Analyzing Claims Data to Uncover the Costs of the Opioid Crisis

June 24, 2017
FAIR Health Mission

• **MISSION:** to bring clarity to healthcare costs and health insurance information

• **ACTION:** fulfills mission with robust data products, award-winning consumer tools and research platform

• **ORIGINS:** established as conflict-free, independent, national not-for-profit

• **IMPACT:** widespread impact on diverse stakeholder groups, including state leaders
Stakeholders We Serve

- Government
- Researchers/Universities
- Payors
- Employers
- Healthcare Systems/Facilities
- Healthcare Professionals
- Bill Review Companies
- Consumers
- Unions
- TPAs
- Auto Liability
- Benefits Planners
- Consultants

- Pharma
- Actuaries
- Brokers
- DME Companies
- Think Tanks
- Investment Analysts
- Litigation Support
- Medical Societies
- Trade Associations
- Workers’ Compensation
- Institutes/Foundations
- Healthcare Information Technology (HIT)
The FAIR Health Private Claims Repository

- **Coverage**
  - All 50 states
  - District of Columbia
  - Puerto Rico
  - Guam
  - US Virgin Islands

- **60 contributors**
  - National and regional payors
  - Third-party administrators

- **Private insurance claims**
  - Fully insured and self-insured/ERISA plans
  - Cover 75% of privately insured US population

- **Quality testing and control**
  - Data validated with expert-vetted tests for completeness, volume, accuracy, etc.
  - Recognized statistical “outlier” methodologies identify and exclude excessively high and low charges that would distort distribution of charges

- **>23B** Procedures from 2002 to the Present from Medical and Dental Claims
- **>150M** Covered Lives
- **493** Geozip Regions Reflecting Local Billing Patterns
One of only four organizations across the country entitled to receive Parts A, B and D Medicare data for all 50 states

Issue probing reports on key aspects of healthcare industry/provider performance

Powerful synergies between our private claims data and Medicare collection of claims

Four complete years of data: 2013-2016
## Applied Uses of FAIR Health Data

### Management & Operational Support
- Plan, Benefit and Provider Network Design
- HR/Benefits Administration
- Premium Rate Review
- ACO/Bundled Payment Modeling
- Support Public/Private Exchanges
- Management of CDHPs/HSAs
- Value “Add-Ons” for Plan Members
- Strategic Planning
- Market Research

### Fee Schedules & Reimbursement
- Medicaid Reform
- In-/Out-of-Network Provider Fee Schedules
- Balance Billing Negotiations with Providers
- Dispute Resolution
- Reference Pricing
- Auto Liability Fee Schedules
- Workers’ Compensation Fee Schedules
- Medicare Gap Fill

### Public Health & Consumer Engagement
- Consumer Transparency Tools
- Educational Materials
- Public Health/Education Campaigns
- Support Open Enrollment
- Advocacy Materials
- Syndromic Surveillance
- Design Interventions

### Policy & Research
- Consumer Protection Laws
- Health Economics and Policy Research
- Evaluate Legislative and Regulatory Action
- Analyze Health and Cost Disparities
- Statutory Benchmark for State Programs
- Epidemiologic Heat Maps
- Study Treatment Protocols
# State Applications

<table>
<thead>
<tr>
<th>State</th>
<th>Purpose</th>
</tr>
</thead>
</table>
| Alaska        | • Workers’ compensation fee schedule  
• Out-of-network claims pricing under the state health insurance plan                                                                 |
| Arizona       | • Dental claims reimbursement for disabled pediatric patients                                                                             |
| California    | • Emergency care for low-income patients                                                                                                 |
| Connecticut   | • FAIR Health 80th percentile benchmark designated as UCR for emergency services                                                          |
| Georgia       | • Worked with the state to update and distribute their workers’ compensation fee schedule                                                 |
| Kentucky      | • Data support workers’ compensation fee schedule                                                                                         |
| Mississippi   | • “Usual and customary” charges under workers’ compensation fee schedule are based on the FAIR Health 40th percentile                         |
| New Jersey    | • Authorized personal injury protection (auto liability) reimbursement standard  
• Department of Banking and Insurance recognizes FAIR Health as consumer information source                                            |
| New York      | • Medical indemnity fund for birth-related neurological impairments  
• Benchmark for consumer cost transparency and dispute resolution                                                                             |
| North Dakota  | • Data used to inform the state’s workers’ compensation fee schedule                                                                     |
| Pennsylvania  | • “Usual and customary” standard in the workers’ compensation program is based on the FAIR Health 85th percentile                           |
| Texas         | • Department of Insurance links consumers to FAIR Health for help with surprise bills                                                    |
| Wisconsin     | • Certified for use for workers’ compensation fees                                                                                         |
• 80th percentile of charges for a particular service in a particular geographic area
• As reported in a benchmarking database maintained by a conflict-free not-for-profit organization not affiliated with an insurer or similar organization
• Plans are not required to reimburse at 80th percentile level but must articulate how they reimburse in comparison to UCC
  o Supports “apples to apples comparisons”
  o Supports dispute resolution
• FAIR Health is the only data source officially recognized as UCC
Connecticut: FAIR Health 80th percentile is the UCR standard for payments for out-of-network emergency services
FAIR Health data cited as benchmark for permissible charge rate for emergency physician services

