

Network Notification – Kentucky Medicaid

To: Kentucky Medicaid healthcare providers
From: Humana Healthy Horizons® in Kentucky
Subject: Humana out-of-network claims payment policy update
Effective date: March 3, 2023

For out-of-network providers who have Humana Healthy Horizons-covered patients, please review the important information below regarding Humana Kentucky Medicaid plan requirements related to Kentucky Department for Medicaid Services (DMS) enrollment, Humana out-of-network claims payment policy and contracting contacts.

Kentucky DMS provider enrollment

Payment for services furnished to a Kentucky Medicaid enrollee will be made only if all providers (referring, treating, ordering, prescribing and nonparticipating) are enrolled with Kentucky DMS. If you are not currently an enrolled provider, Humana Healthy Horizons can assist you. Please send an email to ProviderMedicaidEnrollment@humana.com for assistance with the enrollment process.

Out-of-network claims

Humana Healthy Horizons established guidelines for payments to out-of-network providers for preauthorized medically necessary services. These services are reimbursed at 65% of the Kentucky Medicaid fee schedule.

Please note that preauthorized, medically necessary laboratory services including, but not limited to reference/clinical laboratory services, will be reimbursed at 45% of the Kentucky Medicaid fee schedule.

The following Healthcare Common Procedure Coding System (HCPCS) G-codes will be reimbursed at a \$40 flat rate:

G0480, G0481, G0482, G0483 and G0659.

The following are exceptions to the reimbursement guidelines and are reimbursed at 90% of the Kentucky Medicaid fee schedule:

- Emergency care (nonparticipating professional and facility services provided to enrollees in an emergency room setting)
- Emergency transportation, air ambulance only
 - When submitting air ambulance claims, please attach documentation that substantiates the enrollee's need for air transport. Submitted records should support that air transport prevented loss of life and/or limb or prevented significant morbidity for the enrollee, compared to ground transport. Services billed without medical records are paid at 65% of the Kentucky Medicaid fee schedule.
- Family planning services
- Services provided to children in foster care

The following exceptions to the reimbursement guidelines are reimbursed at 100% of the Kentucky Medicaid fee schedule and require no prior authorization, effective Nov. 1, 2022:

- Pharmacy provider (Provider Type 54) billing for vaccine counseling via medical benefit (CMS 1500/837P) for Common Procedural Terminology (CPT) vaccine code 99401

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan Inc.

Humana Healthy Horizons does not adjust previously paid claims in accordance with retroactive fee schedule modifications issued by the Kentucky DMS for existing published codes and modifiers. In those instances when a modification to the Kentucky DMS fee schedule adds a new code or modifier, Humana will adjust previously adjudicated claims impacted by such a modification in accordance with all applicable retroactive effective date(s).

If you have questions regarding out-of-network claims payment policies, behavioral health providers can contact kybhmedicaid@humana.com and medical providers can contact ProviderDevelopmentKYWV@humana.com for assistance.

If you are interested in becoming a participating provider, please [visit our website](#) for more information.

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