

51120 Intermediate Care Services

(a)

Intermediate care services means services provided in hospitals, skilled nursing facilities or intermediate care facilities to patients who: (1) Require protective and supportive care, because of mental or physical conditions or both, above the level of board and care. (2) Do not require continuous supervision of care by a licensed registered or vocational nurse except for brief spells of illness. (3) Do not have an illness, injury, or disability for which hospital or skilled nursing facility services are required.

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(b)

With respect to services furnished to individuals under age 65, intermediate care services may include services in a public institution (or distinct part thereof) for

mentally retarded or persons with related conditions only if: (1) The primary purpose of such institution (or distinct part thereof) is to provide a program of health or rehabilitative services for mentally retarded individuals and such institutions meet standards as may be prescribed by the United States Department of Health and Human Services. (2) The mentally retarded individual with respect to whom a request for payment is made has been determined to need and is receiving active treatment under such a program. (3) Payment for intermediate care services to any such institution (or distinct part thereof) will not be used to displace with Federal funds any non-Federal expenditures that are already being made for mentally retarded persons.

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(c)

Intermediate care services do not include: (1) Services rendered in accordance with Section 51305, Physician Services; 51306, Optometry Services; 51307, Dental Services; 51308, Chiropractic Services; 51309, Psychology, Physical

Therapy, Occupational Therapy, Speech Therapy, and Audiology Services; 51310, Podiatry Services; 51311, Laboratory, Radiological, and Radioisotope Services; 51312, Prayer or Spiritual Healing; 51313, Pharmaceutical Services and Prescribed Drugs; 51314, Rehabilitation Center Outpatient Services; 51315, Prosthetic and Orthotic Appliances; 51317, Eyeglasses, Prosthetic Eyes, and Other Eye Appliances; 51319, Hearing Aids; 51320, Medical Supplies; 51321, Durable Medical Equipment, except as provided in Section 51321(h) (4); 51323, Medical Transportation Services; 51325, Blood and Blood Derivatives; 51326, Nurse Anesthetist Services; 51327, Inpatient Hospital Services; 51328, Outpatient Heroin Detoxification Services; 51330, Chronic Hemodialysis; 51330.1, Renal Homotransplantation; 51331, Hospital Outpatient Department Services and Organized Outpatient Clinic Services; 51337, Home Health Agency Services; 51340, Early and Periodic Screening Services; and 51341, Short-Doyle Medi-Cal Provider Services. (2) Other equipment and supplies for which prior authorizations have been granted to other providers by the Medi-Cal Consultant and which are therefore separately billed by other providers of services; nor (3) Personal care items and services not reimbursable by the California Medical Assistance Program as a medical care service but for which a personal and incidental allowance is provided.

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