



# AmeriHealth Caritas™

## New Hampshire

**To: AmeriHealth Caritas New Hampshire Medicaid Providers**

**Date: April 23, 2026**

**Subject: HEDIS Measure: Pharmacotherapy for Opioid Use Disorder (POD)**

**Summary:** AmeriHealth Caritas New Hampshire is sharing best practice recommendations for monitoring the adherence of members 16 years of age and older with a diagnosis of Opioid Use Disorder (OUD) and a new OUD Pharmacotherapy event. POD is a priority for ACNH for 2026.

AmeriHealth Caritas New Hampshire is committed to working closely with providers to improve the quality of care for our members. We utilize the National Committee for Quality Assurances Healthcare Effectiveness Data and Information Set specifications to monitor adherence to pharmacotherapy for OUD. POD measures the percentage of OUD pharmacotherapy events that lasted at least 180 days among members 16 and over with a diagnosis of OUD and a new OUD pharmacotherapy event. The state has prioritized this measure for 2026, making it a mandatory component of our initiatives.

**Intake Period:** A 12-month period that begins July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.

**Treatment Period:** A period of 180 calendar days, beginning on the treatment period start date through 179 days after the treatment period start date.

**Medications:**

Description	Prescription
Medication for Opioid Use Disorder Treatment (MOUD)	Naltrexone (oral or injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film), Methadone (oral)
Opioid Abuse and Dependence ICD-10	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
Buprenorphine Implant	HCPCS: G2070, G2072, J0570
Buprenorphine Injection	HCPCS: G2069, Q9991, Q9992
Buprenorphine Naloxone	HCPCS: H0033, J0571
Buprenorphine Oral	HCPCS: G2068, G2079
Buprenorphine Oral Weekly	HCPCS: G2068, G2079

Methadone Oral	HCPCS: H0020, S0109
Methadone Oral Weekly	HCPCS: G2067, G2078
Naltrexone Injection	HCPCS: G2073, J2315

**Best Practices:**

1. Prescribe medications for Opioid Use Disorder (MOUD) formerly known as MAT, for opioid abuse or dependence when deemed appropriate.
2. Complete a comprehensive biopsychosocial history.
3. If appropriate, start the patient on MOUD while in treatment.
4. Complete effective and person-centered relapse prevention planning.
5. Ensure discharge planning includes timely access to MOUD providers for aftercare.
6. Consider additional factors that support recovery, such as counseling, therapy, and peer support, in addition to medication.
7. Actively coordinate care between providers, including transitions in care.
8. Educate family / supports on overdose recognition and Naloxone administration and availability.
9. Let us help you help the member. Use our "[Let Us Know Program Member Intervention Request Form](#)" for Care Management referral.

**Disclaimer:** Physicians and other Health care providers are solely responsible for the treatment decisions for their patients and should not use the information in this communication to substitute independent clinical judgment.

**Questions:** If you have questions about this communication or would like a full list of codes affected by this change, please contact your Provider Account Executive or the Provider Services department at **1-888-599-1479**.

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