



Network Notification – Kentucky Medicaid

TO: Kentucky Medicaid Chiropractic Providers
FROM: Humana Healthy Horizons™ in Kentucky
Subject: Chiropractic Retrospective Review Policy
Effective date: January 17, 2022

Humana Healthy Horizons in Kentucky wants to clarify its chiropractic retrospective review policies.

Chiropractic Retrospective Review Policy Notice

A retrospective review is a request for a review for authorization of care, service or benefit for which authorization is required but not obtained before the delivery of care, service or benefit. Humana Healthy Horizons in Kentucky requires prior authorization to ensure covered patients receive medically necessary and appropriate services. Claims that do not meet the necessary criteria as described below are administratively denied.

Retrospective review policy

Humana Healthy Horizons in Kentucky only allows for a retrospective authorization submission with request after the date of service, when prior authorization is required but not obtained, in the following circumstances:

- Authorization requests for chiropractic services submitted to Tivity within two business days from the date of service.
- Service is related to another service that received prior approval and was performed; the new service was not needed when the original prior-authorized service was performed.
- Need for the new service was determined at the performance of the original prior-authorized service.
- Humana Healthy Horizons in Kentucky-covered patients determined to be retroactively eligible for Medicaid. (Retroactive Medicaid coverage is a period of up to three months prior to the application month.)

The exception to this policy applies only to prior authorizations obtained before an enrollee transitions from another managed care organization to Humana Healthy Horizons in Kentucky. Humana Healthy Horizons in Kentucky will uphold the approval for 90 days following the transition.

To request a retrospective review, providers have 90 calendar days from:

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

- The date of service, or
- The inpatient discharge date, or
- The initial date of a service, for a service that spans several months, or
- The date of the primary insurance carrier's Explanation of Payment or authorization denial, which demonstrates the service was not a covered service

Requests for a retrospective review that do not meet one of the above requirements OR exceed the 90-calendar-day time frame are administratively denied.

What to include when submitting a retrospective review request

- Patient name and Humana ID number
- Authorization number of the previously authorized service for the related request
- Clinical information supporting the service

How to submit a retrospective review request

Providers can submit a retrospective review request for chiropractic services via the following methods:

- WholeHealthPro.com (registration required)
- Phone/IVR: 866-430-8647
- Fax: 888-492-1025

If you have questions about this policy, please contact your provider engagement representative or call Provider Services at **800-444-9137**. Hours of operation are Monday through Friday, 7 a.m. to 7 p.m., Eastern time.