

MAY 2024

KMAP GENERAL BULLETIN 24086

Pentavalent Meningococcal Penbraya Vaccine Coverage

Effective with dates of service on and after January 1, 2024, Medicaid will cover the below combined pentavalent Meningococcal serogroup A, B, C, W, and Y vaccine, Penbraya (MenACWY-MenB). The vaccine has been recommended by The Advisory Committee on Immunization Practices (ACIP) as an option for people aged 10 years and older who are receiving MenACWY and MenB vaccines at the same visit.

Those who are indicated to receive MenACWY and MenB vaccines, include:

- People aged 10 years and older who are at increased risk for meningococcal disease attributable to serogroups A, B, C, W, and Y, including:
 - Those who have persistent complement component deficiencies (including inherited or chronic deficiencies in C3, C5-C9, properdin, factor H, or factor D).
 - Those taking a complement inhibitor (e.g., eculizumab [Soliris], ravulizumab [Ultomiris]).
 - Those who have anatomic or functional asplenia, including sickle cell disease.
 - Microbiologists routinely exposed to *Neisseria meningitidis*.

Those aged 16 through 23 years for whom both MenACWY and MenB are indicated to be given at the same time and shared clinical decision-making favors the administration of the MenB vaccine.

Code	Rate
90623	\$230.00

Administration codes for Penbraya (MenACWY-MenB) vaccine are codes 90460 (18 years and younger) or 90471 (19 years and older, 90472 for each additional vaccine).

- The administration fee for vaccines provided through the Vaccines for Children (VFC) program will be \$20.26.
- The administration fee for vaccines provided for those 19 years and older will be \$14.15.

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



Pentavalent Meningococcal Penbraya Vaccine Coverage continued

Correct coding guidelines, as well as Food and Drug Administration (FDA) and Centers for Disease Control (CDC) recommendations must be followed.

CDC recommendations can be found [here](#).

Note: The rates noted in this bulletin are subject to future changes. Providers should check the Kansas Medical Assistance Program (KMAP) website for the most up-to-date rates.

Note: The effective date of the policy is January 1, 2024. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the 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.

For the changes resulting from this provider bulletin, view the updated *General Benefits Fee-for-Service Provider Manual*, Section 2910, page 2-39; and *Home Health Fee-for-Service Provider Manual*, Section 2910, page A-1.

KMAP

[Kansas Medical Assistance Program](#)

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

Customer Service

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