

HEDIS® TIP SHEET*

Pharmacotherapy for Opioid Use Disorder (POD)

Why is the POD Measure Important?

Pharmacotherapy, the treatment of a disorder with medication, has been identified as a critical part of treatment for individuals challenged with opioid use disorder (OUD). Less than 40% of U.S. residents over age 12 with an OUD diagnosis receive pharmacotherapy.¹ Encouraging pharmacotherapy is critical because individuals with OUD who engage in treatment with pharmacotherapy are less likely to exhibit withdrawal or craving symptoms and use illicit opioids and are more likely to remain in treatment and engage in mental health therapy.^{2,3}

What is the POD Measure Evaluating?

This measure captures the percentage of opioid use disorder pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

1. Medicaid, Marketplace, and Medicare members age 16+.
2. OUD dispensing event is captured between a 12-month period that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year (intake period).
3. Members must have a negative medication history (no OUD pharmacotherapy medications) as of 31 days prior to the new OUD pharmacotherapy.

How is Adherence/Compliance Met?

The measure is event-based, and it is met when the member adheres to OUD pharmacotherapy for 180 days or more without a gap in treatment of more than 8 days.

What is Excluded?

- Members that had an acute or nonacute inpatient stay of 8 or more days during the 180-day treatment period.
- Members in hospice care or expired anytime during the measurement year.

What Can You Do to Help?

- Provide empathic listening and nonjudgmental discussions to engage the patient and caregivers in decision making and a relapse prevention plan.
- Inform of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.
- Closely monitor medication prescriptions and do not allow any gap in treatment of 8 or more consecutive days.
- Offer mutual help like peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.).
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.

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ICD-10 Diagnosis Codes**
F11.10, F11.120-122, F11.129, F11.13-14, F11.150-151, F11.159, F11.181-182, F11.188, F11.19-20, F11.220222, F11.229, F11.23-24, F11.250-251, F11.259, F11.281-282, F11.288, F11.29

Codes subject to change.

Treatment Medications for OUD

Description	Prescription
Antagonist	Naltrexone (oral or injectable)
Partial Agonist	Buprenorphine (sublingual tablet, injection, or implant)
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
Agonist	Methadone (oral; medical claim codes: H0020, S0109, G2067, G2078)

Additional Support

- Iowa Total Care Resources:
 - Health Assistance, Linkage, and Outreach (HALO) – Identify and treat members at risk of developing or who are abusing substances.
 - Choose Tomorrow®: A Suicide Prevention Program – Trained staff engage members while ensuring safety.
 - iowatotalcare.findhelp.com – Tool to help members locate free or reduced-cost programs near them, including assistance with substance disorders.
 - Contact the [Transitions of Care](#) team for more information about available resources: care_management@iowatotalcare.com.
 - Visit iowatotalcare.com/providers.html to access trainings, fact sheets, and more.
 - Need assistance? Contact your provider relations or quality improvement specialist. Find yours: iowatotalcare.com/maps.
- Substance Abuse and Mental Health Services Administration (SAMHSA) : samhsa.gov
- Provider Clinical Support Systems (PCSS): pcssnow.org

We are dedicated to the care and well-being of our members. We are also committed to working with you to develop the best possible treatment plans for all patients.

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References

1. Wu, L.T., Zhu, H., & Swartz, M.S. (2016). Treatment Utilization Among Persons With Opioid Use Disorder in the United States. *Drug and Alcohol Dependence*, 169, 117–27.
2. NIDA. (2016). Effective treatments for opioid addiction. <https://www.drugabuse.gov/effective-treatments-opioid-addiction>
3. Connery, H.S. (2015). Medication-assisted treatment of opioid use disorder: Review of the evidence and future directions. *Harvard Review of Psychiatry*, 23(2):63–75. doi: 10.1097/HRP.000000000000075.
4. NCQA: <https://www.ncqa.org/hedis/measures/pharmacotherapy-for-opioid-use-disorder/>

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS® measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

* Measurement Year (MY) 2023

**2023 ICD-10 Diagnosis Codes