatment Costs



Third-party medical credit cards



In-house clinic plans



HSA/FSA accounts



Cash-pay only

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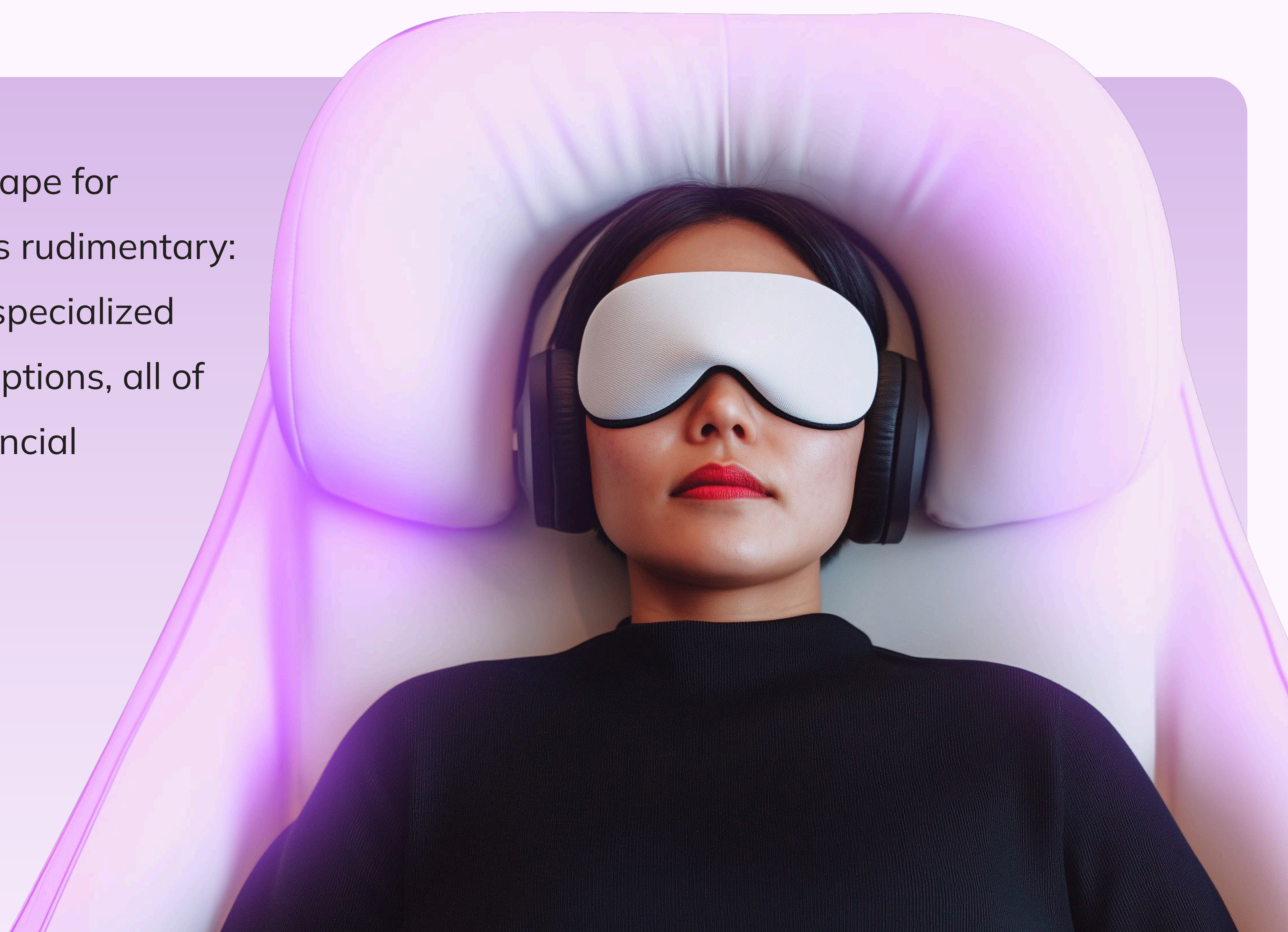
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Not everyone qualifies for financing—patients with poor credit or past financial issues may be denied or approved for only a fraction of the treatment cost.

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Aside from credit-based financing, patients sometimes use HSA (Health Savings Account) or FSA (Flexible Spending Account) funds if they have them. Ketamine treatments can often be HSA/FSA-eligible expenses, allowing patients to use pre-tax dollars. But again, only a subset of patients have these accounts or enough funds in them, and it still represents the patient's own money, not a third-party payer.

By and large, the financing landscape for ketamine patients in 2025 remains rudimentary: personal savings, credit cards, or specialized medical credit lines are the main options, all of which can exclude those with financial hardships.

