

Advantage Dental

From DentaQuest

Policy Name: Comorbidity	Policy Number: PL012-Comorbidity- CARE
Type of Policy: DCO	Effective Date: 06/14/2012
Responsible Department: Plan Operations	
Page Number (s): 2	Revised Date: 04/23/2019
Approved By: Clinical and Credentialing Sub-Committee	Approved Date: 07/17/2019
PURPOSE: To manage care for enrollees with comorbid conditions.	
POLICY:	
<ol style="list-style-type: none"> 1. All enrollees are assigned to a Primary Care Dentist (PCD). This includes enrollees who are aged, blind, disabled, and children in state custody/foster-care. The PCD is responsible for managing enrollees with comorbid conditions and getting them the appropriate care. Enrollees can be referred to the DCO's Intensive Care Coordinator (ICC) for specialty care. 2. The DCO assists members with comorbid conditions on a case-by-case basis with assistance from the Case Management Department, Provider Relations Department, and the Vice President of Clinical Services or their designee(s), who are licensed dentists. 3. In addition to the coverage available within the enrollee's eligibility, dental services can be provided to the enrollee if it can be shown that: <ol style="list-style-type: none"> A. The enrollee has a covered condition for which documented clinical evidence shows that the covered treatments are not working or are contradicted; and B. Concurrently has a medically related non-covered condition that is causing or exacerbating the covered condition; and C. Treating the non-covered medically related condition will significantly improve the outcome of treating the covered condition; and D. Ancillary services and services that are excluded are not subject to consideration under this rule; and E. Any non-covered or covered services for enrollees with comorbid conditions or disabilities must be represented by an ICD-10-CM diagnosis code, or when the condition is a mental disorder, represented by DSM-IV diagnosis coding to the highest level of axis specificity; and F. In order for the treatment to be covered, there must be a medical determination and finding by the DCO for enrollees that the terms of section (3) A-C of this rule have been met based upon the applicable: 1) treating physician/dentist opinion, 2) medical research, 3) community standards, and 4) current peer review. 4. Before denying treatment for a non-covered condition for any enrollee, especially an 	

enrollee with a disability or with a comorbid condition, the DCO must:

- A. Determine whether the enrollee has a covered condition and paired treatment that would entitle the enrollee to treatment under the program; and
- B. Both the covered and non-covered conditions must be represented by an ICD-10-CM diagnosis code or, when the condition is a mental disorder, represented by DSM-IV diagnosis coding to the highest level of axis specificity.

Reviewed and Revised By:

06/14/2012	Jeanne Dysert	Tamara Kessler	Missy Mitchell		
05/02/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio	
02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio	
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover	
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell		
07/12/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell		
07/17/2017	QI/UR Committee				
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak	
04/23/2019	Missy Mitchell	Molly Johnson	Melinda West	Phebe Ditzler	Rosa Pedraza