



JULY 2021

KMAP GENERAL BULLETIN 21142

Additional COVID-19 Monoclonal Antibody Infusion Codes

Effective with dates of service on and after May 26, 2021, the following procedure codes are covered.

M0247	M0248	Q0247
-------	-------	-------

Effective with dates of service on and after June 3, 2021, procedure code Q0244 is covered.

Note: The effective date of the policy is May 26, 2021. 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