

**Use of Pharmacotherapy for Opioid Use Disorder (OUD) (CBE
#3400)**

Technical Specifications and Resource Manual

August 2024



This page left blank for double-sided copying.

ACKNOWLEDGMENTS

The *Use of Pharmacotherapy for Opioid Use Disorder (OUD)* measure is maintained by the Lewin Group through its Home and Community-Based Services Measures Development, Reevaluation, Implementation and Endorsement contract (contract #HHSM-500-2014-00033I, task order #75FCMC19F0004). The Centers for Medicare & Medicaid Services (CMS) serves as the current measure steward and awarded the contract through which Lewin maintains this measure.

FOR PROPRIETARY CODES

Limited proprietary coding is contained in the measure specifications for user convenience. Users of proprietary code sets should obtain all necessary licenses from the owners of the code sets. CMS and Lewin disclaim all liability for use or accuracy of codes contained in the specifications. Professional organizations frequently update their codes. See here for the most recent value sets associated with this measure: [\[PLACEHOLDER LINK\]](#)

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD- 10-CM) is published by the World Health Organization (WHO). ICD-10-CM is an official Health Insurance Portability and Accountability Act standard.

Level II HCPCS codes in these specifications are approved and maintained jointly by the Alpha-Numeric Panel (consisting of CMS, the Health Insurance Association of America and the Blue Cross and Blue Shield Association.).

The National Drug Code (NDC) Directory is published by the U.S. Food and Drug Administration and is made available under the Open Database License. Any rights in individual contents of the database are licensed under the Database Contents License at <http://opendatacommons.org/licenses/odbl/1.0>.

TABLE OF CONTENTS

| | |
|---|----|
| Use of Pharmacotherapy for Opioid Use Disorder (OUD) (CBE #3400)..... | 1 |
| ACKNOWLEDGMENTS | 3 |
| FOR PROPRIETARY CODES | 3 |
| TABLE OF CONTENTS..... | 4 |
| I. BACKGROUND | 5 |
| II. DATA COLLECTION..... | 6 |
| III. TECHNICAL SPECIFICATIONS | 7 |
| MEASURE NAME | 7 |
| MEASURE STEWARD | 7 |
| DESCRIPTION..... | 7 |
| DATA COLLECTION METHOD..... | 7 |
| CODING SYSTEMS | 7 |
| GUIDANCE FOR REPORTING | 8 |
| DEFINITIONS..... | 8 |
| ELIGIBLE POPULATION..... | 8 |
| IV. ADMINISTRATIVE SPECIFICATIONS | 11 |
| DENOMINATOR..... | 11 |
| NUMERATOR | 11 |
| ADDITIONAL NOTES..... | 11 |
| OPTIONAL STRATIFICATIONS | 11 |
| APPENDIX A: DATA COLLECTION AND PREPARATION FOR REPORTING | 12 |

I. BACKGROUND

The *Use of Pharmacotherapy for Opioid Use Disorder (OUD)* technical specifications focus on a measure for adult Medicaid participants, aged 18 and older, with at least one encounter with a diagnosis of opioid abuse and/or opioid use disorder, dependence, or remission (primary or other) at any time during the measurement year. The description for this measure reads, as follows:

- **CBE #3400:** The percentage of Medicaid beneficiaries ages 18 and older with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for OUD during the measure year. The measure reports five rates: the first rate represents the percentage of participants who appropriately receive any medication for the treatment of OUD; and the subsequent four rates track each medication for OUD treatment independently (i.e., buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone).

This measure was developed for the CMS Medicaid Innovation Accelerator Program (IAP) area for promoting medications for opioid use disorder for beneficiaries with an OUD to improve quality of care. This measure can be used by states, providers, and other stakeholders for quality improvement purposes.

CMS serves as the measure steward; its specifications are constructed from Medicaid administrative and claims data. The technical specifications in [Chapter III](#) of this manual provide additional details about the measure.

II. DATA COLLECTION

To support consistency in reporting CBE #3400, there are general guidelines for data collection, preparation, and reporting. [Appendix A](#) lists the definitions for data collection and reporting. The technical specifications are presented in [Chapter III](#) and provide detailed information on how to calculate the measure.

III. TECHNICAL SPECIFICATIONS

This chapter presents the technical specifications for the *Use of Pharmacotherapy for Opioid Use Disorder (OUD)* measure. The specification includes a description of the measure and information about the eligible population, key definitions, data collection method, instructions for calculating the measure, and other relevant measure information.

MEASURE NAME

Use of Pharmacotherapy for Opioid Use Disorder (OUD)

MEASURE STEWARD

Centers for Medicare & Medicaid Services

DESCRIPTION

Percentage of Medicaid beneficiaries ages 18 and older with an OUD who filled a prescription for or were administered or dispensed an FDA-approved medication for disorder during the measure year. The measure reports five rates: the first rate represents the percentage of participants who appropriately receive any medication for the treatment of OUD; the subsequent four rates track each medication for OUD treatment independently (i.e., buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone).

