

BRIEF

# The FAIR Health Opioid Tracker

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A Helpful User's Guide

A FAIR Health Brief, September 28, 2023



This brief is a user's guide to the FAIR Health [Opioid Tracker](#),<sup>1</sup> a resource on opioid abuse and dependence. The Opioid Tracker is also the latest in the series of FH® Trackers—online, interactive resources that offer geographic insights into public health issues.

Given FAIR Health's rich and evolving repository of over 42 billion private healthcare claim records—the largest in the nation—we have applied it to the study of a number of public health issues, including COVID-19's impact on the healthcare system<sup>2</sup> and the incidence of Lyme and other tick-borne diseases.<sup>3</sup> We developed the Monthly Telehealth Regional Tracker,<sup>4</sup> which tracks month-to-month changes in telehealth nationally and across all four US census regions, and the Cost of Giving Birth Tracker,<sup>5</sup> which tracks the cost of vaginal deliveries and C-sections nationally and state by state.

Throughout the COVID-19 pandemic, opioid abuse and dependence have remained serious issues. The Centers for Disease Control and Prevention found that reported deaths due to drug overdoses (mostly opioid overdoses)<sup>6</sup> rose from 71,130 in 2019, before the pandemic, to 107,081 in 2022.<sup>7</sup>

As we emerge from the COVID-19 pandemic, FAIR Health, as a public service, is making available current data on opioid use disorder in the form of the Opioid Tracker. A national heat map represents total opioid abuse and dependence claim lines as a percentage of all medical claim lines in 2022 for each state. The darkest states in the heat map are those where that percentage was highest.

Clicking on a state, or on the District of Columbia, displays an infographic for that jurisdiction. The infographic includes:

- The top five procedure codes by utilization for opioid abuse and dependence;
- The top five procedure codes by aggregate allowed amounts<sup>8</sup> for opioid abuse and dependence;
- The change in opioid abuse and dependence claim lines as a percentage of all medical claim lines from 2018 to 2022;
- Diagnoses of opioid abuse and dependence by age; and
- Diagnoses of opioid abuse and dependence by gender.

There is also a similar infographic for the nation as a whole. The source of the data is FAIR Health's repository of private healthcare claims. Our intent is to release fresh data every six months.

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<sup>1</sup> "Opioid Tracker," FAIR Health, accessed September 22, 2023, <https://www.fairhealth.org/fh-trackers/opioid-abuse-map>.

<sup>2</sup> A series of reports beginning with FAIR Health, *COVID-19: The Projected Economic Impact of the COVID-19 Pandemic on the US Healthcare System*, A FAIR Health Brief, March 25, 2020, <https://s3.amazonaws.com/media2.fairhealth.org/brief/asset/COVID-19%20-%20The%20Projected%20Economic%20Impact%20of%20the%20COVID-19%20Pandemic%20on%20the%20US%20Healthcare%20System.pdf>.

<sup>3</sup> FAIR Health, *Lyme Disease: A Continuing Concern*, A FAIR Health Infographic, August 2022, <https://s3.amazonaws.com/media2.fairhealth.org/infographic/asset/Lyme%20Disease%20Infographic%20-%20Final.pdf>.

<sup>4</sup> "Monthly Telehealth Regional Tracker," FAIR Health, accessed September 15, 2023, <https://www.fairhealth.org/fh-trackers/telehealth>.

<sup>5</sup> "Cost of Giving Birth Tracker," FAIR Health, accessed September 15, 2023, <https://www.fairhealth.org/fh-trackers/cost-of-giving-birth>.

<sup>6</sup> "Understanding Drug Overdoses and Deaths," Centers for Disease Control and Prevention (CDC), last reviewed May 8, 2023, <https://www.cdc.gov/drugoverdose/epidemic/index.html>.

<sup>7</sup> "Provisional Drug Overdose Death Counts," CDC, National Center for Health Statistics, last reviewed June 14, 2023, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

<sup>8</sup> An allowed amount is the total negotiated, in-network fee paid to the provider under an insurance plan. It includes the amount that the health plan pays and the part the patient pays under the plan's in-network cost-sharing provisions (e.g., copay or coinsurance if the patient has met the deductible).

What follows is a guide to the findings presented in the [national infographic](#). For state-specific information, we invite you to visit the state infographics in the Opioid Tracker.

## National Findings

The national top five procedure codes by utilization for opioid abuse and dependence in 2022 are shown in the table below. Procedure code H0020 (methadone administration and/or service) had the highest utilization, representing 21.6 percent of claim lines for all procedure codes for opioid abuse and dependence nationally. This was more than double the second-place procedure code, CPT<sup>®9</sup> 80307 (testing for presence of drug, by chemistry analyzers), which accounted for 8.1 percent. Following this were CPT 99214 (established patient office or other outpatient visit, 30-39 minutes), at 7.8 percent; CPT 99213 (established patient office or other outpatient visit, 20-29 minutes), at 6.8 percent; and, in fifth position, G0480 (definitive drug testing, 1-7 classes) at 3.6 percent of claim lines for all procedure codes.



