

Network Notification – Kentucky Medicaid

Reminder: Claim Submission Requirements Update

For billing, rendering, ordering, referring, prescribing and attending providers:

Effective Jan. 1, 2021, Humana Healthy Horizons™ in Kentucky will reject claims and encounters received electronically from clearinghouses that contain National Provider Identifiers (NPIs) not enrolled with the Kentucky Department for Medicaid Services (DMS). Rejected claims and encounters will not be accepted by the Humana Healthy Horizons in Kentucky claims platform and will not receive a Humana Healthy Horizons in Kentucky claim number. Please visit your clearinghouse's portal to review your rejected electronic claims.

Paper claims and encounters will be denied if the claim contains NPIs not enrolled with Kentucky DMS. Providers registered through Availity will be able to see claim denials on the Availity portal.

All claims submitted with dates of service on or after April 1, 2017, require that all listed NPIs related to billing, rendering, ordering, referring, prescribing and attending providers be enrolled with Kentucky DMS.

Humana Healthy Horizons in Kentucky requires ordering and/or referring provider data for the following provider types:

Billing provider type	Billing provider type descriptions
18	Private duty nursing
36	Ambulatory surgery center
37	Independent lab
50	Hearing aid dealer
52	Optician
54	Pharmacy: all crossover services billed
70	Audiologist
76	Multi-therapy agency
79	Speech language pathologist
86	X-ray/miscellaneous supplier
87	Physical therapist
88	Occupational therapist
90	Durable medical equipment (DME)

If the data is missing, Humana Healthy Horizons in Kentucky will reject or deny the claim or encounter. Providers should submit claims in a manner that matches the data on the Kentucky DMS [Master Provider List \(MPL\)](#). If the claim does not have the appropriate information, as required by Kentucky DMS, the claim will be denied. The following chart shows the information that providers must ensure is consistent with the information they include in their claims:

PROV_TYP	MEDICAID_BEGIN	MEDICAID_END	STATUS	LAST_NAME	NPI	NPI_EFFECTIVE_DATE	NPI_END_DATE	PRIM_ZIP	PRIM_ZIP_PLUS4	TAXONOMY
70	20180801	22991231	A	HAPPY HOSPITAL	1234567890	20070130	22991231	12345	123	222A00000X
36	20060929	20211031	A	HAPPIER HOSPITAL	1234567890	20070130	22991231	12345	456	222B00000X
80	20061130	20201110	A	HAPPIEST HOSPITAL	1234567890	20070130	22991231	12345	789	222C00000X

**The information in this chart is for illustration purposes only. It is only provided to demonstrate the fields providers must ensure are correct on their claims.*

Please refer to the Kentucky DMS [Master Provider List \(MPL\)](#) to ensure your information is accurate.

For additional information on how to enroll with Kentucky DMS, please visit the Kentucky Cabinet for Health and Family Services' [New Enrollment, Revalidation or Maintenance page](#).

For inpatient and psychiatric hospitals, psychiatric residential treatment facilities, nursing facilities, psychiatric distinct-part units and rehabilitation distinct-part units:

- Value code 80 must equal the total number of covered days as indicated on Form Locator 6
- The data entered in Form Locator 39 must agree with accommodation units on Form Locator 46

Please note: If the days covered are blank, non-numeric, equal zero, or there is a mismatch between units entered in Form Locator 39 and Form Locator 46, Humana Healthy Horizons in Kentucky will deny the claim.

If you have questions regarding this reminder, please contact Provider Services at 800-444-9137. Hours of operation are Monday through Friday, 7 a.m. to 7 p.m. Eastern time.