



Humana Health Plan Inc.
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Dear healthcare provider:

Following the Commonwealth of Kentucky Department for Medicaid Services' (KDMS) guidance issued on March 11, 2020, March 17, 2020, and April 9, 2020, Humana wishes to provide additional information to assist you in delivering necessary care and services to our members as it relates to the coronavirus disease 2019 (COVID-19). Please reference KDMS COVID-19 Guidance in addition to our developed frequently asked questions below.

Reference Materials/Websites

Q: Where can I find the KDMS guidance detailed above?

A: KDMS issued guidance on March 11, 2020, March 17, 2020, and April 9, 2020. It is detailed in the following links:

[COVID-19 Guidance from Kentucky's Department for Medicaid Services,](https://chfs.ky.gov/agencies/dms/ProviderLetters/behavioralhealthcovid19.pdf)
[https://chfs.ky.gov/agencies/dms/ProviderLetters/behavioralhealthcovid19.pdf](https://chfs.ky.gov/agencies/dms/Documents/ProviderFAQs.pdf)
<https://chfs.ky.gov/agencies/dms/Documents/ProviderFAQs.pdf>

Q: Where are the official diagnosis coding guidelines found?

A: Providers follow CDC-ICD-10-CM Official Coding Guidelines when selecting a diagnosis code to ensure proper reporting. <https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>

Q: Where is the Humana Kentucky Medicaid webpage?

A: Click on <https://www.humana.com/provider/medical-resources/medicare-medicaid/kentucky-medicaid> to access the Humana Kentucky Medicaid webpage.

Prior authorization

Q. Do I need to submit prior-authorization requests for services rendered to patients not suffering from COVID-19 during the COVID-19 outbreak?

A. **During this public emergency, KDMS has suspended all prior-authorization (PA) requirements, excluding pharmacy. Claims without PA will not be denied from Feb. 4, 2020, forward for the duration of the emergency. This applies to in- and out-of-network providers.**

Providers may contact managed care organizations (MCOs) for assistance with case management and/or transitions of care; however, it is not required.



Providers must continue to operate within their scope of practice and follow appropriate licensure and applicable guidance related to the care and treatment of patients.

Claims identified as fraudulent during this time frame will be recouped.

- Q: Should I continue to submit notifications when a Humana Medicaid patient under my care is admitted to hospital or an outpatient service?
- A: In the interest of our members' health and to help support timely and safe future transitions of care, **Humana requests, but does not require, providers continue to submit a notification as normal when your Humana-covered patients are admitted to the hospital or have an applicable outpatient service** even when authorization is not required. This notification allows us to track our members' progress through the healthcare delivery system and provide assistance in real time. **There will be no denial through the notification process.**
- Q: Do I have to submit PA requests for products on the physician-administered drug list during the COVID-19 outbreak?
- A: As directed by KDMS, **PAs are not required for physician-administered drugs during the public emergency.** This includes all PAs for products on the physician-administered drug list maintained by each managed care organization (MCO). Such drugs are classified as medical benefits. The only exemptions are for Spinraza and Zolgensma, two drugs on the High-Cost Drug Stop-Loss Program (HCDSL) list. **This applies to participating providers and out-of-network providers.**

Cost share/Copay

- Q: Is Humana waiving cost share and prior authorization for services associated with COVID-19, including hospital, emergency department, urgent care, provider office visits, lab testing, telehealth and immunizations that are made available?
- A: Yes. Humana is following all directives published by the Commonwealth of Kentucky Governor's Executive Order and KDMS. Humana, per KDMS guidance, has waived all cost-sharing requirements for Medicaid services that are not pharmaceutical, effective March 17, 2020, and all pharmaceutical services effective March 19, 2020.
- Q: What do I do if the Kentucky Medicaid Management Information System (KYMMIS) states that the member is copay-eligible? Do I still request a copay from the member?
- A: Per KDMS, effective March 17, 2020, medical, dental and behavioral health services do not require a copay. Do not collect a copay from the enrollee for any services rendered while the state of emergency remains in place.
- Q: What do I do if I collected a copay from Humana-covered patients after the directive was given to waive?
- A: Initiate the refund policies established by your practice.



Q: I noticed that the claim payment by Humana applied cost-share when it should have been a full payment at the contracted rate. What action do I take?

A: Humana is taking all necessary measures to prevent this from happening with the implementation of day-to-day directives related to the COVID-19 crisis actions. We apologize for any inconvenience this may have caused. Please follow the claims appeal process so that Humana can research and resolve as appropriate.

COVID-19

Q: What COVID-19 diagnosis codes are accepted by KDMS and Humana?

