



MARCH 2024

KMAP GENERAL BULLETIN 24046

Coverage Change for Injectable Triamcinolone Acetonide

Effective with dates of service on and after April 1, 2024, HCPCS codes J3299, J3300, J3301, and J3304 will be covered on the medical benefit only. Coverage for the injection form of these drugs will be removed from the pharmacy benefit as the drugs are to be administered in an office or facility setting.

Coverage for code J3302 will be discontinued.

Note: The effective date of the policy is April 1, 2024. 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

Gainwell Technologies is the fiscal agent for KMAP