

## Quality ID #468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)

### **2026 COLLECTION TYPE:**

**MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)**

### **MEASURE TYPE:**

Process – High Priority

### **DESCRIPTION:**

Percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment.

### **INSTRUCTIONS:**

#### **Reporting Frequency:**

This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

#### **Intent and Clinician Applicability:**

This measure is intended to reflect the quality of services provided for patients with pharmacotherapy for OUD. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

#### **Measure Strata and Performance Rates:**

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

#### **Implementation Considerations:**

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Eligibility to submit results for a patient requires a qualifying encounter in the performance year, i.e., between January 1, 2026, and December 31, 2026. Solely administering or prescribing OUD medication does not convey eligibility to submit.

If a patient has a qualifying encounter within the performance year, the patient is included in the denominator, if the following criteria are met in the denominator identification period between July 1, 2025, and June 30, 2026:

1. Have a diagnosis of OUD
2. Receive pharmacotherapy for OUD

#### **Telehealth:**

**TELEHEALTH ELIGIBLE:** This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

#### **Measure Submission:**

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party

intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**

Adults aged 18 years and older who had a qualifying encounter during the performance year, and a diagnosis of OUD and pharmacotherapy for OUD during the denominator identification period.

**Definitions:**

**Qualifying Encounter** – Encounter during the performance year.

**Pharmacotherapy for OUD** –

- Buprenorphine
- Buprenorphine (extended-release injectable, intramuscular)
- Buprenorphine (extended-release injectable, subcutaneous)
- Naltrexone (oral)
- Buprenorphine/naloxone
- Methadone
- Naltrexone (extended-release injectable)

**Denominator Identification Period** – The period in which eligible adults receive pharmacotherapy for OUD. The denominator identification period is defined as the 12-month period from 07/1/ 2025 to 6/30/ 2026. The denominator identification period includes the first six months of the reporting year and the last six months of the previous year to ensure that all included patients can be observed for at least 180 days of treatment in the reporting year. Patients started on treatment in the second half of the reporting year will be included in the denominator of the subsequent year. The patient must have at least one OUD medication and one visit with an OUD diagnosis during the denominator identification period to be eligible for the measure.

**Denominator Criteria (Eligible Cases):**

Adults aged  $\geq$  18 years on date of qualifying encounter

**AND**

**Diagnosis of OUD on date of qualifying encounter:** 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, F11.21, 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

**AND**

**Encounter during the measurement period (CPT or HCPCS):** 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, G0402, G0438, G0439

**AND**

**Adults currently taking pharmacotherapy for OUD:** M1032

**NUMERATOR:**

Adults in the denominator who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days.

**NUMERATOR NOTE:**

*Numerator compliance is expected to be determined within an 18-month period that includes the measurement*

period and the 6 months prior to the measurement period (07/01/ 2025– 12/31/ 2026).

**Numerator Options:**

*Performance Met:*

Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days (**M1034**)

**OR**

*Denominator Exception:*

Adults who are deliberately phased out of Medication Assisted Treatment (MAT) prior to 180 days of continuous treatment (**M1035**)

**OR**

*Performance Not Met:*

Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days (**M1036**)

**RATIONALE:**

Continuous pharmacotherapy for OUD is identified on the basis of the days covered by the days' supply of all prescription claims for any OUD medication (see list below) or number of days for which the drug was dispensed in a physician office or treatment center with the exceptions noted in this paragraph. The period of continuous pharmacotherapy starts on the day the first claim for an OUD medication is filled/supplied (index date) and lasts through the days' supply of the last claim for an OUD medication. To meet the 180-day requirement and be eligible for the measure, the date on the first claim for an OUD medication must fall at least 180 days before the end of the measurement period. For claims with a days' supply that extends beyond the end of the measurement period, count only the days for which the drug was available to the individual during the measurement period. If two or more prescription claims occur on the same day or overlap, the surplus based on the days' supplies accumulates over all prescriptions. However, if another claim is submitted after a claim for an injectable OUD medication or an oral OUD medication that is dispensed in an office or treatment center, the surplus from the day's supply for the injectable or office-dispensed medication is not retained.

An individual is considered to have continuous pharmacotherapy with OUD medication if there is no treatment gap of more than seven days. A gap is defined as a period during which the individual does not have oral OUD medication available based on the days' supply or is more than 7 days overdue for having an injection or implantation of an extended-release OUD medication.

**OUD Medication List**

- Buprenorphine
- Buprenorphine (extended-release injectable, intramuscular)
- Buprenorphine (extended-release injectable, subcutaneous)
- Naltrexone (oral)
- Buprenorphine/naloxone
- Methadone
- Naltrexone (extended-release injectable)

**Justification of Measure Definition:** We define treatment continuity as (1) receiving at least 180 days of treatment and (2) no gaps in medication use of more than 7 days.