Section 127452.

....

(b) An emergency physician shall limit expected payment for services provided to a patient at or below 350 percent of the federal poverty level and who is eligible under the emergency physician's discount payment policy .... When FAIR Health, Inc. makes available the rate of payment received by physicians and surgeons from commercial insurers for the same services in the same or similar geographic region, the amount of expected payment under this section shall be no greater than the median or average of rates paid by commercial insurers for the same or similar services in the same or similar geographic region.
Resource for Public Officials/Lawmakers

- FAIR Health assists legislators, policy makers and administrators
  - Provides FAIR Health data and expertise to evaluate programs; set standards; identify trends in disease, care, places of service and costs
  - Assists in development of fee-for-service and bundled payment schedules
  - Meets with legislative bodies/government agencies to evaluate needs and opportunities for FAIR Health data and tools
  - Offers public programs linked access to bilingual consumer tools and instruction and rights to use and distribute educational material
- FAIR Health provides test files as appropriate for consideration by public officials
Selected Uses for Policy and Research

- Transparent, local market benchmarks for out-of-network or non-covered supplies and services
- Validated, robust charge and utilization data for estimating costs or savings related to legislative proposals, research hypotheses and other needs
- Evaluation of policy interventions (e.g., use of a newly covered service, pre- and post-implementation)
- Heat mapping of disease outbreaks, utilization trends and more
- Assessment of impact of the ACA
- Review of geographic variation in utilization and charges
- Development of wide variety of healthcare market indices
Sampling of Publications

United States Government Accountability Office
Report to Congressional Requesters

September 2011

HEALTH CARE PRICE TRANSPARENCY

Meaningful Price Information Is Difficult for Consumers to Obtain Prior to Receiving Care

Urgent Care Facilities: Geographic Variation in Utilization and Charges for Common Lab Tests, Office Visits, and Flu Vaccines

JEFF DANG, PhD, ERIC OKUROWSKI, MBA, ROBIN GELBURD, JD, LORRAINE LIMPAN, BA, AND NICOLE INY, MPH

ABSTRACT — The rapid growth of urgent care facilities (UCFs) and other types of convenient care centers has largely been attributed to increasing consumer demand for more convenient and affordable healthcare. UCFs typically treat non-emergency, acute conditions and are increasingly serving as an alternative to "traditional" care settings, such as physician offices and emergency departments (EDs). A study was conducted to characterize geographic variation in both utilization and charges for common lab tests, office visits, and flu vaccine by care setting.

Based on claims data from FAIR Health's National Private Insurance Claims (FHIPIC) database, the results suggest that utilization and charge patterns for common procedures vary significantly by care setting across geographic region and over time but the variations are generally small in magnitude. For example, across geographic regions, charges for the flu vaccine are found to be higher when performed in a physician's office in contrast to being performed in a UCF.

KEYWORDS: healthcare claims data, urgent care facilities, convenient care centers

Introduction

There has been a notable increase in the number of urgent care facilities and other types of walk-in "convenient care" centers, such as retail clinics, in the United States over the past decade.1 Rising healthcare costs, primary care physician (PCP) shortages, overcrowding in hospital emergency departments, and consumer demand for more convenient and affordable care, have all been attributed to the significant and rapid growth of this alternative care delivery model.2 The growth of the convenient care industry is seeing commercially cited issues that restrict access to care, such as long appointment wait times and limited availability outside of business hours.3,4 This study examines geographic variation in utilization and charges for services in different care settings, including UCFs, which have been only marginally addressed.

