

## Network Notification—Humana Healthy Horizons in Kentucky

**Notice date:** November 7, 2025  
**To:** Humana Healthy Horizons in Kentucky provider network  
**From:** Humana Healthy Horizons in Kentucky  
**Subject:** Humana coverage policy updates

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Humana Healthy Horizons® in Kentucky is giving notice of the following clinical coverage policies, updated by Humana’s policy team. These policies have been reviewed and approved by the Kentucky Medicaid Utilization Management Committee.

### Updated Humana coverage policies – Effective date: Listed Below

- Bone Graft Substitutes HUM-0479-020, Effective 10/7/2025
- Molecular Dx Assays Breath Testing for Transplant Rejection HUM-2158-000, Effective 10/7/2025
- Multiplex Pathogen Identification Panels for Infectious Disease HUM-2246-000, Effective 10/7/2025
- Prosthetics HUM-2194-001, Effective 10/7/2025
- Genetic Testing for Diagnosis of Inherited Conditions HUM-2109-001, Effective 11/12/2025
- Molecular Diagnostic Assays and Breath Testing for Transplant Rejection HUM-2158-001, Effective 11/12/2025
- Multiplex Pathogen Identification Panels for Infectious Disease HUM-2246-001, Effective 11/12/2025
- Uterine Fibroid Surgical Treatments HUM-2231-000, Effective 11/12/2025

### Updated Humana coverage policies – Effective future date: Listed Below

- Medical Supplies, Equipment and Appliances Durable Medical Equipment HUM-2429-001, Effective 12/1/2025
- Orthotics HUM-2177-000, Effective 12/1/2025
- Psychoeducation HUM-2238-002, Effective 1/7/2026
- Lantidra (donislecel) HUM-2268-000, Effective 1/7/2026
- Ryoncil (remestemcel-L-rknd) HUM-2263-000, Effective 1/7/2026

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

## **Kentucky Medicaid retired Humana coverage policies – Effective date: Listed Below**

- Physical Therapy and Occupational Therapy HUM-0366-032, Effective 8/27/2025
- Keratoconus HUM-0314-019, Effective 8/27/2025
- Implantable and Non-Implantable Hearing Devices HUM-0377-031, Effective 8/27/2025
- Genetic Testing for Cystic Fibrosis HUM-2526-000, Effective 8/29/2025
- Negative Pressure Wound Therapy HUM-0454-023, Effective 9/19/2025
- Obstructive Sleep Apnea and Other Sleep Related Breathing Disorders Nonsurgical Treatments HUM-0434-029, Effective 9/19/2025
- Speech Generating Devices, Voice Prostheses HUM-0405-021, Effective 9/19/2025
- Brachytherapy HUM-0348-029, Effective 9/24/2025
- Home Health HUM-0329-029, Effective 9/26/2025
- Bone Growth Substitutes HUM-0479-018, Effective 10/6/2025
- Varicose Vein Treatments HUM-0318-029, Effective 10/17/2025
- Molecular Dx Assays Breath Testing for Transplant Rejection HUM-2158-000 d/t replacement, Effective 11/12/2025
- Comparative Genomic Hybridization/Chromosomal Microarray HUM-0515-018, Effective 11/12/2025
- Genetic/Coagulation Testing for Noncancer Blood Disorders HUM-0525-018, Effective 11/12/2025
- Genetic Testing HUM-0551-012, Effective 11/12/2025
- Genetic Testing for Angelman and Prader Willi Syndromes HUM-0524-017, Effective 11/12/2025
- Genetic Testing for Cardiac Conditions HUM-0516-025, Effective 11/12/2025
- Genetic Testing for Carrier Screening HUM-0463-038, Effective 11/12/2025
- Genetic Testing for Celiac Disease HUM-0544-010, Effective 11/12/2025
- Genetic Testing for Ehlers-Danlos Syndrome HUM-0523-015, Effective 11/12/2025
- Genetic Testing for Hereditary Ataxias HUM-0522-020, Effective 11/12/2025
- Genetic Testing for Marfan Syndrome and Related Conditions HUM-0505-017, Effective 11/12/2025
- Genetic Testing for Methylene Tetrahydrofolate Reductase HUM-0543-009, Effective 11/12/2025
- Genetic Testing for Muscular Dystrophy and Spinal Muscular Atrophy HUM-0538-018, Effective 11/12/2025
- Molecular Diagnostic Testing for Reproductive Health HUM-0554-020, Effective 11/12/2025
- Noninvasive Prenatal Testing HUM-0430-035, Effective 11/12/2025
- Whole Mitochondrial Genome Sequencing and Multigene Panels for Mitochondrial Disorders HUM-0545-011, Effective 11/12/2025
- Medical Supplies, Equipment and Appliances Durable Medical Equipment HUM-2429-000, Effective 12/1/2025
- Airway Clearance Devices HUM-0310-021, Effective 1/16/2025

## **Newly approved Humana coverage policies – Effective date: Listed Below**

- Skin and Tissue Substitutes HUM-2208-001, Effective 10/7/2025
- Molecular Biomarker Testing for Noncancer Indications HUM-2253-000, Effective 11/12/2025
- Pharmacogenomics Testing HUM-2240-001, Effective 11/12/2025
- Genetic Testing for Diagnosis of Inherited Conditions HUM-2109-001, Effective 11/12/2025
- Multi-Function Oscillation Lung Expansion Therapy HUM-2007-001, Effective 1/16/2026

If you have questions about the updated policy list, please email our Provider Relations staff at [KYMCDPR@humana.com](mailto:KYMCDPR@humana.com) or call Provider Services at 800-444-9137, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

Thank you for the continued care of your Humana Healthy Horizons in Kentucky-covered patients.