



## COMORBID CONDITIONS - OHP RULE

### FREQUENTLY ASKED QUESTIONS (FAQS) – Revised

April 15, 2011

**Q.1. What is a comorbid condition?**

**A.1.** It 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 are:

- a primary diagnosis of high blood pressure and an addition diagnosis of kidney failure
- a primary diagnosis of morbid obesity and additional diagnoses of high blood pressure, diabetes and congestive heart failure

**Q.2. Why is the comorbid rule important?**

**A.2.** The comorbid rule must be applied to the Oregon Health Plan’s (OHP) Prioritized List of “unfunded” conditions.

**Q.3. What is considered “unfunded”?**

**A3.** All diagnoses that are below the OHP funded line (e.g. lumbago, bunion, dermatophytosis) OR treatment that does not pair with the diagnosis OR treatment that pairs with the diagnosis but is below the funded line. For all of these situations, the OHP comorbid rule needs to be considered to see IF it applies to the member’s medical condition and changes the funding for an otherwise, unfunded condition. In most situations, it will not change.

**Q.4.a Does the comorbid rule apply to OHP excluded services?**

**A.4.a** No it does not!

**Q.4.b What are some examples of excluded services?**

**A.4.b** It is ALL the services specifically listed as excluded for the OHP Plus or OHP Standard benefit packages in the DMAP Provider Guides. Examples of excluded services are:

- cosmetic procedures for both OHP Plus and Standard
- physical therapy services for OHP Standard
- facility services for those diagnoses not listed on the OHP Standard limited hospital diagnosis list

**#5. When I complete the prior authorization form that asks about comorbid conditions, explain when I check “yes” and when I check “no”.**

**Q.5.a When do I check “yes”?**

**A.5.a** When ALL of the following exist:

1. The comorbid condition treatment is not working AND
2. The unfunded condition is causing or exacerbating the comorbid condition AND
3. Treating the unfunded condition will significantly improve the outcome of the comorbid condition

**Q.5.b When do I check “no”?**

**A.5.b** When one of the following situations exist:

1. The member’s comorbid condition is stable OR
2. The member’s comorbid condition is not stable BUT other treatment options exist OR
3. The member’s comorbid condition is not impacted by the unfunded condition

**Q.6.b** What if I do not know the answer to the question and cannot readily obtain the information?

**Q.6.b** Then write “unknown” on the form

**Q.7.** I want to read the entire OHP comorbid rule, where can I find it?

**A.7.** It's contained in the “OHP Managed Care Administrative Rules (division 141)”, this is the link to that rulebook: <http://www.dhs.state.or.us/policy/healthplan/guides/ohp/141%20RB1209-0411.pdf>

Once you open up the rulebook, scroll down to rule 410-141-0480, section (a) which starts with “Services can be provided if it can be shown that:” Read (A) through (F).