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Not All Medicare Enrollees Are Continuing Treatment for Opioid Use Disorder

Why OIG Did This Review

- Combatting the overdose crisis continues to be an important National priority, with almost 82,000 opioid-related overdose deaths in 2023.¹
- Buprenorphine—the most common medication used to treat opioid use disorder in Medicare—can decrease both opioid use and overdose deaths. People who continue treatment with buprenorphine have improved outcomes.
- In alignment with the mission of the Department of Health and Human Services to enhance the health and well-being of all Americans, [CMS](#) plays an important role in supporting Medicare enrollees continuing treatment with buprenorphine for as long as appropriate. CMS determines Medicare coverage and payment for buprenorphine and other services related to treatment; it also informs enrollees and providers about the medications and services that Medicare covers.
- Information about the extent to which Medicare enrollees continue treatment can be used by CMS and other interested parties to help address the overdose crisis.

What OIG Found

- About 40 percent of Medicare enrollees who started treatment with buprenorphine continued; fewer enrollees who continued treatment died compared to those who did not continue treatment.
- Just one-third of enrollees who started buprenorphine received at least one behavioral therapy service; those who did not receive any of these services were less likely to continue treatment.
- Few enrollees received services billed to Medicare under payments aimed, in part, at helping enrollees stay in treatment.

What OIG Recommends

OIG recommends that CMS:

1. Educate Medicare **providers** about Medicare services that help enrollees continue treatment for opioid use disorder;
2. Educate Medicare **enrollees** about Medicare services that help enrollees continue treatment for opioid use disorder;
3. Assess and make changes, as appropriate, to the **bundled payment codes** for office-based treatment to ensure they meet provider and enrollee needs; and
4. Inform providers of emergency department services about the **Medicare payment for the initiation of medication** for the treatment of opioid use disorder and connecting patients to ongoing care.

CMS concurred with all four of these recommendations.