



Aetna Better Health® of Kansas



DECEMBER 2024

KMAP GENERAL BULLETIN 24258

Coverage of MenACW-TT (Menquadfi) Vaccine for Adults

Effective with dates of service retroactive to January 1, 2024, Medicaid will cover the code 90619 for members aged 19 years and older. The covered Provider Type/Provider Specialty (PT/PS) will remain same as it is for current coverage of members aged 2-18 years.

Indications for use in those aged 19 years and older include:

- Those who have anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab).
- Those who travel in countries with hyperendemic or epidemic meningococcal disease, or microbiologists routinely exposed to Neisseria Meningitidis.
- First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits.

Code	Rate
90619	\$166.98

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 2-37 and *Home Health Agency Fee-for-Service Provider Manual*, page AI-4.

KMAP

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Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
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Gainwell Technologies is the fiscal agent for KMAP