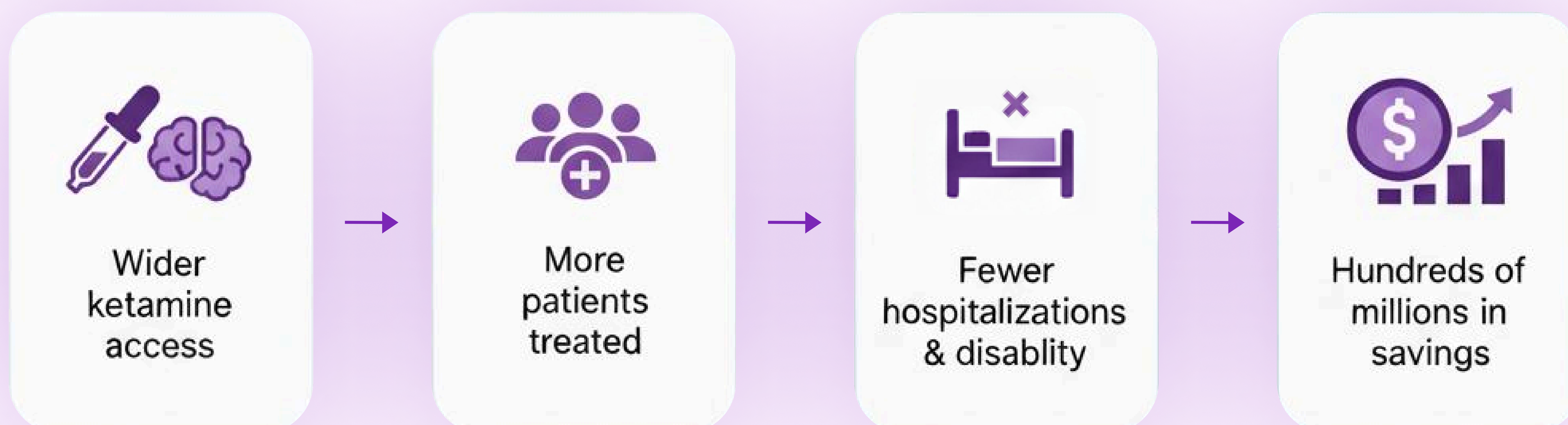


Impact on Patients and Clinics

The consequences of these affordability barriers are profound. On the patient side, countless individuals who could find relief with ketamine therapy simply never get the chance to try it because of cost.

Depression and PTSD do not discriminate by income, but effective treatments like ketamine often end up accessible only to the relatively privileged.

For clinics, the cost barrier also poses a significant challenge to sustainability and growth. Clinics might receive dozens of inquiries each month; however, many of those conversions fail when the patient confronts the out-of-pocket cost. This means clinics are not reaching all the patients who need them, and their **potential market is artificially narrowed by the affordability issue**. Even though demand is high in theory, the paying demand is much smaller. Some large ketamine clinic chains learned this the hard way – despite optimistic growth plans, a few major players struggled to achieve profitability and shut down clinics in 2023. Analysts pointed out that **the reality of out-of-pocket costs meant uptake was slower and financial returns lower than anticipated**.



There is also a moral and reputational dimension. Ethical clinic owners genuinely want to help people heal, not just those who can easily pay. Many feel a tension between running a viable business and **fulfilling a healing mission**. Some clinics try to ease the burden by offering sliding scale discounts or pro bono treatments in hardship cases. Others engage in advocacy, urging changes in insurance policy or collaborating in research to build the case for broader coverage. Studies have projected that making ketamine therapy widely available could save the U.S. healthcare system hundreds of millions annually in reduced hospitalizations and disability costs. Until policy catches up, patients and clinics remain in the current quandary.

Towards an Affordable Future: Practical Considerations for Clinics

While systemic insurance issues may take years to resolve, clinic owners can take **practical steps** now:

Price Transparency and Education: Clearly communicate the full expected cost of treatment upfront. Educate patients on why ketamine therapy costs what it does.

Leverage Patient Assistance Programs: Stay informed about any emerging assistance funds or non-profit programs.

Facilitate HSAs/FSAs: Guide patients on using pre-tax dollars where possible.

Explore Alternative Delivery Formats: Group therapy sessions or at-home lozenges (where appropriate) can lower costs.

Partner with the Right Financing Solutions: Offer fair financing options, ideally ones that reduce credit barriers.

Advocate and Collaborate: Join professional societies, contribute outcome data, and advocate for insurance coverage.

Conclusion

The ketamine therapy industry in the U.S. has achieved remarkable growth and has brought hope to patients who once had none. Yet, the **cost barrier** remains the single greatest obstacle between this treatment and the many people who could benefit from it. For clinic owners, acknowledging and addressing this barrier is essential to the long-term viability of their practice and the fulfillment of their mission. By understanding the scope of the problem – from historical insurance exclusions to the pitfalls of financing – clinics can strategize ways to broaden access incrementally. The next decade of ketamine care should be defined not only by scientific progress and clinic expansion, but by breaking down the financial barriers that today make ketamine therapy a hope that too many cannot afford.

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Author: **Ankur Chadha**

Vice President of Growth, Credee

Contact: ankur@credee.com