

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

MBSF_OTCC_{YYYY} FILE | REVISED 02/2024

Opioid Use Disorder (OUD) #1: Overarching Opioid Use Disorder

Reference Period¹:

2 Years

Number/Type of Claims to Qualify²:

See specifics for indicators from OUD#2, OUD#3, or OUD#4, below.

Valid ICD-10/CPT4/HCPCS Codes³:

Any positive result from indicators OUD#2, OUD#3, or OUD#4, below.

Valid ICD-9/MS DRG/HCPCS Codes³:

Any positive result from indicators OUD#2, OUD#3, or OUD#4, below.

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)

ODD #3: Opioid-related Hospitalizations/ED Visits

Reference Period¹:

2 Years

Number/Type of Claims to Qualify²:

One inpatient claim **OR** one emergency department (ED) claim

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, T40.0X1D, T40.0X1S, T40.0X2A, T40.0X2D, T40.0X2S, T40.0X3A, T40.0X3D, T40.0X3S, T40.0X4A, T40.0X4D, T40.0X4S, T40.0X5A, T40.0X5D, T40.0X5S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X2A, T40.1X2D, T40.1X2S, T40.1X3A, T40.1X3D, T40.1X3S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X2A, T40.2X2D, T40.2X2S, T40.2X3A, T40.2X3D, T40.2X3S, T40.2X4A, T40.2X4D, T40.2X4S, T40.2X5A, T40.2X5D, T40.2X5S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X2A, T40.3X2D, T40.3X2S, T40.3X3A, T40.3X3D, T40.3X3S, T40.3X4A, T40.3X4D, T40.3X4S, T40.3X5A, T40.3X5D, T40.3X5S, T40.4X1A, T40.4X1D, T40.4X1S, T40.4X2A, T40.4X2D, T40.4X2S, T40.4X3A, T40.4X3D, T40.4X3S, T40.4X4A, T40.4X4D, T40.4X4S, T40.4X5A, T40.4X5D, T40.4X5S, T40.411A, T40.411D, T40.411S, T40.412A, T40.412D, T40.412S, T40.413A, T40.413D, T40.413S, T40.414A, T40.414D, T40.414S, T40.415A, T40.415D, T40.415S, T40.421A, T40.421D, T40.421S, T40.422A, T40.422D, T40.422S, T40.423A, T40.423D, T40.423S, T40.424A, T40.424D, T40.424S, T40.425A, T40.425D, T40.425S, T40.491A, T40.491D, T40.491S, T40.492A, T40.492D, T40.492S, T40.493A, T40.493D, T40.493S, T40.494A, T40.494D, T40.494S, T40.495A, T40.495D, T40.495S, T40.601A, T40.601D, T40.601S, T40.602A, T40.602D, T40.602S, T40.603A, T40.603D, T40.603S, T40.604A, T40.604D, T40.604S, T40.605A, T40.605D, T40.605S, T40.691A, T40.691D, T40.691S, T40.692A, T40.692D, T40.692S, T40.693A, T40.693D, T40.693S, T40.694A, T40.694D, T40.694S, T40.695A, T40.695D, T40.695S (any position on the claim)

Valid ICD-9/MS DRG/HCPCS Codes³:

DX 304.00, 304.01, 304.02, 304.70, 304.71, 304.72, 305.50, 305.51, 305.52, 965.00, 965.01, 965.02, 965.09, 970.1, E85.00, E85.01, E85.02, E93.50, E93.51, E93.52, E94.01 (any DX on the claim)

ODU #4: Utilization of Medication-Assisted Therapy (MAT)

Reference Period¹

2 Years

Number/Type of Claims to Qualify²:

One or more drug claim with an NDC for opioid-MAT **OR** one or more non-drug claim with a HCPCS code.

(NOTE: Naltrexone NDCs are excluded if there is evidence of an alcohol or other drug use disorder where opioid DX [ODU #2] is not present.)

