

HEDIS Provider Guide: Pharmacotherapy for Opioid Use Disorder (POD)

Measure Description	Using Correct Billing Codes for Diagnosis	
<p>The percentage of members ≥ 16 years old diagnosed with opioid use disorder (OUD) who receive pharmacotherapy treatment for at least 180 days starting from an initial OUD pharmacotherapy event defined as OUD medication dispensed or administered without a gap in treatment of 8 or more consecutive days.</p> <p>Exclusions: Hospice or member deceased</p>	Description	Coding (ICD10CM)
	Opioid Abuse and Dependence	F11.10, F11.120, 11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29

Opioid Use Disorder Treatment Medications			
Description	Prescription	Route	Codes (HCPCS)
Opioid Antagonist	Naltrexone	Oral	N/A
		Injectable	G2073, J2315
Partial Opioid Agonist	Buprenorphine	Sublingual (SL) tablet	1-Day: H0033, J0571 7-Day: G2068, G2079
		Injection	G2069, Q9991, Q9992
		Implant	G2070, G2072, J0570
Partial Opioid Agonist	Buprenorphine/naloxone	SL tablet, buccal film, SL film (Oral)	J0572, J0573, J0574, J0575
Opioid Agonist	Methadone	Oral	1-Day: H0020, S0109
			7-Day: G2067, G2078

How to Improve HEDIS® Scores

- Counsel patients that adherence to treatment can prevent acute exacerbation and emergencies.
- Determine correct billing codes to avoid inappropriate diagnosis of opioid use disorder necessitating treatment.
- Contact patients who cancel or miss appointments; assist with rescheduling as soon as possible. Depending on patient progress, schedule monthly or more frequent follow-up appointments. Assess adherence and side effects, ensure progress and concerns are addressed at each visit
- Ensure patients have access to naloxone to prevent opioid overdose.
- Help patients navigate barriers, such as using their transportation benefit for follow-up visits. Medi-Cal covers emergency transportation, non-emergency medical transportation, and non-medical transportation. Additional barriers include care coordination between different treatment settings and providers. Ensure the appropriate consent forms are in place to facilitate effective and timely communication among providers.
- Refer to Opioid Treatment Programs (OTP) or support groups: search for nearby resources certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) at www.samhsa.gov. Encourage continuation of counseling and support groups even after medication discontinuation.

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