A: Claims with diagnosis code B97.29 (actual diagnosis), Z03.818 (possible exposure) or Z20.828 (actual exposure) are accepted by KDMS and Humana and being waived for cost-share and prior-authorization requirements, effective Feb. 4, 2020.

Q: Do I have to request prior authorization to perform services related to COVID-19 testing, diagnosis and treatment?

A: No.

Q: What lab procedure codes for COVID-19 are accepted by KDMS and Humana?

A: The Kentucky Department for Medicaid Services has implemented the following temporary codes during this crisis. These codes are effective retroactively to Feb. 4, 2020, but are not billable until April 1, 2020:

- **HCPCS code U0001** should be used to bill for tests and track new cases of the virus. This code is used specifically for CDC testing laboratories to test patients for COVID-19.
- **HCPCS code U0002** allows laboratories to bill for non-CDC laboratory tests for COVID-19. This code should be used for tests developed by these additional laboratories when submitting claims to Medicaid.
- **Refer to the KDMS fee schedule for published details:** [KDMS Fee Schedules](https://chfs.ky.gov/agencies/dms/Pages/feesrates.aspx); <https://chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>

Pharmacy/Medications

Q: Does Humana offer free home delivery of medications?

A: Humana covers this service. Humana recommends members contact their pharmacy to see if it offers home delivery services. Please refer to the KDMS FAQ for specific guidance regarding provider requirements related to home delivery.

Q: Can the pharmacist refill an extended-day supply prescription?

A: Yes, Humana will let you process all maintenance, non-maintenance and controlled drugs, including schedule CV-CIII, for a 90-day supply fill. CII opioids are excluded. Opioids can be filled early, but only in a 30-day max quantity.

Q: Can pharmacies dispense medication early to a member?

A: Yes, the refill-too-soon edit has been removed. This allows pharmacists to process a prescription before the minimum days of use have lapsed.



Q: Can the pharmacist fill a prescription over the typical quantity limit (QL)?

A: Yes, the QL was relaxed for all drugs, allowing the member to receive up to a 90-day supply for medications that typically are covered for 30-day supply.

Q: How will the day-supply edit change to allow pharmacies to process up to 90 days' supply of medications?

A: In most cases, changes were made to the Humana pharmacy benefit manager (PBM) to allow medications to be dispensed up to a 90-day fill. There are some medications that require the pharmacy to enter the **DISASTER RELIEF CODE 911911** to override what Humana Pharmacy calls a **151 denial**. This is necessary for certain medications that only allow a certain quantity over time (day supply). For example, seven tabs of a medication may only be allowed in a 30-day period. The system does not scale these medications accordingly to allow 14 tabs for 60 days or 21 tabs for 90 days. These types of drugs will send a 151 error to the pharmacy. In addition to the error code, a message also is sent to the pharmacist to use the **911911** code to override the error and allow the claim to pay.

Q: Can the pharmacist request a PA for a member?

A: Yes, a pharmacist can request a short-term (30-day) PA renewal for any medication (including opioids).

Q: What about pharmacy proof-of-delivery requirements or receipt of prescription requirements?

A: Pursuant to 907 KAR 3:300E, and the emergency declarations and orders issued during the month of March 2020, KDMS is waiving enforcement of 907 KAR 23:010 Section 7 relating to signature requirements through the end of the day on March 28, 2020. After March 28, 2020, compliance with 907 KAR 23:010 Section 7 will be considered met if the pharmacist, pharmacy intern, pharmacy tech or delivery driver writes "COVID 19" or something of similar status to denote the delivery and receipt of prescriptions on the customary location for patient signature. Such confirmation should be documented and retrievable on audit. This alternative method of confirming receipt of prescriptions will expire two weeks after the expiration of the emergency declarations relating to COVID-19.

Telehealth

Q: Can I provide telehealth services and receive payment?

A: Humana encourages the use of telehealth when possible to reduce in-person trips to medical facilities. Any provider type allowed by their licensure board to practice telehealth can deliver any appropriate service that is within their scope of practice via telehealth or telehealth-like services. Any service provided via telehealth should be billed with a place of service (POS) of 02. Refer to the following for KDMS telehealth guidance that details what provider types and/or services are authorized to be provided through telehealth as well as details surrounding reimbursement:

- [KDMS Telehealth FAQs – March 23, 2020](#)



- [907 KAR 3:170. Telehealth service coverage and reimbursement](#)
- [KDMS Fee Schedules](#)
- <https://chfs.ky.gov/agencies/ohda/Pages/telehealth.aspx>
- Humana Provider Agreement

Q: What telehealth codes will KDMS and Humana accept for these services?