DATA COLLECTION METHOD

Administrative

CODING SYSTEMS

The following coding systems are used in this measure:

- Healthcare Common Procedure Coding System (HCPCS);
- National Drug Codes (NDC); and
- International Classification of Diseases (ICD-10-CM and ICD-10-PCS).

Refer to the [Acknowledgments](#) section at the beginning of the manual for copyright information.

-

GUIDANCE FOR REPORTING

- An overall rate is reported. Separate rates are also reported by four drug products: (1) buprenorphine, (2) oral naltrexone, (3) long-acting, injectable naltrexone, and (4) methadone.
- This measure uses the following administrative claims or encounter data and pharmacy claims:
 - State Transformed Medicaid Management Information System (T-MSIS) files: eligible (EL), inpatient (IP), other services (OT), long-term care (LT), and drug (RX) files.
 - The Other Services (OS) file contains facility and individual provider services data. Most notably, it may contain both residential and other stayover service claims data as claims are assigned to claims file types based upon the category of service provided.
 - The IP file only contains inpatient hospital, sterilization, abortion, and religious non-medical health care institution claims.

DEFINITIONS

| | |
|--------------------|---|
| Measurement period | January 1 to December 31 of the measurement year. |
|--------------------|---|

ELIGIBLE POPULATION

| | |
|-----------------------|--|
| Age | 18 and older. Age is calculated as of January 1 of the measurement year. |
| Continuous enrollment | Beneficiaries must be enrolled in Medicaid during the full 12 months of the measurement year. |
| Allowable gap | No gaps in enrollment. |
| Anchor date | None. |
| Benefits | Medical and chemical dependency (inpatient, residential, and outpatient). |
| Exclusions | None. |
| Event or diagnosis | <p><u>Step 1: Identify denominator</u></p> <ul style="list-style-type: none"> • Step 1A: Eligible population. Identify Medicaid beneficiaries ages 18 and older, enrolled for a full 12 months of the measurement year, and who had at least one encounter with a diagnosis of opioid abuse and/or opioid use disorder, dependence, or remission (primary or other) at any time during the measurement year. ICD-10 codes for OUD are |

provided in CBE #3400—Tab 1 of the posted value sets.

Step 2: Identify the Numerator

- **Step 2A: Overall.** Identify the numerator as beneficiaries with evidence of at least one prescription filled, or who were administered or dispensed an FDA-approved medication for OUD during the measurement year through use of pharmacy claims (relevant NDC code) or through relevant HCPCS coding of medical service (see CBE #3400—Tab 2 of posted value sets).
Only formulations with an OUD indication (not pain management) are included in value sets for measure calculation.
- **Step 2B:** Identify beneficiaries with evidence of at least one prescription for buprenorphine at any point during the measurement year (see CBE #3400—Tab 2 of posted value sets).
- **Step 2C:** Identify beneficiaries with evidence of at least one prescription for oral naltrexone at any point during the measurement year (see CBE #3400—Tab 2 of posted value sets).
- **Step 2D:** Identify beneficiaries with evidence of at least one prescription for long-acting, injectable naltrexone at any point during the measurement year (see CBE#3400—Tab 2 of posted value sets).
- **Step 2E:** Identify beneficiaries with evidence of at least one dose of methadone at any point during the measurement year (see CBE #3400—Tab 2 of posted value sets).

Note: Pharmacotherapy for opioid abuse and/or opioid use disorder, dependence, or remission (prescriptions, procedures, and dispensing) might occur in several files. Similarly, a diagnosis of opioid abuse and/or opioid use disorder, dependence, or remission might occur in several files. For example, one claims file may contain injectables while another claims file may contain oral medications. Consequently, pharmacotherapy and opioid abuse and/or opioid use disorder, dependence, or remission variables are created separately in each source and then merged by beneficiary ID.

Step 3: Calculate the Rates

- **Step 3A:** Calculate the overall rate by dividing the number of beneficiaries with evidence of at least one prescription (**Step 2**) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse and/or opioid use disorder, dependence, or remission (**Step 1**).

Then, calculate rates separately for each of the four medications:

- **Step 3B:** Calculate the buprenorphine prescription rate by dividing the number of beneficiaries with evidence of at least one prescription for

| | |
|---------------|---|
| | <p>buprenorphine during the measurement year (Step 2B) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse and/or opioid use disorder, dependence, or remission (Step 1).</p> <ul style="list-style-type: none"> • Step 3C: Calculate the oral naltrexone prescription rate by dividing the number of beneficiaries with evidence of at least one prescription for oral naltrexone during the measurement year (Step 2C) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse and/or opioid use disorder, dependence, or remission (Step 1). • Step 3D: Calculate the long-acting, injectable naltrexone prescription rate by dividing the number of beneficiaries with evidence of at least one claim for administration of injectable naltrexone during the measurement year (Step 2D) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse and/or opioid use disorder, dependence, or remission (Step 1). • Step 3E: Calculate the methadone dispensing rate by dividing the number of beneficiaries with evidence of at least one dose of methadone during the measurement year (Step 2E) by the number of beneficiaries with at least one encounter associated with a diagnosis of opioid abuse and/or opioid use disorder, dependence, or remission (Step 1A). |
| Care settings | <p>Inpatient/hospital Outpatient Emergency department</p> |

