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The FAIR Health Opioid Tracker 2026

A User's Guide

Background

This brief is a user's guide to the 2026 edition of the FAIR Health [Opioid Tracker](#),¹ a resource on opioid use disorder. The Opioid Tracker is one in a series of FH[®] Trackers—online, interactive resources that offer geographic insights into public health issues.

Opioid use disorder has been a serious issue for years. The National Institute on Drug Abuse reports that opioid-involved overdose deaths rose from 49,860 in 2019 to 79,358 in 2023.² In the Opioid Tracker, FAIR Health draws on its repository of billions of commercial healthcare claim records—the largest in the nation—to provide insight into data related to opioid use disorder.

In this year's edition of the Opioid Tracker, a national heat map represents patients with opioid use disorder diagnoses per 100,000 patients receiving medical services in 2025 for each state. The darkest states in the heat map are those where the number of such patients was highest.

Clicking on a state, or on the District of Columbia, displays an infographic for that jurisdiction. The infographic includes:

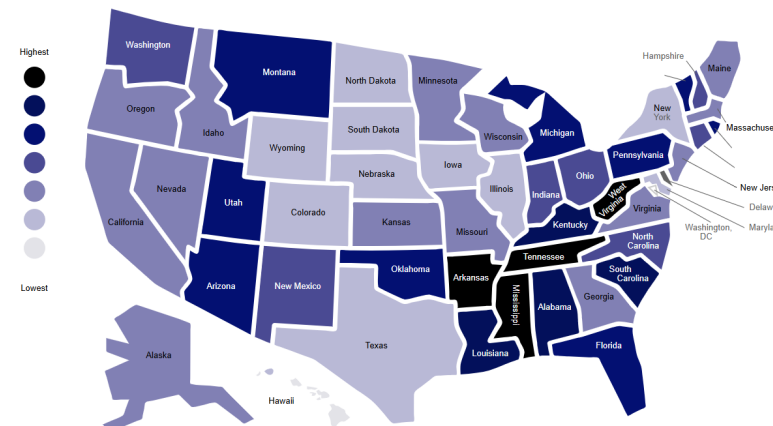
- The top five procedure code categories by utilization for opioid use disorder;

- The top five procedure codes by aggregate allowed amounts* for opioid use disorder;
- The change in the number of patients with opioid use disorder diagnoses per 100,000 patients receiving medical services from 2022 to 2025;
- The distribution of patients with opioid use disorder diagnoses by age; and
- The distribution of patients with opioid use disorder diagnoses by gender.

In addition, there are two infographics for the nation as a whole, the first with information similar to the state infographics, the second with the following findings:

- The top five states for opioid use disorder;
- The fastest-growing specialties involved in the treatment of opioid use disorder;
- The distribution of places of service for opioid use disorder; and
- Service type (professional versus facility) as a percentage of total allowed amounts for opioid use disorder.

What follows is a guide to the findings presented in the [national infographics](#). For state-specific information, we invite you to visit the state infographics in the Opioid Tracker.



*An allowed amount is the total negotiated, in-network fee paid to the provider under an insurance plan. It includes the amount that the health plan pays and the part the patient pays under the plan's in-network cost-sharing provisions (e.g., copay or coinsurance if the patient has met the deductible). The aggregate allowed amount for a given procedure is simply the sum of all the allowed amounts for that procedure in the applicable geographic area during the time frame.

Procedure Code Categories by Utilization for Opioid Use Disorder

The national top five procedure code categories by utilization for opioid use disorder among commercially insured patients in 2025 are shown in the table opposite. Alcohol/substance abuse services and treatments had the highest utilization, representing 39.0 percent of claim lines* for all procedure code categories for opioid use disorder. Drug screening accounted for 21.3 percent. Following this were office/outpatient/emergency room services, at 14.6 percent; psychiatric/psychological services, at 8.8 percent; and laboratory procedures (other than drug screening), at 6.6 percent.

Alcohol/substance abuse services and treatments had the highest national utilization for opioid use disorder in 2025—**39.0 percent** of all claim lines

* A claim line is an individual service or procedure listed on an insurance claim.

