

Revised: May 1996
Approval: W.W.A.

Laboratory

Benefit Coverage (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 51311)

Appropriate examinations, tests, and other diagnostic interventions, for the prevention, diagnosis and treatment of illness or injury are covered. Some services will require prior authorization by the contracted IPA.

Benefit Exclusion

Laboratory services for the purpose of obtaining a marriage license or to determine paternity are not covered benefits.

Examples of Covered Benefits

1. All laboratory services provided in conjunction with periodic health evaluations or as determined medically necessary.
2. Pre-surgical diagnostic testing.
3. Laboratory services performed during an authorized inpatient hospitalization.

Examples of Non-Covered Benefits

1. Lab services to obtain a marriage license.
2. Lab services to determine paternity.

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Lithotripsy

See: **Outpatient Surgery/Therapeutic Procedures**

Long Term Care (LTC)

Definition (Medi-Cal Regulations – Cal. Code Regs., tit. 22, § 50056)

Long term care means services provided to a Member in one of the following facilities: Skilled nursing facilities, pediatric subacute facilities, or intermediate care facilities.

Benefit Coverage

Members placed in facilities described above are covered under Medi-Cal Managed Care for the month of admission plus the following month, or longer, if the disenrollment request is delayed or denied by the Department of Health Care Services (DHCS). For Members anticipated to stay greater than the month of admission plus the following month, a disenrollment request must be submitted to DHCS. If approved, disenrollment to Medi-Cal Fee-For-Service (FFS) occurs on the first day of the second month following the month of admission provided the disenrollment request is submitted at least thirty (30) days prior to that date.

Members must have conditions, or require nursing or other services as defined in the California Code of Regulations, Title 22, Section 51335 to qualify for the Long Term Care benefit.

Benefit Exclusion

Once a Member is disenrolled from Medi-Cal Managed Care to FFS Medi-Cal, all long term care costs are covered by FFS Medi-Cal.