

HEDIS® measures

Pharmacotherapy for Opioid Use Disorder (POD)

This HEDIS® measure looks at the percentage of opioid use disorder (OUD) 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. The measure looks at 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 (known as the “intake period”).

New OUD pharmacotherapy event means the date of an OUD dispensing event or OUD medication administration event with a period of 31 days prior when the member was not already receiving OUD pharmacotherapy. Treatment period of 180 days begins on the new OUD pharmacotherapy event date through 179 days without a gap in treatment of 8 or more consecutive days (Total of 180 days). Any new OUD pharmacotherapy event where the member had an acute or nonacute inpatient stay of eight or more days during the 180-day treatment period are excluded.

Numerator codes for POD

There is a large list of approved NCQA codes used to identify services included in the FUH measure. Below are a few of the approved codes. For a complete list, see [NCQA.org](https://www.ncqa.org).

If a member is compliant for the 7-day indicator, they are automatically compliant for the 30-day indicator. To capture follow-up care treatment within 7 and 30 days of the hospital discharge, for example, a code from table one accompanying a code from table two can be used:

Code class	Codes	Description
ICD-10	F11.10-11.29	Opioid Use and Dependence
Code class	Codes	Description
HCPCS	G2068, G2079	Buprenorphine Oral Weekly
CPT	Q9991-2, G2069	Buprenorphine Injection

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Strategies for providers

Treatment

- ✓ Consider Medication Assisted Treatment (MAT) for opioid abuse or dependence, including methadone, buprenorphine/naloxone and injectable naltrexone.
- ✓ Members with OUD should be informed of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment. Discuss side effects of treatment and what to do if they appear.
- ✓ Closely monitor medication prescriptions and do not allow any gap in treatment of 8 or more consecutive days.
- ✓ Help the member manage stressors and identify triggers for a return to illicit opioid use.
- ✓ Provide empathic listening and nonjudgmental discussion of triggers that precede use or increased craving and how to manage them.
- ✓ Engage parent/guardians/family/support system and/or significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
- ✓ Employ urine drug screens and or breathalyzer as appropriate to assess for continued use or other substance use.
- ✓ Provide timely submission of claims.

Appointments

- ✓ Before scheduling an appointment, verify with the member that it's a good fit considering things like transportation, location and time of the appointment.
- ✓ Identify and address any barriers to member keeping appointments.
- ✓ After-care appointment(s) should be with a health care provider and preferably with a licensed behavioral therapist and/or a physician.
- ✓ Talk frankly about the importance of follow up to help the member engage in treatment.
- ✓ Provide reminder calls to confirm appointment.
- ✓ Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
- ✓ Providers should maintain appointment availability for members with MAT for opioid abuse or dependence.

Coordinating care

- ✓ Care should be coordinated between providers. Encourage communication between the behavioral health providers and PCP.
- ✓ Transitions in care should be coordinated between providers. Ensure that the care transition plans are shared with the PCP.
- ✓ Instruct on crisis intervention options including specific contact information, specific facilities, etc.

For assistance finding a provider to refer for mental health treatment, use our provider directory or call our health plan at 1-866-329-4701.

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