Retail clinics and UCFs are often referred to as convenient because they offer many of the same services for less money at different locations. The Association of America hospitals ED facilities that are open beyond standard business hours—providing care at non-emergency conditions, usually located in pharmacies or physician's offices.5 These ED facilities are increasingly used for minor injuries, and also treat a wider range of conditions that require prompt treatment.6 UCFs also perform simple and non-invasive care for patients.7,8 The services provided by UCFs are increasingly similar to traditional care settings, as they offer similar services with shorter wait times and lower costs.
View into the Ocean
FAIR Health Analytic Reports

The Opioid Crisis among the Privately Insured
The Opioid Abuse Epidemic, as Documented in Private Claims Data

The Impact of the Opioid Crisis on the Healthcare System
A Study of Privately Billed Services

Peeling Back the Curtain on Regional Variation in the Opioid Crisis
Spotlight on Five Key Urban Centers and Their Respective States
Professional charges and allowed amounts for services for patients diagnosed with opioid abuse or dependence rose more than 1,000 percent from 2011 to 2015.

In the period 2011-2014, emergency department codes were the two codes with highest aggregate charges associated with opioid abuse diagnoses, but were not among the top five codes associated with opioid dependence diagnoses.

In 2015, total annual per-patient charges and allowed amounts for services for patients with opioid abuse or dependence diagnoses were more than 500 percent higher than per-patient charges and allowed amounts based on all patients’ charges.
3,203% Increase in Opioid Dependence Diagnoses and 511% Increase in Pregnancy Drug Dependence
Opioid Dependence and Heroin Overdose Highest in 19-35-Year-Olds, 2007-2014

Percent of opioid dependence lines

Age group

- 0 to 4
- 5 to 12
- 13 to 18
- 19 to 35
- 36 to 45
- 46 to 55
- 56 to 65
- Over 65
Opioid Dependence More Common in Men, 2007-2014

Percent of opioid dependence lines

- Male
- Female

Age group:
- 0 to 4
- 5 to 12
- 13 to 18
- 19 to 35
- 36 to 45
- 46 to 55
- 56 to 65
- Over 65
Opioid Abuse on the Rise in Women, 2007-2014

The graph shows the percent of opioid abuse lines for females and males from 2007 to 2014. The percent increases significantly in 2014, with a sharp rise in female abuse compared to previous years.
Increasing Service Categories for Opioid Abuse and Dependence

Highest Increasing Services with an Opioid Diagnosis, Year over Year

- Alcohol and/or drug services/therapy
- Laboratory tests
- E&M
- Services to hospitalized patients
Opioid Abuse More Frequently Diagnosed than Opioid Dependence, 2007-2014
Total Amounts

Professional Charges and Allowed Amounts for Services for Patients Diagnosed with Opioid Abuse or Dependence

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Charged Amount</th>
<th>Total Allowed Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$71.66M</td>
<td>$0.0M</td>
</tr>
<tr>
<td>2012</td>
<td>$176.31M</td>
<td>$32.42M</td>
</tr>
<tr>
<td>2013</td>
<td>$303.17M</td>
<td>$88.67M</td>
</tr>
<tr>
<td>2014</td>
<td>$645.66M</td>
<td>$159.38M</td>
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<tr>
<td>2015</td>
<td>$721.80M</td>
<td>$360.48M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$445.74M</td>
</tr>
</tbody>
</table>

Dollar amount

Year

Total charged amount

Total allowed amount
Emergency Department Codes Dominate Opioid Abuse Category

**Opioid Abuse**
Highest Charges during Time Period 2011-2014

**Opioid Dependence**
Highest Charges during Time Period 2011-2014

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT 99284</td>
<td>EMERGENCY DEPARTMENT VISIT HIGH SEVERITY AND LIFE THREATENING</td>
</tr>
<tr>
<td>CPT 99285</td>
<td>EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY</td>
</tr>
<tr>
<td>CPT 83925</td>
<td>OPIATE(S), DRUG AND METABOLITES; EACH PROCEDURE</td>
</tr>
<tr>
<td>HCPCS G0431</td>
<td>DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES BY HIGH-COMPLEXITY TEST METHOD</td>
</tr>
<tr>
<td>CPT 80101</td>
<td>DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD</td>
</tr>
<tr>
<td>CPT 82542</td>
<td>COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY NONDRUG ANALYTE</td>
</tr>
<tr>
<td>CPT 80104</td>
<td>DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES</td>
</tr>
<tr>
<td>HCPCS H0020</td>
<td>ALCOHOL AND/OR DRUG SERVICES</td>
</tr>
</tbody>
</table>
Per-Patient Amounts

