

**Objective:**

To ensure that Oregon Health Plan (OHP) members are not excluded from necessary services that may be below the funded line when consideration of a medically related condition will significantly improve the outcome of treating the condition.

**Policy:**

- I. Oregon Health Plan members with co-morbid conditions will be evaluated to determine eligibility to receive services which otherwise may be excluded from under the funding line.
- II. Ancillary services and services that are excluded are not subject to consideration under this policy.
- III. The OHP member has a funded condition for which documented clinical evidence shows that the funded treatments are not working or are contraindicated.
- IV. The OHP member concurrently has a medically related uncompensated condition that is causing or exacerbating the funded condition.
  - A. To identify if the diagnosis is above or below the funded line, the ICD-9 diagnosis can be compared with the Division of Medical Assistance Programs (DMAP) Prioritized List via the DMAP website.
  - B. Treating the uncompensated medically related condition will significantly improve the outcome of treating the funded condition
  - C. Any funded or uncompensated co-morbid condition or disability must be represented by an ICD-9-CM diagnosis code. When the condition is a mental disorder, it is represented by DSM-IV diagnosis code to the highest level of axis specificity.
- V. In order for the treatment to be covered, there must be a medical determination and finding by Tuality Health Alliance (THA) Medical Management for enrolled members that the terms of the Oregon Administrative Rule (OAR) 410-141-0480 section (8)(a)(F)(I-iv) of this rule have been met based upon the applicable:

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- A. Opinion of the treating physician
  - B. Medical research
  - C. Community standards
  - D. Current peer review
- VI. Before denying treatment for an unfunded condition for the OHP member, providers will determine whether the member has a funded condition and paired treatment that would entitle the member to treatment under the program and:
- A. Both funded and uncompensated conditions must be represented by an ICD-9-CM diagnosis code.
  - B. When the condition is a mental disorder, it is represented by a DSM-IV diagnosis code to the highest level of axis specificity.
  - C. General terms such as preventive service, family planning, personal, hygiene, or maternity are not considered “funded conditions” which may be used for these purposes.
- VII. Ancillary services that are excluded and other services that are excluded are not subject to consideration under the Co-Morbidities rule.

Formulated: August, 1998  
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THA Plan Director

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THA Medical Director