



Network Notification – Kentucky Medicaid

Notice date: July 1, 2020
To: Kentucky Medicaid healthcare providers
From: Humana Health Plan
Subject: Medicaid bypass list for Medicare non-covered codes (**Updated Dec. 15, 2020**)
Effective date: Jan. 1, 2020

The Kentucky Department for Medicaid Services (KDMS) developed the Medicaid Bypass List for Medicare Non-Covered Codes of bypass codes and modifiers to allow providers to bill Medicaid managed care organizations directly without first billing Medicare for coordination-of-benefit requirements. Humana is currently configuring this list of bypass codes and modifiers in our claims payment system. Once this process is complete, Humana will reprocess all affected claims with service dates of January 1, 2020 and later.

These KDMS lists are specific to provider type, claim type, procedure, revenue, diagnosis codes and date range. As Medicare does not cover these codes, Medicaid will act as primary payer. Claims submitted that do not meet all bypass requirements are denied when submitted without the Medicare Explanation for Member Benefit (EOMB) for appropriate coordination of benefits.

To download copies of the bypass lists, please click on one or both of the following links and save the linked spreadsheets to your computer:

- [Provider Type 30](#)
- [All Provider Types \(Except Provider Type 30\)](#)

If you have questions regarding this notification, please call provider services at 1-800-444-9137. Hours of operation are 7 a.m. to 7 p.m. Eastern time.