Average Per-Patient Allowed Amounts for Services for All Patients and for Patients with Opioid Abuse or Dependence Diagnoses

<table>
<thead>
<tr>
<th>Year</th>
<th>Allowed amount</th>
<th>All patients</th>
<th>Opioid patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$3,001</td>
<td>$15,059</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>$3,245</td>
<td>$16,655</td>
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</tr>
<tr>
<td>2015</td>
<td>$3,435</td>
<td>$19,333</td>
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</table>

Average Per-Patient Charges for Services for All Patients and for Patients with Opioid Abuse or Dependence Diagnoses

<table>
<thead>
<tr>
<th>Year</th>
<th>Charged amount</th>
<th>All patients</th>
<th>Opioid patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$9,972</td>
<td>$10,742</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>$10,742</td>
<td>$11,404</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>$11,404</td>
<td>$63,356</td>
<td></td>
</tr>
</tbody>
</table>
Per-Service Charges Related to Opioid Abuse and Dependence by State, 2015
Urban/Rural Breakout of Opioid Dependence/Abuse, 2007-2016

Age Group Diagnoses for an Urban Setting

Age Group Diagnoses for a Rural Setting
Urban/Rural Breakout of Opioid Dependence/Abuse, 2007-2016

Rural Age and Gender

<table>
<thead>
<tr>
<th>Age group</th>
<th>13 to 18</th>
<th>19 to 22</th>
<th>23 to 30</th>
<th>31 to 40</th>
<th>41 to 50</th>
<th>51 to 60</th>
<th>61 to 70</th>
<th>71 to 80</th>
<th>Over 80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of claim lines</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
<td>80%</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>Male</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
<td>70%</td>
<td>80%</td>
<td>Female</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Urban Age and Gender

<table>
<thead>
<tr>
<th>Age group</th>
<th>13 to 18</th>
<th>19 to 22</th>
<th>23 to 30</th>
<th>31 to 40</th>
<th>41 to 50</th>
<th>51 to 60</th>
<th>61 to 70</th>
<th>71 to 80</th>
<th>Over 80</th>
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<tr>
<td>Percent of claim lines</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
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<td>0%</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>Male</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
<td>70%</td>
<td>80%</td>
<td>Female</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Heroin and Opioid Overdoses in Philadelphia, 2007-2016

Heroin Overdoses by Age Range

- 31 to 50: 18%
- Over 50: 4%
- 19 to 30: 75%
- 0 to 18: 3%

Opioid Overdoses by Age Range

- Over 50: 60%
- 0 to 18: 7%
- 31 to 50: 15%
- 19 to 30: 18%
Heroin and Opioid Overdoses in Philadelphia

Heroin Overdoses by Age Range


Opioid Overdoses by Age Range

Opioid Dependence and Abuse in Pennsylvania

Opioid Dependence by Age Range, 2011 to 2016

- Over 50: 10%
- 31 to 50: 20%
- 19 to 30: 69%
- 0 to 18: 1%

Opioid Abuse by Age Range, 2011 to 2016

- Over 50: 6%
- 31 to 50: 38%
- 19 to 30: 31%
- 0 to 18: 10%
Opioid-Related Diagnoses in California

California Diagnoses Year over Year by Category

Percent of claim lines

Year


Heroin overdose
Opioid abuse
Opioid dependence
Opioid overdose
Pregnancy drug dependence

Heroin overdose
Opioid overdose
Opioid abuse
Opioid dependence
Pregnancy drug dependence

Proprietary and Confidential
Opioid Dependence and Abuse in California, 2007-2016

Opioid Abuse and Dependence in California

- Opioid abuse: 3%
- Opioid dependence: 97%

Opioid Abuse and Dependence by Age

- Age groups: 0 to 18, 19 to 30, 31 to 50, Over 50
- Percent of claim lines for opioid abuse and dependence
- Chart shows the percentage of claim lines for opioid abuse and dependence across different age groups.

