A handy reference guide for clinicians working with patients that may have opioid use disorder.

This guide provides informational resources and tools and is intended for educational purposes only. All treatment and level-of-care decisions are at the discretion of the clinician. The information in this guide isn’t intended as legal advice or opinions. Please consult your practice’s legal advisor.

To download the most up-to-date version of this document, visit: UHCprovider.com > Menu > Resource Library > Behavioral Health Resources > Opioid Use Disorder Quick Reference Guide.
Tools That Can Help You Make a Difference

Substance Use Disorder Helpline
855-780-5955

Allow your patients to communicate with a licensed clinician 24/7 to:
- Identify local medication-assisted treatment (MAT) and behavioral health treatment providers and provide targeted referrals for evidence-based care
- Educate members/families about substance use
- Help members find community support services
- Assign a care advocate to provide ongoing support for up to six months, when appropriate

This toolkit provides resources to help you identify, diagnose and refer individuals suffering from Opioid Use Disorder to timely mental health resources.

Opioid Use Disorder (OUD)

Facts
- **2.1 million Americans** suffer from an OUD.¹
- In 2016, an estimated **42,249 deaths** were caused by opioid overdose, meaning **every 13 minutes** someone in the U.S. died from an opioid overdose.²

Treatment is Available
- Evidence-based OUD treatment combines both:
  a) FDA-approved medication-assisted treatments (MAT)*, for example: Buprenorphine, naltrexone and methadone
  b) Evidence-based OUD-focused behavioral therapy

- Individuals who receive MAT are **50 percent more likely to remain free of opioid misuse**,³ compared to those who receive detoxification or psychosocial treatment alone.

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In This Toolkit
P.3…..OUD Screening Tool
P.4…..OUD Treatment and Speaking with Patients
P.5……Referring Patients to Treatment
P.6……Additional Resources

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*Note: FDA approval does not guarantee coverage by your health plan – please be sure to verify coverage based on your benefits

### DSM-5 Opioid Use Disorder Checklist

**Instructions**
1. Answer "yes" or "no" for the questions below
2. Sum all "yes" symptoms
3. Use the Severity Scale (to the right) to measure OUD severity based on the number of symptoms present

<table>
<thead>
<tr>
<th>DIAGNOSTIC CRITERIA (Opioid use disorder requires that at least two criteria be met within a 12-month period.)</th>
<th>MEETS CRITERIA?</th>
<th>NOTES/SUPPORTING INFORMATION</th>
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<tbody>
<tr>
<td>1. Opioids are often taken in larger amounts or over a longer period of time than intended.</td>
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<td>2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.</td>
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<td>3. A lot of time is spent in activities necessary to obtain the opioid, use the opioid or recover from its effects.</td>
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<td>4. Craving, or a strong desire to use opioids.</td>
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<td>5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.</td>
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<td>6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.</td>
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<td>7. Important social, occupational or recreational activities are given up or reduced because of opioid use.</td>
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<tr>
<td>8. Recurrent opioid use in situations in which it is physically hazardous.</td>
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<tr>
<td>9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.</td>
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</tbody>
</table>
| 10. Tolerance,** as defined by either of the following:  
   a) A need for markedly increased amounts of opioids to achieve intoxication or desired effect  
   b) Markedly diminished effect with continued use of the same amount of an opioid |  |  |
| 11. Withdrawal,** as manifested by either of the following:  
   a) The characteristic opioid withdrawal syndrome  
   b) The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms |  |  |

**Severity Scale**

<table>
<thead>
<tr>
<th>Severity</th>
<th>Corresponding ICD-10 Code*</th>
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<tbody>
<tr>
<td>Mild = 2-3 symptoms</td>
<td>305.50 (F11.10)</td>
</tr>
<tr>
<td>Moderate = 4-5 symptoms</td>
<td>304.00 (F11.20)</td>
</tr>
<tr>
<td>Severe = 6+ symptoms</td>
<td>304.00 (F11.20)</td>
</tr>
</tbody>
</table>

* Not to be used with intoxication, withdrawal and/or opioid mental disorders

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**Notes:**

- This criterion is not met for individuals taking opioid solely under appropriate medical supervision.

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Evidence-Based Treatment of OUD

It’s important that patients receive both MAT and evidence-based OUD-focused behavioral therapy. When combined, there’s improved adherence and engagement in patients with OUD treatment compared to patients receiving pharmacological therapy alone.

### Approaching a Patient With an Initial Diagnosis

#### Example Language When Approaching Your Patient

- As your doctor, I’m concerned about your opioid use.
- Per my assessment, your opioid use is causing you/others harm.
- I recommend that you stop or cut down on your opioid use.
- You’re the only one that can change your behavior.
- I know you can do this and I’m happy to help.
- Is this something that you’re interested in doing?

