Even before the COVID-19 pandemic, less than 20% of Americans with OUD received any specialty treatment, according to a 2016 study. Despite this, we know that pharmacologic treatment for OUD can be delivered effectively in primary care settings to improve patients' survival rates. [SAMHSA 2017; Sordo, et al. 2017; Larochelle, et al.2018].

During the COVID 19 pandemic, 40 states have seen increases in opioid-related deaths, according to a recent American Medical Association report. In light of this trend, the New York State Department of Health AIDS Institute recommends that primary care clinicians for patients like those from SelectHealth, the Medicaid special needs plan from VNSNY CHOICE, standardly screen for illicit drug use and non-medical use of prescription drugs (e.g., opioids, benzodiazepines, and stimulants) in all adult patients ≥18 years old. The Institute also recommends that all clinical care providers in NYS be informed of treatment options for OUD.

Best Standard of Care for OUD
The New York State Quality Assurance Reporting Requirements(NYSQARR) recommends that clinicians initiate medication-assisted therapy (MAT) for OUD within 30 days (or earlier) of a new opioid diagnosis. For details refer to the Initiation of Pharmacotherapy Upon New Episode of Opioid Dependence quality measure.

Ensure your treatment plans align with opioid diagnosis guidelines: SelectHealth members have access to behavioral health providers and facilities through the Beacon Health Options network.

Beacon Health Options
1-855-735-6098; 24 hours a day, 7 days a week
www.BeaconHealthOptions.com

Common Opioid Dependence Diagnosis Codes
For patients with active opioid dependence or a history of dependence, document opioid dependence status (active vs. remission) and use appropriate diagnosis codes:

- **Opioid active dependence diagnosis codes:** F11.10,F11.90, F11.20
- **Opioid remission diagnosis codes:** F11.11 or F11.21
  If you have any questions about this communication, please contact Sheila.Spiezo@vnsnsy.org.