FAIR Health
Know Your Source
Opioid and Heroin Overdoses in California, 2007-2016

Opioid and Heroin Overdoses in California

- Opioid overdose: 55%
- Heroin overdose: 45%

Opioid and Heroin Overdoses by Age

- 0 to 18: Opioid overdose
- 19 to 30: Heroin overdose
- 31 to 50: Opioid overdose
- Over 50: Heroin overdose

Percent of claim lines

Age group: 0 to 18, 19 to 30, 31 to 50, Over 50

Opioid overdose
Heroin overdose
Opioid-Related Diagnoses in New York, 2016

Total Population in NY State

- NYC: 43%
- Rest of NY: 36%
- NYC suburbs: 21%

Distribution of Opioid Diagnosis Claim Lines in NY State

- NYC: 13%
- NYC suburbs: 37%
- Rest of NY: 50%
Opioid-Related Diagnoses in New York State

Top Increasing Areas in New York State

<table>
<thead>
<tr>
<th>Area</th>
<th>2007 to 2016 Increase</th>
<th>2014 to 2016 Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binghamton</td>
<td>20,726%</td>
<td>3,899%</td>
</tr>
<tr>
<td>Rochester</td>
<td>12,162%</td>
<td>231%</td>
</tr>
<tr>
<td>Queens</td>
<td>10,999%</td>
<td>1,658%</td>
</tr>
<tr>
<td>Plattsburgh</td>
<td>2,181%</td>
<td>359%</td>
</tr>
<tr>
<td>Syracuse</td>
<td>2,128%</td>
<td>113%</td>
</tr>
<tr>
<td>Elmira</td>
<td>2,106%</td>
<td>287%</td>
</tr>
<tr>
<td>Manhattan</td>
<td>1,978%</td>
<td>801%</td>
</tr>
<tr>
<td>Utica</td>
<td>1,977%</td>
<td>305%</td>
</tr>
<tr>
<td>Long Island</td>
<td>1,910%</td>
<td>4%</td>
</tr>
<tr>
<td>Mid-Hudson</td>
<td>1,273%</td>
<td>-8%</td>
</tr>
</tbody>
</table>

Percent of claim lines

Year

Opioid-Related Diagnoses in New York State, 2007-2016

Opioid and Heroin Diagnoses in New York State

- Heroin overdose: 0.96%
- Opioid overdose: 1.19%
- Opioid abuse: 4.72%
- Opioid dependence: 93.13%

By Age Range

- Age groups: 0 to 18, 19 to 30, 31 to 50, Over 50
- Percent of claim lines
Opioid-Related Diagnoses in Texas, 2016

Total Population in Texas

- Austin 5%
- Dallas 5%
- Dallas suburbs 9%
- Fort Worth 7%
- Houston 8%
- San Antonio 5%
- Rest of Texas 61%

Distribution of Opioid-Related Diagnosis Claim Lines in Texas

- Austin 2%
- Dallas 23%
- Dallas suburbs 1%
- Fort Worth 3%
- Houston 4%
- Rest of Texas 1%
- San Antonio 66%
Opioid-Related Diagnoses in Texas

By Texas Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Increase from 2007 to 2016</th>
<th>Increase from 2014 to 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Antonio</td>
<td>141,022%</td>
<td>-9%</td>
</tr>
<tr>
<td>Dallas</td>
<td>40,562%</td>
<td>543%</td>
</tr>
<tr>
<td>Austin</td>
<td>3,661%</td>
<td>78%</td>
</tr>
<tr>
<td>Fort Worth</td>
<td>1,809%</td>
<td>123%</td>
</tr>
<tr>
<td>Rest of Texas</td>
<td>1,224%</td>
<td>-9%</td>
</tr>
<tr>
<td>Dallas suburbs</td>
<td>1,168%</td>
<td>257%</td>
</tr>
<tr>
<td>Houston</td>
<td>876%</td>
<td>26%</td>
</tr>
</tbody>
</table>
Opioid-Related Diagnoses in San Antonio, TX

Overdose Information in San Antonio, TX, 2007 to 2016

- Opioid overdose: 90%
- Heroin overdose: 10%

Dependence and Abuse in San Antonio, TX, 2007 to 2016

- Opioid dependence: 97%
- Opioid abuse: 3%
Opioid-Related Diagnoses in the State of Texas

Opioid-Related Diagnoses in the State of Texas from 2007 to 2016, by Age Range

- Heroin overdose
- Opioid abuse
- Opioid dependence
- Opioid overdose

Percent of claim lines

Age group
- 0 to 18
- 19 to 30
- 31 to 50
- Over 50

Opioid-Related Diagnoses in San Antonio, Texas, 2007 to 2015, by Age Range

- Heroin overdose
- Opioid abuse
- Opioid dependence
- Opioid overdose

Percent of claim lines

Age group
- 0 to 18
- 19 to 30
- 31 to 50
- Over 50
Procedures Associated with Opioid-Related Diagnoses

