

DECEMBER 2025

KMAP GENERAL BULLETIN 25302

Coverage of mNEXSPIKE

Effective with dates of Service retroactive to September 1, 2025, Kansas Medicaid will cover mNEXSPIKE (Code 91323) as an option for COVID-19 vaccination in members:

- aged 65 and older, or
- aged 12-64 with one or more health conditions which put them at an increased risk of severe COVID-19.

Providers should use their clinical judgment in considering who falls into the high-risk category to receive the vaccine. The appropriate number of doses should be given following the CDC's guidance. There is no preference in which of the covered COVID-19 vaccines should be used for the eligible members.

Billing Notes:

- Vaccines for Children (VFC) coverage applies only to 18-year and younger individuals and reimbursement will be for vaccine administration only.
- Providers will be reimbursed for the non-VFC vaccine administration rate and the vaccine cost for patients 19 years of age and older.

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.

KMAP

[Kansas Medical Assistance Program](#)

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

Customer Service

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

Coverage of mNEXSPIKE continued

Note: The effective date of the policy is September 1, 2025. 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.

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For changes resulting from this bulletin, view the updated *General Benefits Fee-for-Service Provider Manual*, page 2-37 and *Home Health Agency Fee-for-Service Provider Manual*, page AI-4.