Use of Opioids at High Dosage (HDO)
HEDIS® Tip Sheet MY 2026

WellSense HEALTH PLAN

Measure definition

The percentage of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligrams equivalent dose [MME] ≥90) for fifteen or more days during the measurement year.

Plans(s)	Quality Program(s)	Collection and Reporting
Medicaid Commercial Medicare	NCQA Accreditation NCQA Health Plan Ratings Select State Medicaid reporting	Administrative Based on pharmacy claims No medical record abstraction required

Best practices for quality care

- Prescribe the lowest effective opioid dose for the shortest duration possible.
- Exercise heightened caution and clinical reassessment when opioid dosages approach 90 MME/day.
- Routinely review the state Prescription Monitoring Program (PMP) before initiating or continuing opioid therapy.
- Utilize non-opioid pharmacologic and non-pharmacologic pain management strategies whenever appropriate.
- Engage patients in shared decision-making when tapering or discontinuing high-dose opioid therapy.

Quality score improvement tips

- Identify members with ≥15 days of opioid coverage early in the measurement year for proactive intervention.
- Evaluate opportunities to reduce average daily MME below 90 through dose adjustments or taper plans.
- Coordinate care to limit opioid prescribing to one prescriber and one pharmacy when clinically appropriate.
- Screen for signs of opioid use disorder (OUD) and refer to specialty treatment services when indicated.
- Document discussions regarding risks, benefits, and alternatives to high-dose opioid therapy.

This measure does not include the following opioid medications:

- Injectables
- Opioid cough and cold products
- Ionsys® (fentanyl transdermal patch). This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
- Methadone for the treatment of opioid use disorder

Exclusions

- Members who receive palliative care or who had an encounter for palliative care at any time during the measurement period (ICD-10-CM code Z51.5*)
- Members with cancer or sickle cell disease during the measurement period.
- Members who used hospice services or elected to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement period.

Provider Callout:

This is a pharmacy claims–based HEDIS measure – there are no CPT or HCPCS codes to bill to meet this measure.

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.

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