Valid ICD-10/CPT4/HCPCS Codes³:

HCPCS codes for MAT:

G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2078, G2079, H0020, J0571, J0572, J0573, J0574, J0575, J0592, J1230, J2315, S0109

NDCs for Buprenorphine:

00054017613, 00054017713, 00054018813, 00054018913, 00093537856, 00093537956, 00093572056, 00093572156, 00228315303, 00228315403, 00228315473, 00228315503, 00228315567, 00228315573, 00228315603, 00378092393, 00378092493, 00378876516, 00378876593, 00378876616, 00378876693, 00378876716, 00378876793, 00378876816, 00378876893, 00406192303, 00406192403, 00406800503, 00406802003, 00490005100, 00490005130, 00490005160, 00490005190, 00781721606, 00781721664, 00781722706, 00781722764, 00781723806, 00781723864, 00781724906, 00781724964, 00904700906, 00904701006, 00904715404, 00904715504, 12496010001, 12496010002, 12496010005, 12496030001, 12496030002, 12496030005, 12496120201, 12496120203, 12496120401, 12496120403, 12496120801, 12496120803, 12496121201, 12496121203, 12496127802, 12496128302, 12496130602, 12496131002, 16590066605, 16590066630, 16590066705, 16590066730, 16590066790, 16729054910, 16729055010, 23490927003, 23490927006, 23490927009, 35356000407, 35356000430, 35356055530, 35356055630, 42291017430, 42291017530, 42858050103, 42858050203, 42858060103, 42858060203, 43063018407, 43063018430, 43063066706, 43063075306, 43598057901, 43598057930, 43598058001, 43598058030, 43598058101, 43598058130, 43598058201, 43598058230, 47781035503, 47781035511, 47781035603, 47781035611, 47781035703, 47781035711, 47781035803, 47781035811, 49999039507, 49999039515, 49999039530, 49999063830, 49999063930, 50090157100, 50090292400, 50268014411, 50268014415, 50268014511, 50268014515, 50383028793, 50383029493, 50383092493, 50383093093, 51862060830, 52427069203, 52427069211, 52427069403, 52427069411, 52427069803, 52427069811, 52427071203, 52427071211, 52440010014, 52959030430, 52959074930, 53217013830, 53217024630, 54123011430, 54123090730, 54123091430, 54123092930, 54123095730, 54123098630, 54569549600, 54569573900, 54569573901, 54569573902, 54569639900, 54569640800, 54569657800, 54868570700, 54868570701, 54868570702, 54868570703, 54868570704, 54868575000, 55045378403, 55700014730, 55700018430, 55700030230, 55700030330, 55700090130, 58284010014, 59385001201, 59385001230, 59385001401, 59385001430, 59385001601, 59385001630, 60429058611, 60429058630, 60429058633, 60429058711, 60429058730, 60429058733, 60687048111, 60687048121, 60687049211, 60687049221, 60687062611, 60687062665, 60687063711, 60687063765, 62175045232, 62175045832, 62756045983, 62756046083, 62756096983, 62756097083, 63629402801, 63629403401, 63629403402, 63629403403, 63629409201, 63629947501, 63629948201, 63629948301, 63874108403, 63874108503, 63874117303, 65162041503,

65162041603, 66336001630, 68071138003, 68071151003, 68258299103, 68258299903, 68308020230, 68308020830, 70518100700, 70518201400, 70518201401, 70518221700, 70518222600, 70518222602, 70518222603, 70518312900, 70518338900, 71335095001, 71335095002, 71335095003, 71335115401, 71335115402, 71335115403, 71335116301, 71335116302, 71335116303, 71335129601, 71335137801, 71335172501, 71335172502, 71335185801, 71335185802

NDCs for Naltrexone (see exclusion criteria, below):

00056001122, 00056001130, 00056001170, 00056007950, 00056008050, 00185003901, 00185003930, 00406009201, 00406009203, 00406117001, 00406117003, 00555090201, 00555090202, 00904703604, 16729008101, 16729008110, 42291063230, 43063059115, 47335032683, 47335032688, 50090286600, 50090492500, 50436010501, 51224020630, 51224020650, 51285027501, 51285027502, 52152010502, 52152010504, 52152010530, 54868557400, 62135024230, 62135024290, 63459030042, 63629104601, 63629104701, 65694010003, 65694010010, 65757030001, 65757030202, 68084029111, 68084029121, 68094085362, 68115068030

Exclude beneficiaries with NDC for Naltrexone, if the CCW alcohol use disorder indicator = Yes and opioid use disorder DX indicator (from measure #2 OUD using diagnoses) = No; or CCW drug use disorder indicator = Yes and opioid use DX disorder = No

Valid ICD-9/MS DRG/HCPCS Codes³:

Same as ICD-10

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 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.