

BRIEF

The FAIR Health Opioid Tracker

A Helpful User's Guide

A FAIR Health Brief, September 26, 2024



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

Opioid abuse and dependence have been serious issues for years. The Centers for Disease Control and Prevention found that reported deaths due to drug overdoses (mostly opioid overdoses)² rose from 71,130 in 2019 to 106,875 in 2023.³ Given FAIR Health's rich and evolving repository of over 48 billion commercial healthcare claim records—the largest in the nation—we have long applied our data to efforts to bring transparency to opioid abuse and dependence. Our work in this area includes a series of white papers, which led to an invited address at the National Press Club and consultation with federal and state officials. The first white paper concerned national and regional diagnostic and treatment trends;⁴ the second discussed the impact of the epidemic on the healthcare system, including costs;⁵ the third reported regional variations in the prevalence of and treatment protocols for opioid-related diagnoses;⁶ and the fourth investigated regional and state differences in procedures for opioid abuse and dependence.⁷

Our latest effort on this topic is the new Opioid Tracker. In the Opioid Tracker, a national heat map represents the percentage of patients with opioid abuse and dependence diagnoses compared to all patients receiving medical services in 2023 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 amounts⁸ for opioid abuse and dependence;

¹ "Opioid Tracker," FAIR Health, accessed September 19, 2024, <https://www.fairhealth.org/fh-trackers/opioid-abuse-map>.

² "Drug Overdose Death Rates," National Institute on Drug Abuse, May 14, 2024, <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>.

³ "Provisional Drug Overdose Death Counts," CDC, National Center for Health Statistics, last reviewed August 14, 2024, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

⁴ FAIR Health, *The Opioid Crisis among the Privately Insured: The Opioid Abuse Epidemic as Documented in Private Claims Data*, A FAIR Health White Paper, July 2016, <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/FH%20White%20Paper%20-%20The%20Opioid%20Crisis%20among%20the%20Privately%20Insured%20-%20July%202016-5972409963cf3.pdf>.

⁵ FAIR Health, *The Impact of the Opioid Crisis on the Healthcare System: A Study of Privately Billed Services*, A FAIR Health White Paper, September 2016, <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/FH%20White%20Paper%20-%20The%20Impact%20of%20the%20Opioid%20Crisis%20on%20the%20Healthcare%20System%20-%20Sept%202016-5972407510d1f.pdf>.

⁶ FAIR Health, *Peeling Back the Curtain on Regional Variation in the Opioid Crisis: Spotlight on Five Key Urban Centers and Their Respective States*, A FAIR Health White Paper, June 2017, <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/FH%20White%20Paper%20-%20Peeling%20Back%20the%20Curtain%20on%20Regional%20Variation%20in%20the%20Opioid%20Crisis%20-%20June%202017-5972405d4efee.pdf>.

⁷ FAIR Health, *Opioid Abuse and Dependence: A National Tapestry of Care and Cost with a State-by-State Analysis*, A FAIR Health White Paper, August 2018, <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Opioid%20Abuse%20and%20Dependence%20-%20A%20FAIR%20Health%20White%20Paper%20August%202018.pdf>.

⁸ 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). The aggregate allowed amount for a given procedure is simply the sum of all the allowed amounts for that procedure in the applicable geographic area during the time frame.

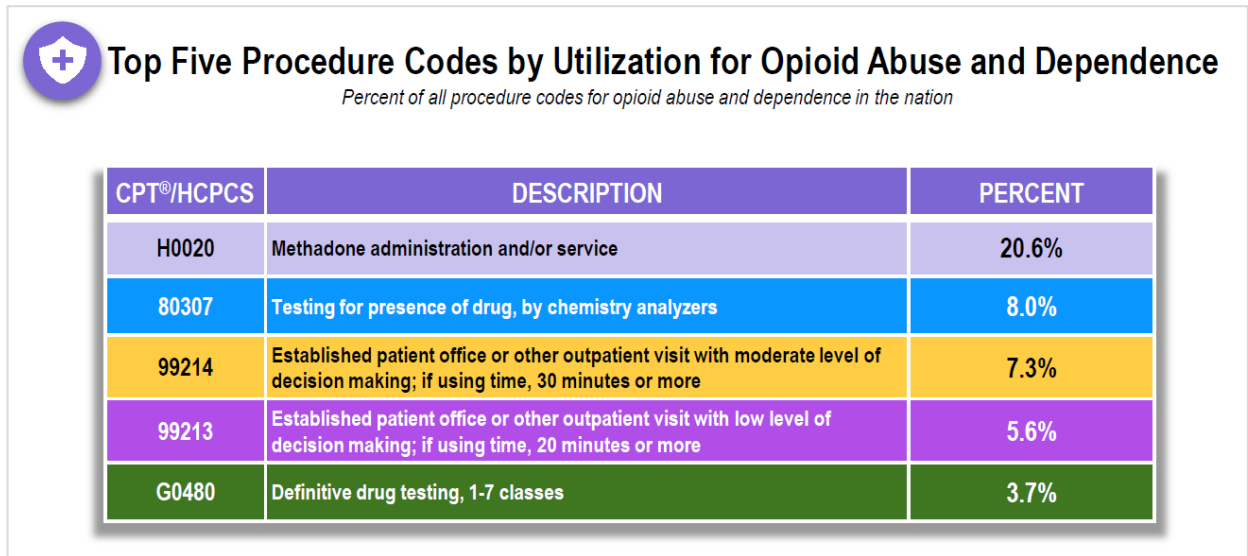
- The change in the percentage of patients with opioid abuse and dependence diagnoses compared to all patients receiving medical services from 2020 to 2023;
- The distribution of patients with opioid abuse and dependence diagnoses by age; and
- The distribution of patients with opioid abuse and dependence diagnoses 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 commercial healthcare claims.