National Findings



Top Five Procedure Code Categories by Utilization for Opioid Use Disorder

Percent of all claim lines by procedure code categories for opioid use disorder in the nation

Procedure Code Category	Percent
Alcohol/Substance Abuse Services and Treatments	39.0%
Drug Screening	21.3%
Office/Outpatient/Emergency Room Services	14.6%
Psychiatric/Psychological Services	8.8%
Laboratory Procedures (Other Than Drug Screening)	6.6%

Procedure Code Categories by Aggregate Allowed Amounts for Opioid Use Disorder

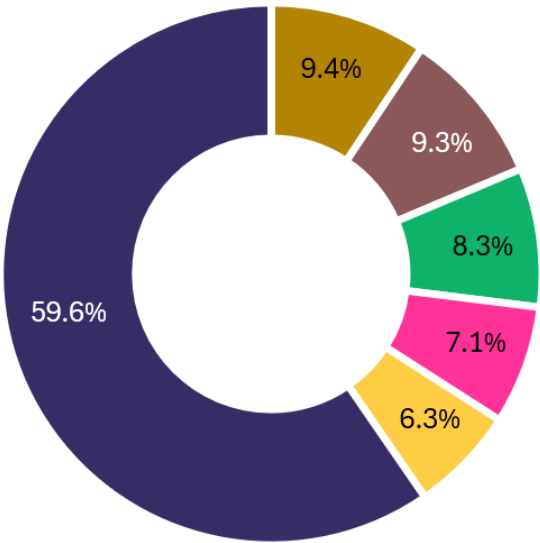
The national top five procedure codes by aggregate allowed amounts for opioid use disorder among commercially insured patients in 2025 are shown opposite. In the number one position, G2067 (medication-assisted treatment, methadone, weekly bundle) accounted for 9.4 percent of aggregate allowed amounts for opioid use disorder. The average allowed amount for this code was \$243. In second position was H0018 (behavioral health short-term residential treatment program, no room and board, per diem) at 9.3 percent; this code had the highest average allowed amount of the top five, \$1,207. In third position was S0201 (partial hospitalization services, less than 24 hours, per day), at 8.3 percent. Next was H0015 (intensive outpatient treatment for alcohol and/or drugs, at least three days per week), at 7.1 percent. In fifth position was 99214 (established patient office or other outpatient visit with moderate level of decision making; if using time, 30 minutes or more) at 6.3 percent. All other procedure codes collectively accounted for 59.6 percent of aggregate allowed amounts for opioid use disorder.

National Findings



Top Five Procedure Codes by Aggregate Allowed Amounts for Opioid Use Disorder

Percent of all procedure codes by aggregate allowed amounts for opioid use disorder