A: KDMS authorized the addition of the following codes on a temporary basis for brief communications:

- **G2012** to be used for telephone calls between physician and patient, including FaceTime
- **G2010** to be used for remote evaluation, such as email, of recorded video or images submitted by a patient

These codes are typically limited to MDs, DOs, APRNs or other providers who code for evaluation and management codes. Place of service/place of treatment code 02 should be used. These codes are effective retroactively to Feb. 4, 2020, but not billable until April 1, 2020.

Q: Will KDMS and Humana accept telephone interactions involving CPT codes 99441, 99442 and 99443?

A: Yes, KDMS and Humana are allowing these CPT codes to be covered for telephone interactions.

Telehealth – Federally qualified health centers (FQHCs) or rural health centers (RHCs)

Q: As a FQHC/RHC, how do I generate a prospective payment system (PPS) rate when billing telehealth service?

A: For an FQHC or RHC to generate the PPS rate, the appropriate provider must provide the service to trigger the payment. A zero-pay service code will continue to zero-pay whether it is provided in-person or via telehealth or telehealth-like service. Zero-pay services will continue to be recorded for data and cost reports.

Telehealth – Behavioral health

Q: What behavioral health services can I provide via telehealth?

A: KDMS gave guidance regarding which behavioral health services can be offered through telehealth, published March 23, 2020. Please refer to the following resources, including the KDMS Telehealth FAQs, for guidance in offering telehealth services:

- [KY Medicaid COVID-19 Information](#)
- [907 KAR 3:170. Telehealth service coverage and reimbursement](#)
- [KDMS Fee Schedules](#)
- Humana Provider Agreement



Humana will cover these services when provided by Kentucky Medicaid-enrolled licensed behavioral health provider in- and out-of-network. Please refer to the billing guidelines published by KDMS.

Q: Do I have to have prior authorization for telehealth behavioral health services?

A: No.

Telehealth – Dental

Q: Can a dentist offer telehealth services?

A: Yes. KDMS issued direction that teledentistry may be conducted for screenings (CDT code D0190), assessments (D0191), and/or examinations (CDT codes D0120, D0140, D0145 and D0150) when using the POS 02 code. Refer to [KDMS Telehealth FAQs – March 23, 2020](#) and [KDMS Fee Schedules](#).

Q: Do I need prior authorization for telehealth services?

A: No.

Telehealth – Vision

Q: Are vision providers able to offer telehealth services?

A: Yes. KDMS issued direction that vision providers can perform services via telehealth. When using POS 02, appropriate providers may bill using the following codes: 92002, 92012, 92004 and 92014. Refer to [KDMS Telehealth FAQs – March 23, 2020](#) and [KDMS Fee Schedules](#).

Q: Do I need prior authorization for telehealth vision services?

A: No

Targeted case management

Q: Do I need prior authorization for targeted case management?

A: No. KDMS issued direction that no prior authorization is required at this time for any type of targeted case management. KDMS will direct Humana when this requirement is lifted. Notice to providers will be issued when the directive has been received.

Durable medical equipment (DME)

Q: What about DME proof-of-delivery requirements or receipt requirements?

A: Pursuant to 907 KAR 3:300E and the emergency declarations and orders issued in March 2020, KDMS is waiving enforcement of DME signature proof-of-delivery requirements or signature delivery requirements through the end of the day on March 28, 2020. After March 28, 2020, compliance with DME signature proof-of-delivery requirements or signature delivery requirements will be considered met if the DME provider, appropriate staff person, appropriate provider or delivery driver writes “COVID 19” or something of similar status to denote the delivery and receipt of prescriptions on the customary location for patient signature. Such confirmation should be documented and retrievable



on audit. This alternative method of confirming receipt of DME will expire two weeks after the expiration of the emergency declarations relating to COVID-19.

Telehealth services billed on a UB-04

- Q: My agency bills on a UB-04 form. How should I indicate that a service performed via telehealth or telehealth-like service since there is no place-of-service option on this form?
- A: Telehealth services provided by home health can still be billed on a UB-04 form. Providers who bill using UB-04 claim form and subsequently perform telehealth services should place the revenue code 780 on the claim detail line directly above the line of the CPT/HCPCS code they are performing. Revenue code 780 is a zero-paid code used to indicate the performance of telehealth services by all providers who bill using the UB-04 claim form.

Humana has a trained, specialized group of call-center employees ready to support members and providers with specific coronavirus questions and concerns. Please call Humana’s toll-free customer support line at 1-800-444-9137 (TTY: 711), Monday through Friday, 7 a.m. to 7 p.m. Eastern time, to be connected to this dedicated team of professionals. For more information as it relates to COVID-19, please visit our dedicated website at <https://www.humana.com/provider/coronavirus>.

As always, Humana thanks you for your office’s overwhelming commitment to provide quality care to our Humana Kentucky Medicaid members during this COVID-19 crisis. We wish you and your staff health and safety.