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

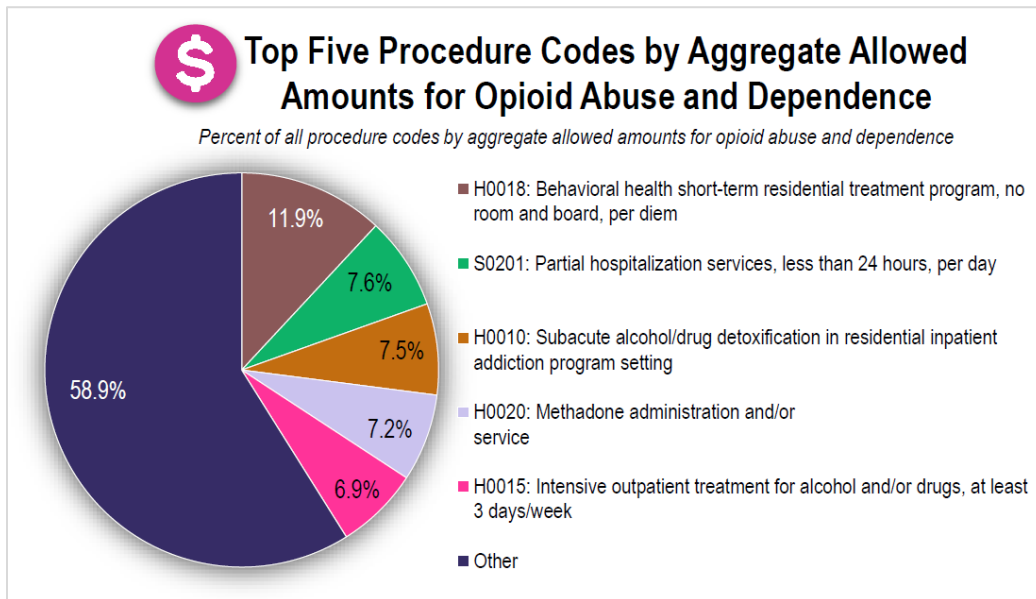
The national top five procedure codes by utilization for opioid abuse and dependence in 2023 are shown in the table below. Procedure code H0020 (methadone administration and/or service) had the highest utilization, representing 20.6 percent of claim lines for all procedure codes for opioid abuse and dependence nationally. This was more than double the procedure code in the second position, CPT®⁹ 80307 (testing for presence of drug, by chemistry analyzers), which accounted for 8.0 percent. Following this were CPT 99214 (established patient office or other outpatient visit with moderate level of decision making; if using time, 30 minutes or more), at 7.3 percent; CPT 99213 (established patient office or other outpatient visit with low level of decision making; if using time, 20 minutes or more), at 5.6 percent; and, in fifth position, G0480 (definitive drug testing, 1-7 classes) at 3.7 percent.



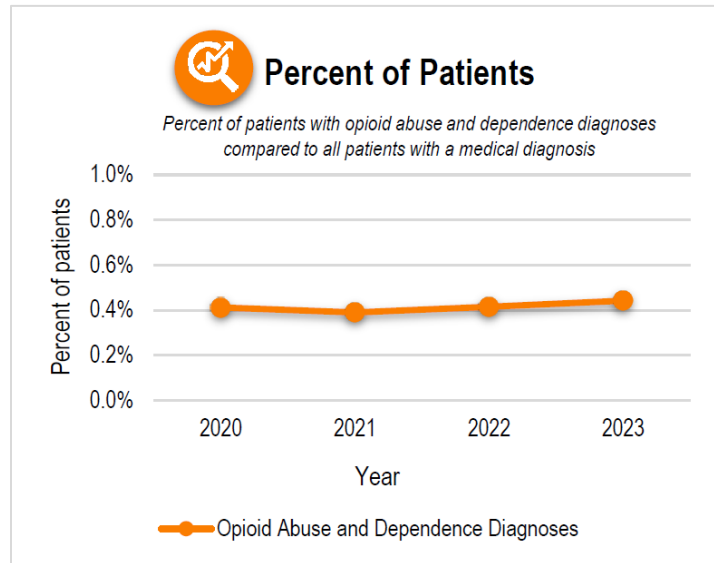
⁹ CPT © 2023 American Medical Association (AMA). All rights reserved.