California Distribution in 2016

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0015</td>
<td>Alcohol and/or drug services; intensive outpatient</td>
</tr>
<tr>
<td>G0479</td>
<td>Drug test(s), any number of drug classes, not optical</td>
</tr>
<tr>
<td>G0477</td>
<td>Drug test(s), any number of drug classes, optical</td>
</tr>
<tr>
<td>G0483</td>
<td>Drug test, definitive, 22+ classes</td>
</tr>
<tr>
<td>H0035</td>
<td>Mental health partial hospitalization, treatment, less than 24 hours</td>
</tr>
</tbody>
</table>

California Expenditures in 2016

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S0201</td>
<td>Partial hospitalization, treatment, less than 24 hours</td>
</tr>
<tr>
<td>H0015</td>
<td>Alcohol and/or drug services; intensive outpatient</td>
</tr>
<tr>
<td>G0483</td>
<td>Drug test, definitive, 22+ classes</td>
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<tr>
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<tr>
<td>G0843</td>
<td>Drug test, definitive, 22+ classes</td>
</tr>
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HCPCS Code Description

- H0015: Alcohol and/or drug services; intensive outpatient
- G0479: Drug test(s), any number of drug classes, not optical
- G0477: Drug test(s), any number of drug classes, optical
- G0483: Drug test, definitive, 22+ classes
- H0035: Mental health partial hospitalization, treatment, less than 24 hours
Procedures Associated with Opioid-Related Diagnoses

### Illinois Distribution in 2016

- **CPT 99213**: Office visit - 15 minutes (14%)
- **HCPCS J2315**: Injection, naltrexone, depot form, 1 mg (27%)
- **HCPCS G0479**: Drug test(s), any number of drug classes, not optical (21%)
- **HCPCS H0005**: Alcohol and/or drug services; group counseling by a clinician (16%)
- **CPT 99214**: Office visit - 25 minutes (14%)

### Illinois Expenditures in 2016

- **HCPCS J2315**: Injection, naltrexone, depot form, 1 mg (71%)
- **HCPCS G0479**: Drug test(s), any number of drug classes, not optical (9%)
- **HCPCS G0482**: Drug tests, 15-21 classes (7%)
- **HCPCS G0483**: Drug test, definitive, 22+ classes (7%)
- **CPT 90853**: Group psychotherapy (6%)

---

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT 99213</td>
<td>Office visit - 15 minutes</td>
</tr>
<tr>
<td>HCPCS J2315</td>
<td>Injection, naltrexone, depot form, 1 mg</td>
</tr>
<tr>
<td>HCPCS G0479</td>
<td>Drug test(s), any number of drug classes, not optical</td>
</tr>
<tr>
<td>HCPCS H0005</td>
<td>Alcohol and/or drug services; group counseling by a clinician</td>
</tr>
<tr>
<td>CPT 99214</td>
<td>Office visit - 25 minutes</td>
</tr>
</tbody>
</table>

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<tr>
<td>CPT 90853</td>
<td>Group psychotherapy</td>
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</table>
Procedures Associated with Opioid-Related Diagnoses

### New York Distribution in 2016

- **HCPCS H0020**: Alcohol and/or drug services; methadone administration (27%)
- **HCPCS G0479**: Drug test(s), any number of drug classes, not optical (25%)
- **HCPCS H0005**: Alcohol and/or drug services; group counseling by a clinician (19%)
- **CPT 99213**: Office visit - 15 minutes (15%)
- **HCPCS G0480**: Drug test def 1-7 classes (14%)

### New York Expenditures in 2016

- **HCPCS G0479**: Drug test(s), any number of drug classes, not optical (36%)
- **HCPCS G0483**: Drug test, definitive, 22+ classes (16%)
- **HCPCS H0020**: Alcohol and/or drug services; methadone administration (17%)
- **CPT 99213**: Office visit - 15 minutes (17%)
- **HCPCS G0480**: Drug test def 1-7 classes (14%)

---

**Procedure Code | Description**
---
HCPCS H0020 | Alcohol and/or drug services; methadone administration
HCPCS G0479 | Drug test(s), any number of drug classes, not optical
HCPCS H0005 | Alcohol and/or drug services; group counseling by a clinician
CPT 99213 | Office visit - 15 minutes
HCPCS G0480 | Drug test def 1-7 classes
HCPCS G0479 | Drug test(s), any number of drug classes, not optical
HCPCS G0480 | Drug test def 1-7 classes
HCPCS H0020 | Alcohol and/or drug services; methadone administration
HCPCS G0483 | Drug test, definitive, 22+ classes
CPT 99213 | Office visit - 15 minutes
### Procedures Associated with Opioid-Related Diagnoses