#### Further Prompts

- There’s a medication that can be prescribed that may help you stop or reduce your opioid use.
- I also want to connect you with a care provider to help you get counseling, which is important to your long-term success. Are you interested in this?
- Let’s call the Substance Use Disorder Helpline together to get you the help you need.

- As I said, you’re the only one who can change your behavior. I’m ready to help you if you decide to make a change in the future.
- Could I see you again in the future to discuss this again?

### Patient Follow-Ups

#### Assess

- Opioid use since last visit
- Participation in counseling and/or self-help programs
- General medication adherence and side effects

#### If Patient Used Opioids

- “Were you able to cut down on the amount used?”
- “What circumstances led you to use opioids?”

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Finding a Local Behavioral Health Provider

Many UnitedHealthcare members receive behavioral health benefits through Optum, the health services platform of UnitedHealth Group. Optum can help arrange MAT and psychosocial treatment for its members through the steps listed on this page. Non-Optum members can contact the behavioral health phone number on the back of their insurance card.

**Telephone:** 855-780-5955

**Online Chat:** liveandworkwell.com/en/public/topics/suds.html

**Option 1**

**Substance Use Helpline**

1. Go to Optum’s online website: liveandworkwell.com
2. Enter access code “Clinician” *
3. Select the “Get Started” link under Mental Health Care Search
4. Input your address and enter your desired search term:
   A. For **MAT Providers** search – “Medication Assisted Treatment”
   B. For **Substance Use Behavioral Therapy** search – “Substance Use”
5. When appropriate, select “Add Filters” and the dropdown for “Coverage/Plan Type” to filter for the member’s category of insurance (Medicare, Medicaid or Commercial)

*Because “Clinician” is a general access code, a given member’s provider network can differ; therefore, please encourage members to verify any care providers’ in-network status by calling the number on the back of their behavioral health insurance card.*

**Option 2**

**Online Provider Search**

1. Go to Optum's online website: liveandworkwell.com
2. Enter access code “Clinician” *
3. Select the “Get Started” link under Mental Health Care Search
4. Input your address and enter your desired search term:
   A. For **MAT Providers** search – “Medication Assisted Treatment”
   B. For **Substance Use Behavioral Therapy** search – “Substance Use”
5. When appropriate, select “Add Filters” and the dropdown for “Coverage/Plan Type” to filter for the member’s category of insurance (Medicare, Medicaid or Commercial)
### Care Provider Resources

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<tr>
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<tr>
<td><strong>American Society of Addiction Medicine (ASAM) Fundamentals of Addiction Medicine</strong></td>
<td>A 40-hour CME online educational program empowering primary care and other care providers to diagnose and treat patients diagnosed with or at risk for addiction.</td>
<td>asam.org &gt; education &gt; Live &amp; Online CME &gt; The ASAM Fundamentals of Addiction Medicine 40-Hour CME Program</td>
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<tr>
<td><strong>Centers for Disease Control and Prevention (CDC) Guidelines for Prescribing Opioids</strong></td>
<td>Help determine: (1) when/how to initiate opioids for chronic pain, (2) what opioids to initiate, at what dose, and for what duration, and (3) how to assess risks and address harms of opioid use.</td>
<td>cdc.gov/drugoverdose &gt; Info for Providers &gt; Guideline Overview &gt; Guideline for Prescribing Opioids for Chronic Pain</td>
</tr>
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<td><strong>RAND - SUMMIT: Procedures for MAT of Alcohol or Opioid Dependence in Primary Care</strong></td>
<td>Extensive care provider resources for MAT including: Dosing guidance, OUD assessments, and communication guides.</td>
<td>rand.org/pubs &gt; All Series = Tools &gt; Topic = Substance Abuse Treatment &gt; Time = All Time &gt; SUMMIT: Procedures for Medication-Assisted Treatment of Alcohol or Opioid Dependence in Primary Care</td>
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<td><strong>Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Overdose Toolkit</strong></td>
<td>Comprehensive toolkit on opioid overdose for care providers, patients, families and friends.</td>
<td>store.samhsa.gov &gt; Opioid-Overdose Prevention Toolkit</td>
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### Member/Family Resources

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<tr>
<td><strong>ASAM Opioid Addiction Treatment – Guide for Patients, Families, and Friends</strong></td>
<td>Information on assessing and treating opioid addiction, focused on patients, families and friends.</td>
<td>asam.org &gt; resources &gt; patient resources &gt; Opioid Addiction Treatment: A Guide for Patients, Families and Friends</td>
</tr>
<tr>
<td><strong>Shatterproof: Stronger than Addiction</strong></td>
<td>Extensive content regarding addiction for patients, families and friends.</td>
<td>Shatterproof.org</td>
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