PLAN OPERATIONS	Advantage Dental From DentaQuest			
	Policy and Procedure			
	Policy Name:	**Comorbidity**	Policy ID:	**PLANCG-12**
	Approved By:	Peer Review and Credentialing Committee	Last Revision Date:	10/13/2021
	States:	Oregon	Last Review Date:	1/18/2022
	Application:	Medicaid	Effective Date:	1/19/2022

PURPOSE

To manage care for enrollees with comorbid conditions.

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 ensuring they receive 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 Care Coordination Department, Provider Relations Department, and the Vice President of Clinical Services or their designee(s), who are licensed dentists.

3. In addition to the covered dental services available within the Oregon Health Plan (OHP) benefit package, additional dental services may 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 contraindicated; 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

4. Ancillary services and services that are excluded from coverage pursuant to OAR 410-141-3825 are not subject to consideration for coverage under this policy.

5. 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

6. 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 policy have been met based upon the applicable: 1) treating physician/dentist opinion, 2) medical research, 3) community standards, and 4) current peer review.

7. 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.

8. 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.

9. Ad hoc Coverage Determinations:

A. If an enrollee seeks a service pertaining to a funded condition and a covered or uncovered service that does not pair with the same condition on the Health Evidence Review Commission (HERC) Prioritized List of Health Services, and coverage is not otherwise available pursuant to OAR 410-141-3820, or excluded by any applicable statute, and the enrollee requests an appeal or hearing from the DCO, the DCO will make an ad hoc determination on an individual basis as to whether the treatment may be orally appropriate and necessary for the enrollee.

B. If the enrollee requests a hearing, OHA determines whether the HERC considered the funded condition/treatment pair for inclusion on the Prioritized List within the last five years. Ifthe HERC has not considered the pair for inclusion within the last five years, OHA shallmake an ad hoc coverage in consultation with the HERC.

C. Ad hoc determination of individual cases is based on OHA's assessment of whether the treatment is dentally appropriate and necessary for the enrollee and meets the other relevant rules and program standards. Ad hoc determinations shall include consideration of the enrollee's medical history, the treating provider's recommendation, available dental research and professional guidelines. Ad hoc determinations may be informed by consultations with specialists with relevant expertise on the condition or treatment in question:
   i. If OHA determines that the requested treatment is not appropriate or necessary, OHA will uphold the denial. The enrollee may then proceed to hearing.
   ii. If OHA determines that the requested treatment is appropriate and necessary for the enrollee's condition, OHA will overturn the denial and approve the coverage by exception. This determination will not need to proceed to hearing.

D. If OHA hearing overturns the DCOs coverage determination, the DCO may invoke thedispute resolution procedures in OAR 410-141-3550.
   i. If OHA determines that the requested treatment is not appropriate or necessary, OHA will uphold the denial. The enrollee may then proceed to hearing.
   ii. If OHA determines that the requested treatment is appropriate and necessary for the enrollee's condition, OHA will overturn the denial and approve the coverage by exception. This determination will not need to proceed to hearing.

DEFINITION:
"Comorbid condition" is a medical condition/diagnosis (i.e., illness, disease and/or disability) that co-exists with one or more other current and existing conditions/diagnosis for the same patient. Examples of comorbid conditions include: a primary diagnosis of high blood pressure and an additional diagnosis of kidney failure; a primary diagnosis of morbid obesity and additional diagnoses of high blood pressure,

diabetes and congestive heart failure; a primary diagnosis of diabetes and an additional diagnosis of periodontal disease.

REFERENCES:

OAR 410-141-3820 Covered Services
OAR 410-120-0000 Acronyms and Definitions
OAR 410-141-3550 Resolving Disputes between MCEs and the Authority
OAR 410-141-3825 Excluded Services and Limitations

Revision History

Date:	Description
06/14/2012	Approval and adoption.
05/02/2014	Updates based on annual review.
02/23/2015	Updates based on annual review.
02/23/2016	Updates based on annual review.
02/14/2017	Updates based on annual review.
07/12/2017	Updates based on CCO partner audit findings
03/12/2018	Updates based on annual review.
04/23/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
12/08/2020	Updates based on annual review.
10/13/2021	Updates based on annual review.
1/18/2022	Updates based on annual review.