### Top Five Procedure Codes by Utilization for Opioid Abuse and Dependence

*Percent of all procedure codes for opioid abuse and dependence in the nation*

CPT <sup>®</sup> /HCPCS	DESCRIPTION	PERCENT
H0020	Methadone administration and/or service	21.6%
80307	Testing for presence of drug, by chemistry analyzers	8.1%
99214	Established patient office or other outpatient visit, 30-39 minutes	7.8%
99213	Established patient office or other outpatient visit, 20-29 minutes	6.8%
G0480	Definitive drug testing, 1-7 classes	3.6%

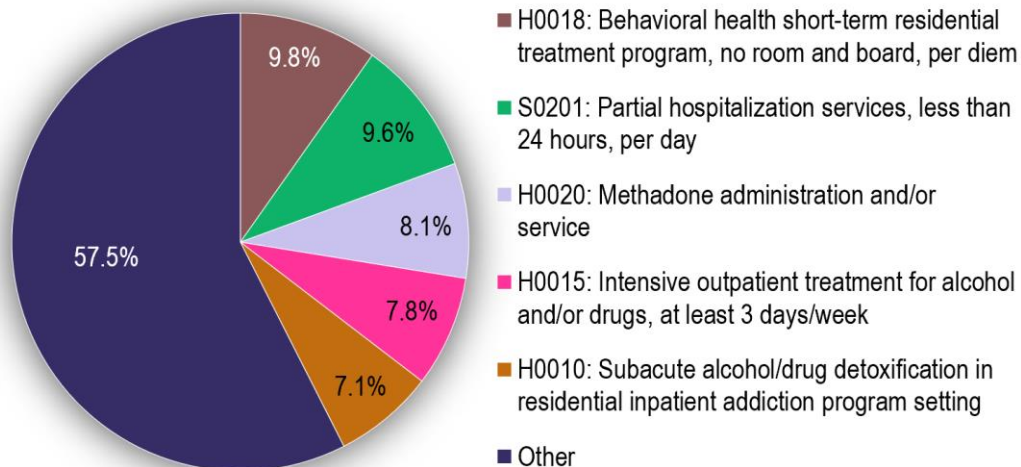
<sup>9</sup> CPT © 2022 American Medical Association (AMA). All rights reserved.

When ranked by total aggregate allowed amounts for opioid abuse and dependence in 2022 (as shown below) rather than utilization, the top five procedure codes change. One code was in both rankings, though in different positions. H0020 (methadone administration and/or service) was in third place by aggregate allowed amounts compared to first place by utilization. The other four codes were different.

Total spending on these top five codes, as measured by the aggregate allowed amounts attributable to each nationwide, was rather evenly distributed, with each in a range from 7.1 to 9.8 percent. In the number one position, H0018 (behavioral health short-term residential treatment program, no room and board, per diem) accounted for 9.8 percent of aggregate allowed amounts. Next came S0201 (partial hospitalization services, less than 24 hours, per day) at 9.6 percent. In third place was H0020 at 8.1 percent, followed by H0015 (intensive outpatient treatment for alcohol and/or drugs, at least three days per week) at 7.8 percent and H0010 (subacute alcohol/drug detoxification in residential inpatient addiction program setting), at 7.1 percent. All other procedure codes accounted for 57.5 percent of aggregate allowed amounts.

## Top Five Procedure Codes by Aggregate Allowed Amounts for Opioid Abuse and Dependence

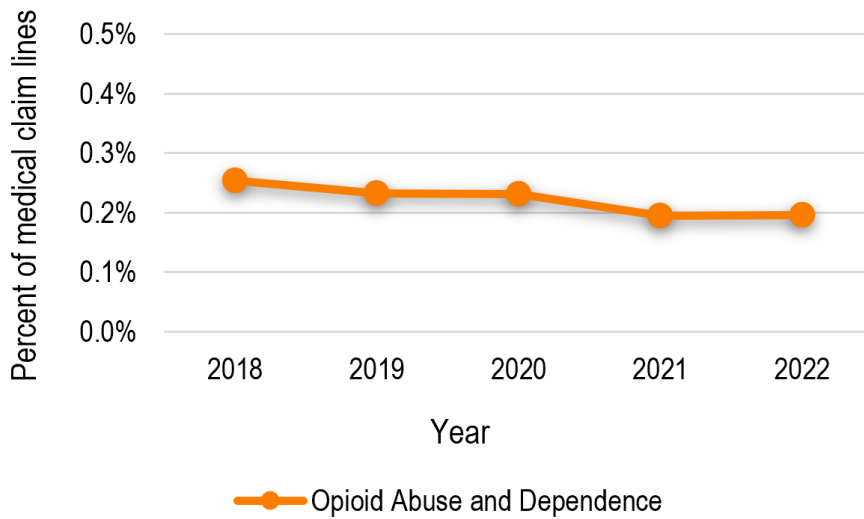
*Percent of all procedure codes by aggregate allowed amounts for opioid abuse and dependence*



Nationally, the percentage of medical claim lines for opioid abuse and dependence from 2018 to 2022 showed an overall decline (see the figure below).<sup>10</sup> In 2018, opioid abuse and dependence accounted for 0.254 percent of medical claim lines, while in 2022 it accounted for 0.196 percent of medical claim lines. A relatively small uptick in the percentage of medical claim lines occurred when it rose from 0.195 percent in 2021 to 0.196 percent in 2022.



