

	Title: Comorbidity	Version: 3
	Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

Purpose: To manage care for those Enrollees with comorbid conditions.

Responsibility: Quality Improvement (QI)/Utilization Review (UR) Committee

Scope: Advantage Dental Services, LLC

Definitions: n/a

Forms: n/a

References: 42 CFR 438.208; OAR 410-141-3015

Policy:

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. Comorbid conditions exist in most enrollees who are aged, blind, disabled, and children in state custody/foster-care; as well as some medical conditions in the general Oregon Health Plan (OHP)/Medicaid population. The DCO deals with these on a case by case basis with assistance from the Case Management Department, Provider Relations Department, the Vice President of Dental Services or their designee(s), who are licensed dentists.
3. Dental services can be provided to the enrollee if it can be shown that:
 - 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.



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4. Before denying treatment for a non-covered condition for any enrollee, especially a enrollee with a disability or with a comorbid condition, providers must:
- A. Determine whether the enrollee has a covered condition and paired treatment that would entitle the enrollee to treatment under the program; and

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.

Approvals:

Date: 03/22/2018

Approved by:

Lorena Reinhart (Executive Assistant), Executive Assistant, Operations

Reviewed and Revised

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