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## **Clarification on Medicaid add-on billing**

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The lab result is the source document for billing start/stop dates, in tandem with the symptom-based support per the medical records.

The date the result is made known to the facility (so action can be taken) drives the start/stop date for billing.

Billing starts when the positive test result is received and continues until the COVID-19 resident is released from isolation (i.e., considered recovered) due to:

1. Meeting the symptom-based criteria and/or a negative molecular (PCR) or antigen test or detectable antibody (IgG or IgM+IgG) as detailed in the current Kentucky Department of Public Health (08/03/2020) guidance.

OR

2. Receiving two (2) consecutive negative within 48 hours.  
Billing discontinues when the second consecutive negative result is made known to the facility, up to 24 hours from the time it becomes available.

**EXAMPLE:** Test results are available on a Friday night, but not pulled until Saturday morning, so Friday would be billable if COVID-level care was provided through that day.

\*Entities that are requiring 2 negative tests even after symptom-based criteria are met must only bill for the shorter of the two.