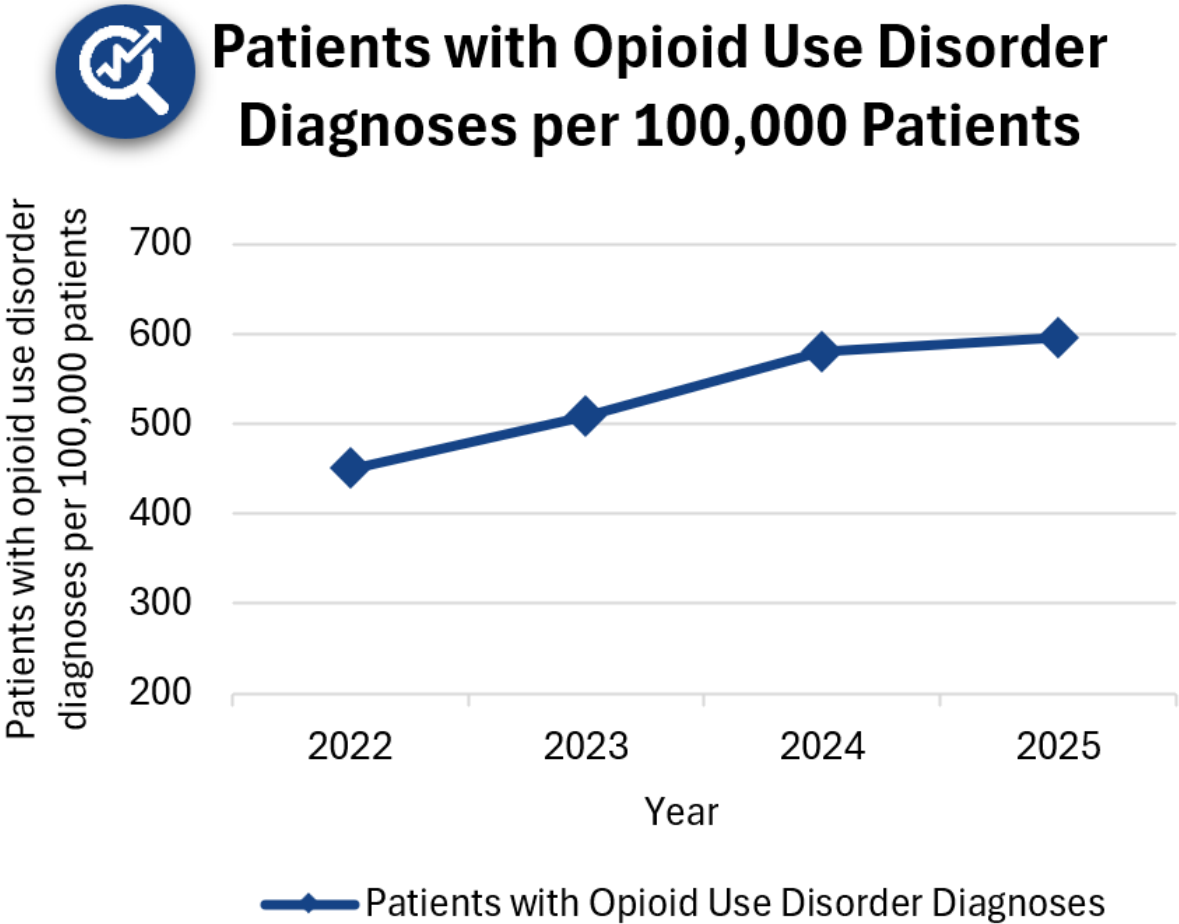
- G2067: Medication-assisted treatment, methadone, weekly bundle (avg. allowed amount: \$243)
- H0018: Behavioral health short-term residential treatment program, no room and board, per diem (avg. allowed amount: \$1,207)
- S0201: Partial hospitalization services, less than 24 hours, per day (avg. allowed amount: \$705)
- H0015: Intensive outpatient treatment for alcohol and/or drugs, at least 3 days/week (avg. allowed amount: \$430)
- 99214: Established patient office or other outpatient visit with moderate level of decision making; if using time, 30 minutes or more (avg. allowed amount: \$125)
- Other

G2067 accounted for the highest proportion of national spending on opioid use disorder in 2025

Patients with Opioid Use Disorder Diagnoses per Year

Nationally, among the commercially insured population, patients with opioid use disorder diagnoses showed an overall increase from 2022 to 2025 (see the figure opposite). In 2022, there were 449 patients with opioid use disorder diagnoses per 100,000 patients, while in 2025, there were 596, an increase of 32.7 percent.