Our definition of minimum duration is based on the fact that the FDA registration trials for OUD drugs studied the effect of treatment over three to six months (US FDAa, undated; US FDAb, undated), and we have no evidence for effectiveness of shorter durations. In addition, several recommendations support a minimum six-month treatment period as the risk of relapse is the highest in the first 6-12 months after start of opioid abstinence (US FDAa, undated; US FDAb, undated; US DHHS, 2015). Longer treatment duration is associated with better outcomes compared to shorter treatments and the best outcomes have been observed among patients in long-term methadone maintenance programs ("Effective medical treatment of opiate addiction", 1998; Gruber et al., 2008; Moos et al., 1999; NIDA, 1999; Ouimette et al., 1998; Peles et al., 2013). Studies with long-term follow-up suggest that ongoing pharmacotherapy is

associated with improved odds of opioid abstinence (Hser et al., 2015; Weiss et al., 2015). We did not specify a maximum duration of treatment, as no upper limit for duration of treatment has been empirically established (US DHHS, 2015).

The rationale for using a treatment gap of more than seven days in our definition is that the measure includes three active ingredients with different pharmacological profiles. There is substantial evidence for an elevated mortality risk immediately after treatment cessation (Cornish et al., 2010; Cousins et al., 2016; Davoli et al., 2007; Degenhardt et al., 2009; Gibson & Degenhardt, 2007; Pierce et al., 2016). Research suggests that methadone tolerance is lost after three days and this three-day threshold has been used in other observational methadone studies and in developing a United Kingdom treatment guideline which recommends reevaluating patients for intoxication and withdrawal after a three-day methadone treatment gap (Cousins et al., 2016; Cousins et al., 2011; "Drug Misuse and Dependence—Guidelines on Clinical Management", 1999). Across all the medications, the mortality risk is highest in the first four weeks out of treatment, with many studies showing an increase in mortality in days 1-14 after treatment cessation.

#### **CLINICAL RECOMMENDATION STATEMENTS:**

This is a process measure as it is quantifying medication compliance for a specific period of time and not abstinence from addictive use of opioids. By looking at adherence or continuity of pharmacotherapy for opioid use disorder, we are touching on an intermediate outcome as well. As such, no clinical recommendations are included.

#### **REFERENCES:**

Cornish R, Macleod J, Strang J, Vickerman P, Hickman M. Risk of death during and after opiate substitution treatment in primary care: prospective observational study in UK General Practice Research Database. *BMJ*. 2010;341:c5475.

Cousins G, Boland F, Courtney B, Barry J, Lyons S, Fahey T. Risk of mortality on and off methadone substitution treatment in primary care: a national cohort study. *Addiction*. 2016;111(1):73-82.

Cousins G, Teljeur C, Motterlini N, McCowan C, Dimitrov BD, Fahey T. Risk of drug-related mortality during periods of transition in methadone maintenance treatment: a cohort study. *J Subst Abuse Treat* 2011; 41: 252-60.

Davoli M, Bargagli AM, Perucci CA, et al. Risk of fatal overdose during and after specialist drug treatment: the VEdTTE study, a national multisite prospective cohort study. *Addiction*. 2007;102:1954-9.

Degenhardt L, Randall D, Hall W, Law M, Butler T, Burns L. Mortality among clients of a state-wide opioid pharmacotherapy program over 20 years: risk factors and lives saved. *Drug and alcohol dependence*. 2009;105:9-15.

"Drug Misuse and Dependence—Guidelines on Clinical Management." Scottish Office Department of Health, Welsh Office, Social Services Northern Ireland. London: Stationery Office, 1999.

Effective medical treatment of opiate addiction. National Consensus Development Panel on Effective Medical Treatment of Opiate Addiction. *JAMA*. 1998;280:1936-1943.

Gibson AE, Degenhardt LJ. Mortality related to pharmacotherapies for opioid dependence: a comparative analysis of coronial records. *Drug Alcohol Rev*. 2007; 26(4), 405-410.

Gruber VA, Delucchi KL, Kielstein A, Batki SL. A randomized trial of 6-month methadone maintenance with standard or minimal counseling versus 21-day methadone detoxification. *Drug and Alcohol Dependence*. 2008;94(1-3):199-206.

Hser, Y. I., Huang, D., Saxon, A. J., Woody, G., Moskowitz, A. L., Matthews, A. G., & Ling, W. (2017). Distinctive trajectories of opioid use over an extended follow-up of patients in a multisite trial on buprenorphine + naloxone and methadone. *Journal of Addiction Medicine*, 11(1), 63-69.