#### Pennsylvania Distribution in 2016

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS G0479</td>
<td>Drug test(s), any number of drug classes, not optical</td>
</tr>
<tr>
<td>CPT 82570</td>
<td>Creatinine; other source</td>
</tr>
<tr>
<td>CPT 83986</td>
<td>pH; body fluid, not otherwise specified</td>
</tr>
<tr>
<td>HCPCS 84311</td>
<td>Spectrophotometry, analyte not elsewhere specified</td>
</tr>
<tr>
<td>HCPCS G0481</td>
<td>Drug test def 8-14 classes</td>
</tr>
</tbody>
</table>

#### Pennsylvania Expenditures in 2016

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS G0481</td>
<td>Drug test def 8-14 classes</td>
</tr>
<tr>
<td>HCPCS G0483</td>
<td>Drug test, definitive, 22+ classes</td>
</tr>
<tr>
<td>HCPCS G0479</td>
<td>Drug test(s), any number of drug classes, not optical</td>
</tr>
<tr>
<td>HCPCS H0015</td>
<td>Alcohol and/or drug services; intensive outpatient</td>
</tr>
<tr>
<td>HCPCS G0480</td>
<td>Drug test def 1-7 classes</td>
</tr>
</tbody>
</table>

**Pennsylvania Distribution in 2016:**
- HCPCS G0479: 29%
- CPT 83986: 21%
- HCPCS 84311: 18%
- CPT 82570: 18%
- HCPCS G0481: 14%

**Pennsylvania Expenditures in 2016:**
- HCPCS G0481: 29%
- HCPCS G0483: 28%
- HCPCS G0479: 26%
- CPT 82570: 21%
- HCPCS G0480: 9%

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FAIRHealth: Know Your Source

Proprietary and Confidential 47
# Procedures Associated with Opioid-Related Diagnoses

## Texas Distribution in 2016

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS G0479</td>
<td>Drug test(s), any number of drug classes, not optical</td>
<td>36%</td>
</tr>
<tr>
<td>HCPCS G0483</td>
<td>Drug test, definitive, 22+ classes</td>
<td>19%</td>
</tr>
<tr>
<td>CPT 82570</td>
<td>Creatinine; other source</td>
<td>16%</td>
</tr>
<tr>
<td>CPT 83986</td>
<td>pH; body fluid, not otherwise specified</td>
<td>15%</td>
</tr>
<tr>
<td>CPT 81003</td>
<td>Urinalysis</td>
<td>14%</td>
</tr>
</tbody>
</table>

## Texas Expenditures in 2016

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS G0483</td>
<td>Drug test, definitive, 22+ classes</td>
<td>51%</td>
</tr>
<tr>
<td>HCPCS G0479</td>
<td>Drug test(s), any number of drug classes, not optical</td>
<td>24%</td>
</tr>
<tr>
<td>HCPCS G0481</td>
<td>Drug test def 8-14 classes</td>
<td>9%</td>
</tr>
<tr>
<td>HCPCS G0482</td>
<td>Drug tests, 15-21 classes</td>
<td>24%</td>
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<tr>
<td>HCPCS G0480</td>
<td>Drug test def 1-7 classes</td>
<td>6%</td>
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</table>

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**NOTICE**

The data presented in this document is intended for educational and informational purposes only. It should not be used as a substitute for professional medical advice, diagnosis, or treatment. Any reliance on the information provided is at your own risk. It is your responsibility to verify the accuracy and relevance of the information before making any health-related decisions.
Shared Costs for Everyone
Interdependencies of Healthcare System
Interdependencies of Healthcare System
American Opioid and Heroin Crisis
September 26, 2016
Presenter: Robin Gelburt, President of FAIR Health

How Insurance Claims for Opioid Dependence are Skyrocketing

FAIR Health’s recent study of 150 million insurance claims showed medical services for people with opioid dependence diagnoses skyrocketed more than 3,000 percent between 2007 and 2014. These “findings illustrate that the opioid problem is ‘in the general mainstream,’” Gelburt said in a CNN report.

How the Opioid Crisis is Showing Up in Insurance Claims
March 3, 2017
Presenter: Ali Russo, Chief Information Officer, FAIR Health

FAIR Health is one of the country’s largest repositories of data about healthcare, including health insurance claims. Russo will explain how opioid addiction is showing up as an alarming increase in insurance claims for emergency room visits, laboratory and outpatient visits.
Many More People Seek Medical Help For Opioid Abuse

The findings illustrate that the opioid problem is "in the general mainstream," says Robin Gelburd, president of FAIR Health, a nonprofit that analyzes health care costs and conducted the study.