## Percent of Medical Claim Lines

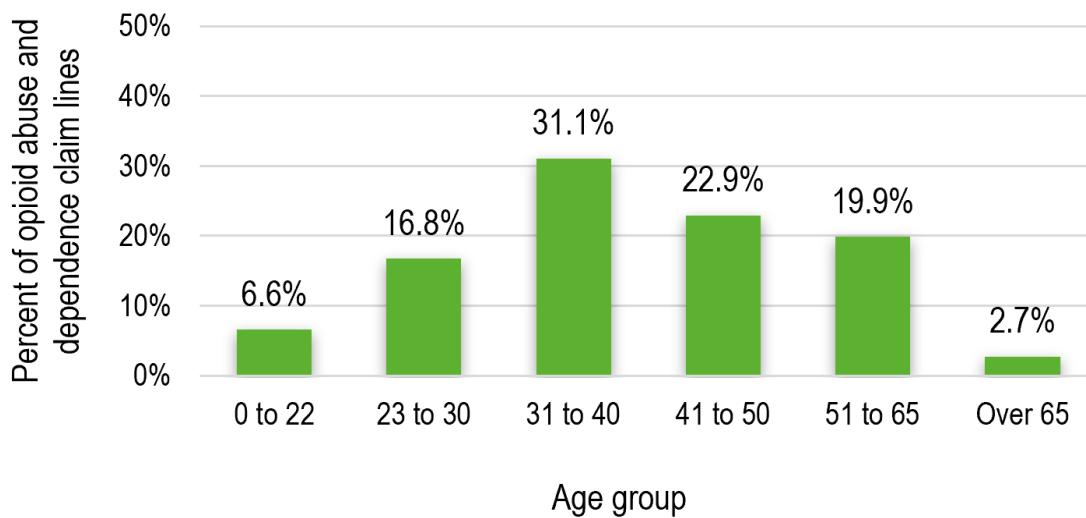


<sup>10</sup> Notwithstanding the slight national downturn in the percentage of medical claim lines associated with opioid abuse and dependence, a number of states showed an uptick in that percentage (e.g., Arizona, Georgia, Indiana and Rhode Island). For more specific information, please refer to the individual state profiles in the Opioid Tracker.

The age distribution of opioid abuse and dependence claim lines in 2022 across the nation is shown in the figure below. The age group 31 to 40 had the highest percentage of opioid abuse and dependence claim lines at 31.1 percent. The next highest were the age group 41 to 50 with 22.9 percent, the age group 51 to 65 with 19.9 percent and the age group 23 to 30 with 16.8 percent. Patients over 65 and those under 23 had the lowest percentage of opioid abuse and dependence claim lines with 2.7 percent and 6.6 percent, respectively.



## Diagnoses of Opioid Abuse and Dependence by Age



The national gender distribution of opioid abuse and dependence claim lines in 2022 is shown in the figure below. Males accounted for 62.5 percent of claim lines with those diagnoses, while females accounted for 37.5 percent.



## Diagnoses of Opioid Abuse and Dependence by Gender

**Female**  
**37.5%**



**Male**  
**62.5%**



## Conclusion

Taken together, the results in the national opioid infographic, like those in the state-specific infographics, shed light on various aspects of opioid abuse and dependence, including utilization, costs, age and gender. We hope that the Opioid Tracker will be useful to all healthcare stakeholders, such as policy makers, payors, providers, patients and researchers, who continue to track and seek to better understand and address this public health issue.

Click [here](#) for the Opioid Tracker.



## About FAIR Health

FAIR Health is a national, independent nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information through data products, consumer resources and health systems research support. FAIR Health qualifies as a public charity under section 501(c)(3) of the federal tax code. FAIR Health possesses the nation's largest collection of private healthcare claims data, which includes over 42 billion claim records and is growing at a rate of over 2 billion claim records a year. FAIR Health licenses its privately billed data and data products—including benchmark modules, data visualizations, custom analytics and market indices—to commercial insurers and self-insurers, employers, providers, hospitals and healthcare systems, government agencies, researchers and others. Certified by the Centers for Medicare & Medicaid Services (CMS) as a national Qualified Entity, FAIR Health also receives data representing the experience of all individuals enrolled in traditional Medicare Parts A, B and D; FAIR Health includes among the private claims data in its database, data on Medicare Advantage enrollees. FAIR Health can produce insightful analytic reports and data products based on combined Medicare and commercial claims data for government, providers, payors and other authorized users. FAIR Health's free, award-winning, national consumer websites are [fairhealthconsumer.org](https://fairhealthconsumer.org) and [fairhealthconsumidor.org](https://fairhealthconsumidor.org). For more information on FAIR Health, visit [fairhealth.org](https://fairhealth.org).

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