

Other Chronic Health, Mental Health, and Potentially Disabling Conditions Algorithms

MBSF_OTCC_{YYYY} FILE | REVISED 02/2023

Opioid Use Disorder (OUD) #2 — Diagnosis- and Procedure-code basis for OUD

Reference Period¹:

2 Years

Number/Type of Claims to Qualify²:

At least 1 inpatient claim **OR** 2 other non-drug claims of any service type with DX (or ICD-10-PCS procedure) codes

Valid ICD-10/CPT4/HCPCS Codes³:

DX F11.10, F11.120, F11.121, 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, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, T40.0X1A, T40.0X2A, T40.0X3A, T40.0X4A, T40.1X1A, T40.1X2A, T40.1X3A, T40.1X4A, T40.2X1A, T40.2X2A, T40.2X3A, T40.2X4A, T40.3X1A, T40.3X2A, T40.3X3A, T40.3X4A, T40.3X5A, T40.4X1A, T40.4X2A, T40.4X3A, T40.4X4A, T40.411A, T40.412A, T40.413A, T40.414A, T40.415A, T40.421A, T40.422A, T40.423A, T40.424A, T40.425A, T40.491A, T40.492A, T40.493A, T40.494A, T40.495A, T40.601A, T40.602A, T40.603A, T40.604A, T40.691A, T40.692A, T40.693A, T40.694A

ICD-10 Procedure Codes: HZ81ZZZ, HZ84ZZZ, HZ85ZZZ, HZ86ZZZ, HZ91ZZZ, HZ94ZZZ, HZ95ZZZ, HZ96ZZZ (any position on the claim)

Valid ICD-9/MS DRG/HCPCS Codes³:

DX 304.0, 304.00, 304.01, 304.02, 304.7, 304.70, 304.71, 304.72, 305.5, 305.50, 305.51, 305.52, 760.72, 965.0, 965.00, 965.01, 965.02, 965.09, E85.00, E85.01, E85.02, E93.50, E93.51 (any DX on the claim)

¹ CCW data begins in 1999. When working with condition files prior to 2003, conditions with a reference period of 2–5 years will not have a sufficient length of data to fully meet the condition criteria in some years.

² SNF refers to skilled nursing facility; HHA refers to home health agency; HOP refers to hospital outpatient. Carrier claims refer to claim types 71 and 72 (not durable medical equipment [DME] claim types 81 or 82), and excludes any claims for which line item Berenson-Eggers Type of Service (BETOS) code variable equals D1A, D1B, D1C, D1D, D1E, D1F, D1G (which is DME), or O1A (which is ambulance services). The intent of the algorithm is to exclude claims where the services do not require a licensed health care professional. When two claims are required, they must occur at least one day apart.

³ ICD-10 codes are effective 10/2015; effective dates for ICD-9 codes vary, but are valid through 09/2015. Researchers may be interested in confirming the code(s) of interest in the accompanying claims data files.