Opioid-related insurance claims rose more than 3,000 percent 2007 to 2014

The same analysis by Fair Health also found other disturbingly sharp spikes upward in the number of private insurance claims related to opioid abuse, drug dependence by pregnant women and heroin overdoses since 2011.

The opioid epidemic is skyrocketing private insurance costs

In a recent white paper, we analyzed the rising ocean of privately billed claims associated with opioid abuse, dependence, and overdoses. Since then, we’ve launched a glass-bottom boat on that ocean to further explore key issues such as the costs of treating the rising population of patients receiving opioid-related diagnoses and the specific services that contribute most to those costs.

Opioid crisis shocker: Medical services for dependence diagnoses spike at over 3,000 percent

As stewards of the nation’s largest database of privately billed health care claims (over 20 billion records), my organization FAIR Health, has a unique vantage point from which to study the impact of the opioid crisis on the privately insured.

Study: Health Spending Related To Opioid Treatment Rose More Than 1,300 Percent

“That really shows the stress on the health system and the impact on the individuals," said Gelburd...The Fair Health study found a sharp difference in how much insurers spend on individual patients with such a diagnosis.
FAIR Health in the News: Opioids

Private insurers in the state see surge in claims related to opioid addiction

Such claims, which include dependence on opioids and other drugs, increased about 292% in the city's suburbs during that period; nationwide, they rose about 511%, according to a separate Fair Health report.

In Illinois, opioid abuse hits insurers hard

Claims related to opioid abuse and dependence diagnoses increased 329 percent in Illinois between 2007 and 2014, according to data from Fair Health, a New York-based nonprofit that seeks to increase transparency in health care costs.

Connecticut sees sharp increase in overdose deaths of young women

In Connecticut-specific data provided to The Day, FAIR Health — an independent nonprofit that keeps a database of billions of privately billed health care claims — found that while women made up 25 percent of all heroin overdoses from 2011 to 2016, they accounted for 5 percent of all opioid overdoses.

Dayton Daily News

April 14, 2017

Private insurers see surge in opioid-related claims

FAIR Health, a non-profit watchdog group that maintains a database of billions of claims billed to Medicare and private health insurers across the country, analyzed data specifically for the Dayton Daily News.

Trinity Health and Pacira Pharmaceuticals Announce Collaboration to Decrease Opioid Use Nationwide

The Growing Opioid Crisis: Spotlight on New York Private Claims Data

These dramatic trends were identified when we investigated recent opioid-related data from New York State in our FAIR Health database of over 23 billion privately billed healthcare claims, the largest such repository in the country.

Cuomo Pledges $200 Million To Fight Addiction Amid Opioid Epidemic

“The opioid crisis is substantial and growing; continued focus should be on both prevention and treatment strategies,” Robin Gelburd, president of FAIR Health, told The Daily Caller News Foundation.

Insurance claims related to opioid dependence have risen by 3200%, US study finds

The study was conducted by FAIR Health, a New York City based non-profit corporation that maintains a database of over 20 billion privately billed healthcare claims and provides healthcare cost data and analysis to government agencies, insurers, providers, and consumers.

The Opioid Crisis in Illinois: The View from Private Claims Data

Using private insurance claim lines, or individual services or procedures listed on an insurance claim, FAIR Health found an increase in claim lines with opioid abuse and dependence diagnoses in Illinois of 329 percent from 2007 to 2014.

Heroin Overdose Insurance Claims Jump 1,078 Percent In Opioid-Plagued Ohio

The analysis by FAIR Health, a national nonprofit advocating healthcare transparency, revealed the largest statewide increase was for heroin overdose claims, which surged by 1,078 percent between 2007 and 2014.
Unlocking Medicare Data Can Enlist Needed Foot Soldiers In The March To Sound Health Care Reform
By Robin Gelburd – April 26, 2017

Bundled Payments And Episodes Of Care: What's Next
By Robin Gelburd – March 30, 2017
Anatomy of a White Paper

500+ Media Outlets

International Attention

Twitter followers
Facebook likes
LinkedIn connections
Broad Acceptance in the Industry
Thank You

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rgelburd@fairhealth.org

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- fairhealthconsumer.org / consumidor.fairhealth.org
- Mobile App: FH® Cost Lookup / FH® CCSalud