IV. ADMINISTRATIVE SPECIFICATIONS

DENOMINATOR

Measure data will be reported annually (12 months). Eligible population meets the following condition:

- Medicaid beneficiaries ages 18 and older with at least one encounter with a diagnosis of opioid abuse and/or opioid use disorder, dependence, or remission (primary or other diagnosis) at any time during the measurement year (see CBE#3400—Tab 1 of posted value sets).

NUMERATOR

Identify the numerator as beneficiaries with evidence of at least one prescription filled, or who were administered or dispensed an FDA-approved medication for OUD during the measurement year (see CBE #3400—Tab 2 of posted value sets).

The measure will be calculated both overall and stratified by four medications/mode of administration: buprenorphine; oral naltrexone; long-acting, injectable naltrexone; and methadone. The total is not a sum of the four medication cohorts. Count beneficiaries in the total denominator rate if they had at least one of the four FDA-approved medications for OUD during the measurement year. Report beneficiaries with multiple medications only once for the total rate for the denominator.

ADDITIONAL NOTES

None

OPTIONAL STRATIFICATIONS

None

APPENDIX A: DATA COLLECTION AND PREPARATION FOR REPORTING

- **Age criteria.** This measure applies to Medicaid fee-for-service (FFS) and managed care (MC) beneficiaries who are ages 18 and older as of the first date of the measurement period (January 1 of each year).
- **Aggregating information for state-level reporting.** To obtain a state-level rate for a measure that is developed from the rates of multiple units of measurement (e.g., multiple managed care plans [MCP]), the state should calculate a weighted average of the individual rates. How much any one entity (for example, individual MCPs) will contribute to the weighted average is based on the size of its eligible population for the measure. This means that reporting units with larger eligible populations will contribute more toward the rate than those with smaller eligible populations.
- **Allowable gap.** Some measures specify an allowable gap that can occur during continuous enrollment. This measure does not have an allowable gap.
- **Anchor date.** Some measures include an anchor date, which is the date that an individual must be enrolled and have the required benefit to be eligible for the measure. This measure does not have an anchor date.
- **Beneficiaries with partial benefits.** States should include only those Medicaid beneficiaries who are eligible to receive the services assessed in the numerator. If a beneficiary is not eligible to receive the services assessed in the measure, they should not be included in the denominator for the measure. Individuals should be eligible to receive prescription or receipt of a medication to treat their SUD. Each state should assess the specific benefit packages of the beneficiaries in their state.
- **Continuous enrollment.** This refers to the time frame during which a beneficiary must be eligible for benefits to be included in the measure denominator. This measure requires enrollment for the full 12 months of measurement year to be included in the denominator.
- **Data collection methods.** The data for this measure are collected from Medicaid administrative claims and eligibility files.
- **Data collection time frame.** This measure requires a data collection period of 12 months in total, from January 1 to December 31 of the measurement year.
- **Date specificity.** A date must be specific enough to determine that an event occurred during the time frame in the measure. There are instances when documentation of the year alone is adequate; for example, most optional exclusions and measures look for events in the “measurement year or the year prior to the measurement year.” Terms such as “recent,” “most recent,” or “at a prior visit” are not acceptable.
- **Eligible population for measurement.** The measure includes FFS and MC Medicaid beneficiaries who satisfy measure-specific eligibility criteria (i.e., age, benefit, and event).
- **Exclusions.** This measure does not apply any exclusions to remove beneficiaries from the

denominator. However, states may require exclusions as appropriate for their SUD programs and recipients.

- **Reporting unit.** The reporting unit is the state. The reporting unit may also be known as the “accountable entity.”
- **Representativeness of data.** States should use the most complete data available and ensure that the rates reported are representative of the entire eligible population for the measure.
- **Retroactive eligibility.** This refers to the time between the actual date when Medicaid became financially responsible for a member and the date when it received notification of the new member’s eligibility. This measure does not apply retroactive eligibility.
- **Risk adjustment.** This measure does not require risk adjustment.
- **Sampling.** The denominator for this measure includes all FFS and MC Medicaid beneficiaries ages 18 and older who meet the denominator criteria. The measure does not require a separate sampling methodology.
- **Small numbers.** If a measure has a denominator that contains fewer than 30 beneficiaries, the state may choose not to report the measure due to minimum sample size.
- **Value set.** This measure specification references value sets used for calculating the measure. A value set is the complete set of codes used to identify a service or condition included in a measure. See the posted required value sets available here: [\[PLACEHOLDER LINK\]](#).
- **Version of specifications.** This manual includes the most applicable version of the measure specifications available to CMS as of August 2024.