Moos RH, Finney JW, Ouimette PC, Suchinsky RT. A comparative evaluation of substance abuse treatment: I.

Treatment orientation, amount of care, and 1-year outcomes. *Alcohol Clin Exp Res.* 1999;23(3):529-36.

National Institute on Drug Abuse (NIDA). *Principles of Drug Addiction Treatment: A Research-Based Guide.* NIH Publication No. 99-4180. Rockville, MD: NIDA, 1999, reprinted 2000.

Ouimette PC, Moos RH, Finney JW. Influence of outpatient treatment and 12-step group involvement on one-year substance abuse treatment outcomes. *J Stud Alcohol.* 1998;59:513-522

Peles E, Schreiber S, Adelson M. Opiate-dependent patients on a waiting list for methadone maintenance treatment are at high risk for mortality until treatment entry. *J Addict Med.* 2013;7(3):177-82..

Pierce M, Bird SM, Hickman M, Marsden J, Dunn G, Jones A, et al. Impact of treatment for opioid dependence on fatal drug-related poisoning: a national cohort study in England. *Addiction.* 2016;111:298-308.

U.S. Food and Drug Administration (FDA) (a). REVIA Label. Accessed November 24, 2016 at:

U.S. Food and Drug Administration (FDA) (b). VIVITROL Label. Accessed November 24, 2016 at:  
[http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2006/021897lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2006/021897lbl.pdf)

U.S. Department of Health and Human Services Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy. *Review of Medication-Assisted Treatment Guidelines and Measures for Opioid and Alcohol Use.* Washington, DC, 2015. Accessed November 9, 2016 at:  
<https://aspe.hhs.gov/sites/default/files/pdf/205171/MATguidelines.pdf>

Weiss, R. D., et al. (2015). "Long-term outcomes from the National Drug Abuse Treatment Clinical Trials Network Prescription Opioid Addiction Treatment Study." *Drug and Alcohol Dependence* 150: 112-119.