When ranked by total aggregate allowed amounts for opioid abuse and dependence in 2023 (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 fourth position by aggregate allowed amounts compared to first position by utilization. The other four codes were different.

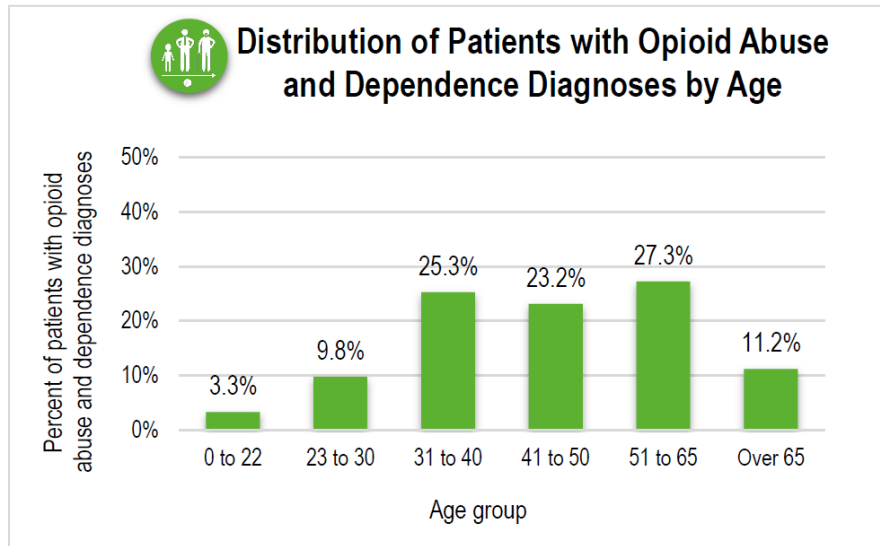
In the number one position, H0018 (behavioral health short-term residential treatment program, no room and board, per diem) accounted for 11.9 percent of aggregate allowed amounts for opioid abuse and dependence. Total spending on the next four top codes, as measured by the aggregate allowed amounts attributable to each nationwide, was rather evenly distributed, with each in a range from 6.9 to 7.6 percent. In second position was S0201 (partial hospitalization services, less than 24 hours, per day) at 7.6 percent. In third position was H0010 (subacute alcohol/drug detoxification in residential inpatient addiction program setting), at 7.5 percent. Next was H0020 at 7.2 percent, followed by H0015 (intensive outpatient treatment for alcohol and/or drugs, at least three days per week) at 6.9 percent. All other procedure codes collectively accounted for 58.9 percent.



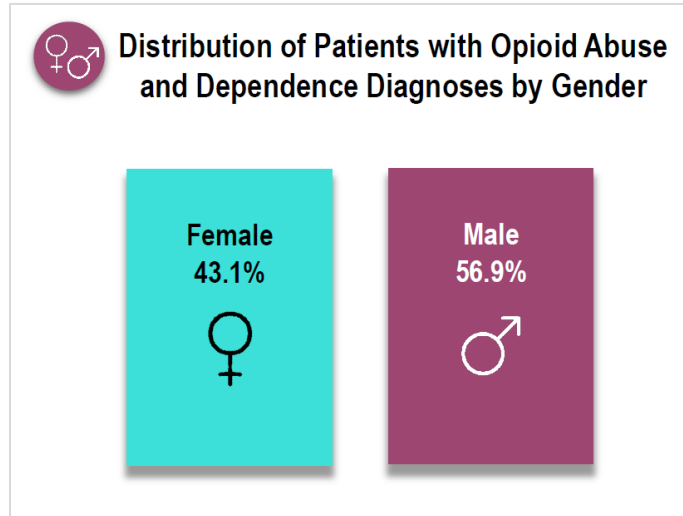
Nationally, the percentage of patients with opioid abuse and dependence diagnoses compared to all patients receiving medical services from 2020 to 2023 showed an overall increase (see the figure below). In 2020, patients with opioid abuse and dependence diagnoses accounted for 0.412 percent of all patients receiving medical services, while in 2023 they accounted for 0.442 percent, an increase of 7.3 percent.



The age distribution of patients with opioid abuse and dependence diagnoses in 2023 across the nation is shown in the figure below. The highest percentage of opioid abuse and dependence diagnoses were attributable to patients in the 51 to 65 age group, with 27.3 percent of the total. Of the total diagnoses, 25.3 percent were from patients in the 31 to 40 age group, 23.2 percent from the 41 to 50 age group and 11.2 percent from the over 65 age group. Patients aged 23 to 30 and those under 23 accounted for the lowest percentage of opioid abuse and dependence diagnoses with 9.8 percent and 3.3 percent, respectively.



The national gender distribution of patients with opioid abuse and dependence diagnoses in 2023 is shown in the figure below. Males were 56.9 percent of patients with those diagnoses, while females were 43.1 percent.



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 48 billion claim records and is growing at a rate of over 3 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, which accounts for a separate collection of over 48 billion claim records; 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 and fairhealthconsumidor.org. For more information on FAIR Health, visit fairhealth.org.

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