

HEDIS MEASURE OVERVIEW

Pharmacotherapy for Opioid Use Disorder (POD)

Please note that the information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

Pharmacotherapy for Opioid Use Disorder (POD) is one of the National Committee for Quality Assurance (NCQA) HEDIS measures that assesses pharmacotherapy treatment adherence for those with opioid use disorder (OUD). Costs of substance misuse in the U.S. exceed \$400 billion annually. Between 1999 and 2016, opioid overdose deaths increased fivefold. Literature suggests continuity of pharmacotherapy is imperative to prevent relapse and overdose.¹

Measure description

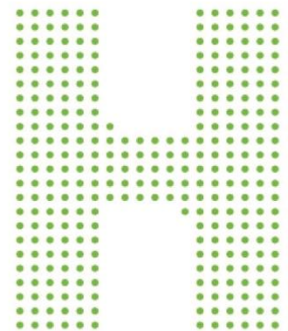
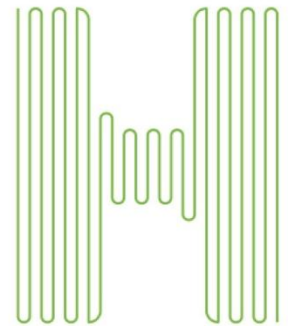
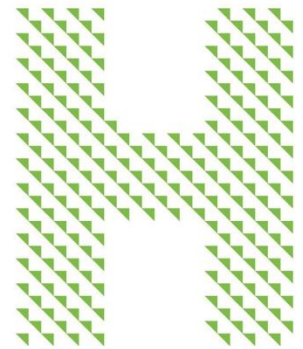
The percentage of OUD pharmacotherapy events that lasted at least 180 days among patients 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Addressing the measure

Patients are compliant with the POD measure when they have new OUD pharmacotherapy events with OUD pharmacotherapy for at least 180 days without a gap in treatment of eight or more consecutive days.

Measure best practices

- Use correct coding, and submit claims and encounter data in a timely manner.
- Ensure that patients have access to treatment, including peer support services.
- Educate patients on the importance of medication adherence for successful treatment, the risks and benefits of treatment, and treatment options without medication.
- Monitor medication prescriptions and do not allow gaps in treatment for eight or more consecutive days.
- Refer patients to treatment programs and services that offer a supportive and safe environment.
- Include the patient's support system in decision-making.
- Provide resources to address stigma and fears that patients may have regarding treatment from organizations such as the National Alliance on Mental Illness (NAMI), the Substance Abuse and Mental Health Services Administration (SAMHSA) and Narcotics Anonymous (NA).
- Partner with patients in a way that fosters trust and understanding.
- Reach out to patients to reschedule missed or canceled appointments.



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1. National Committee for Quality Assurance, 2025. *HEDIS Measurement Year 2025 Volume 1*.

Exclusions

- Patients in hospice care or using hospice services
- Patients who have an acute or nonacute inpatient stay of eight or more days
- Patients who died anytime during the measurement year

POD coding

Code type	Description	Code
HCPCS	Buprenorphine	G0533, G2069, G2070, G2072, H0033, J0570–J0575, Q9991, Q9992
HCPCS	Methadone	G2067, G2078, H0020, S0109
HCPCS	Naltrexone	G2073, J2315
ICD-10	Opioid abuse and dependence	F11.10–F11.29

HCPCS: Healthcare Common Procedure Coding System

ICD-10: International Classification of Diseases, 10th Revision

Information regarding inclusion, compliance and exclusions for this measure were sourced from the HEDIS Measurement Year 2026: Volume 2: Technical Specifications for Health Plans report. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

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