#### **COPYRIGHT:**

**THE MEASURE AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.**

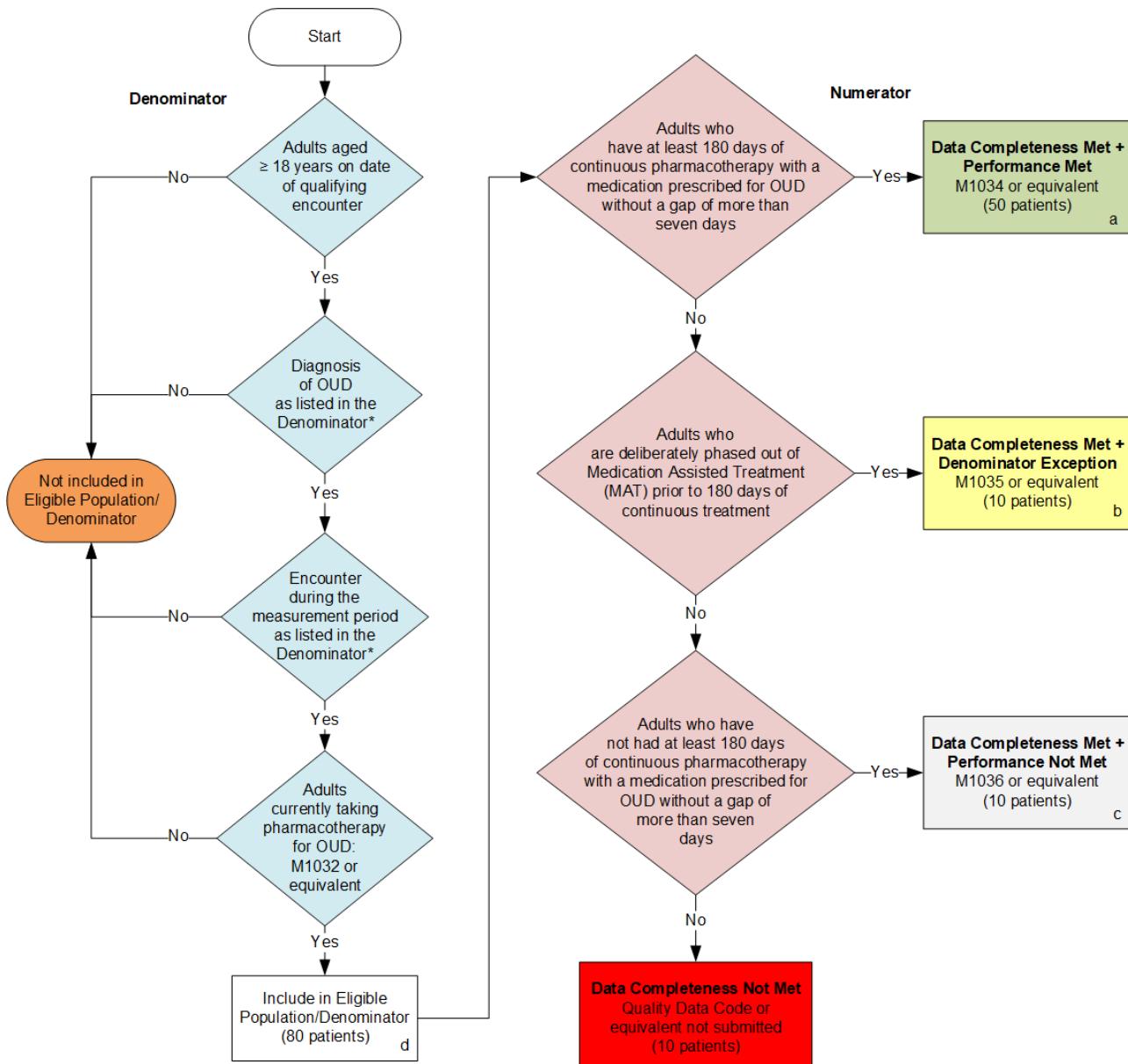
© 2020 RAND Corporation

Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain all necessary licenses from the owners of the code sets. University of Southern California disclaims all liability for use or accuracy of any third party codes contained in the specifications.

CPT® contained in the Measure specifications is copyright 2004-2025 American Medical Association. LOINC® copyright 2004-2025 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms® (SNOMED CT®) copyright 2004-2025 International Health Terminology Standards Development Organisation. ICD-10 is copyright 2025 World Health Organization. All Rights Reserved.

## 2026 Clinical Quality Measure Flow for Quality ID #468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.



### SAMPLE CALCULATIONS

#### **Data Completeness:**

$$\frac{\text{Performance Met (a=50 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

#### **Performance Rate:**

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exception (b=10 patients)}} = \frac{50 \text{ patients}}{60 \text{ patients}} = 83.33\%$$

\* See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

CPT only copyright 2025 American Medical Association. All rights reserved.

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v10

## 2026 Clinical Quality Measure Flow Narrative for Quality ID #468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)

**Disclaimer:** Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *Adults aged greater than or equal to 18 years on date of qualifying encounter*:
  - a. If *Adults aged greater than or equal to 18 years on date of qualifying encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Adults aged greater than or equal to 18 years on date of qualifying encounter* equals Yes, proceed to check *Diagnosis of OUD on date of qualifying encounter as listed in the Denominator\**.
3. Check *Diagnosis of OUD on date of qualifying encounter as listed in the Denominator\**:
  - a. If *Diagnosis of OUD on date of qualifying encounter as listed in the Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis of OUD on date of qualifying encounter as listed in the Denominator\** equals Yes, proceed to check *Encounter during the measurement period as listed in the Denominator\**.
4. Check *Encounter during the measurement period as listed in the Denominator\**:
  - a. If *Encounter during the measurement period as listed in the Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Encounter during the measurement period as listed in the Denominator\** equals Yes, proceed to check *Adults currently taking pharmacotherapy for OUD*.
5. Check *Adults currently taking pharmacotherapy for OUD*:
  - a. If *Adults currently taking pharmacotherapy for OUD* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Adults currently taking pharmacotherapy for OUD* equals Yes, include in *Eligible Population/Denominator*.
6. Denominator Population:
  - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check *Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days*:
  - a. If *Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days* equals Yes, include in *Data Completeness Met and Performance Met*.
    - *Data Completeness Met and Performance Met* letter is represented in the Data

Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 patients in the Sample Calculation.

- b. If *Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days* equals No, proceed to check *Adults who are deliberately phased out of Medication Assisted Treatment (MAT) prior to 180 days of continuous treatment*.
9. Check *Adults who are deliberately phased out of Medication Assisted Treatment (MAT) prior to 180 days of continuous treatment*:
  - a. If *Adults who are deliberately phased out of Medication Assisted Treatment (MAT) prior to 180 days of continuous treatment* equals Yes, include in *Data Completeness Met and Denominator Exception*.
    - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
  - b. If *Adults who are deliberately phased out of Medication Assisted Treatment (MAT) prior to 180 days of continuous treatment* equals No, proceed to check *Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days*.
10. Check *Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days*:
  - a. If *Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days* equals Yes, include in *Data Completeness Met and Performance Not Met*.
    - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 10 patients in the Sample Calculation.
  - b. If *Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
  - If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

## **Sample Calculations**

Data Completeness equals Performance Met (a equals 50 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c equals 10 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b equals 10 patients). All equals 50 patients divided by 60 patients. All equals 83.33 percent.

\* See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.