



JULY 2020

**KMAP GENERAL BULLETIN 20144**

## Expansion of Mastectomy Coverage for Males

Effective with dates of service on and after August 1, 2020, the codes in the table below will apply to both females and males.

19301	19302	19303
19305	19306	19307

**Note:** The effective date of the policy is August 1, 2020. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The KanCare Open Claims Resolution Log on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

**KMAP**

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday

DXC Technology is the fiscal agent of KMAP.