National Findings



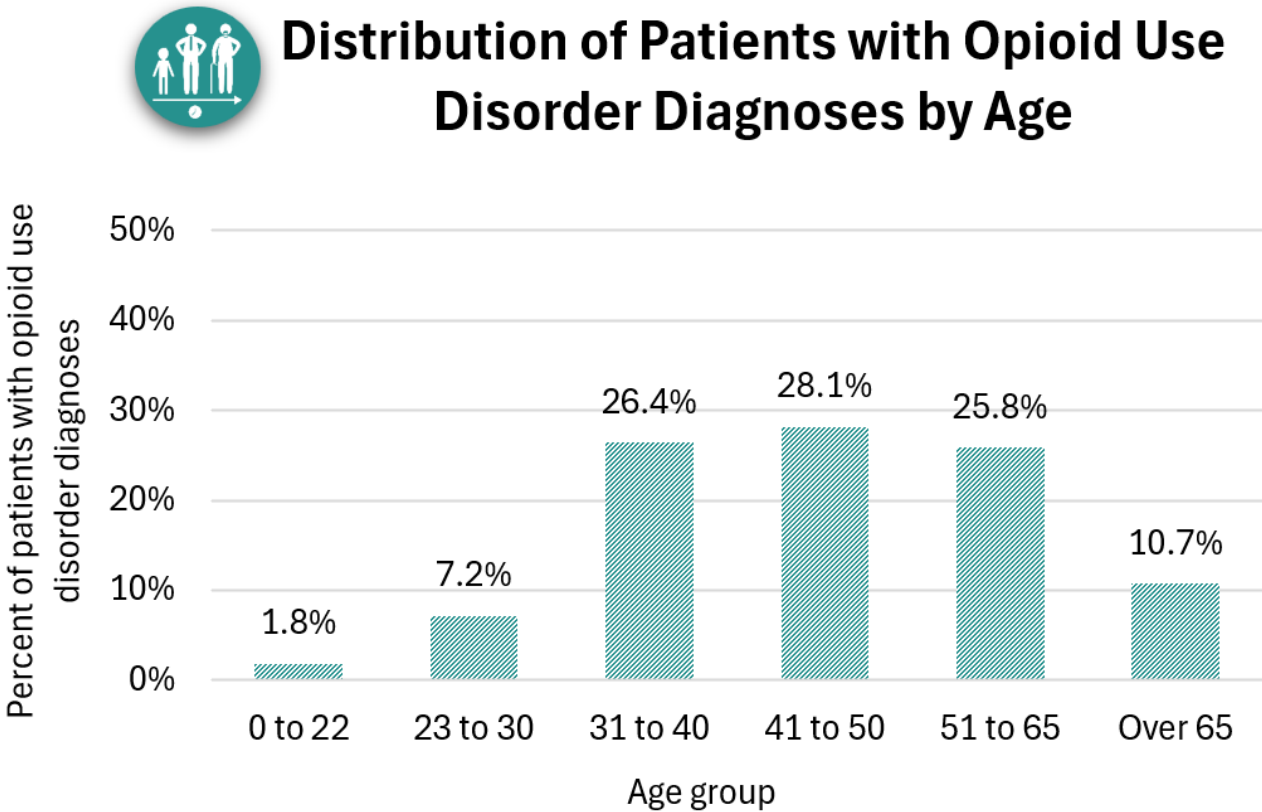
Nationally, patients with **opioid use disorder diagnoses** increased **32.7 percent** from 2022 to 2025

Age Distribution of Patients with Opioid Use Disorder

The age distribution of patients with opioid use disorder diagnoses among commercially insured patients in 2025 across the nation is shown in the figure opposite. The highest percentage of opioid use disorder diagnoses were attributable to patients in the 41 to 50 age group, with 28.1 percent of the total. Of the total diagnoses, 26.4 percent were from patients in the 31 to 40 age group, 25.8 percent from the 51 to 65 age group and 10.7 percent from the over 65 age group. Patients aged 23 to 30 and those under 23 accounted for the lowest percentage of opioid use disorder diagnoses with 7.2 percent and 1.8 percent, respectively.

In 2025, the highest percentage of national opioid use disorder diagnoses were attributable to patients aged 41 to 50

National Findings



Gender Distribution of Patients with Opioid Use Disorder

The national gender distribution of patients with opioid use disorder diagnoses among commercially insured patients in 2025 is shown in the figure opposite. Males were 56.1 percent of patients with those diagnoses, while females were 43.9 percent.

National Findings



Distribution of Patients with Opioid Use Disorder Diagnoses by Gender

Female
43.9%



Male
56.1%



Nationally, in 2025, **males made up a higher percentage of patients with opioid use disorder diagnoses** than females

Opioid Use Disorder Diagnoses by State

As shown in the figure opposite, Tennessee had the highest rate of commercially insured patients receiving treatment for opioid use disorder, with 1,551 patients with such a diagnosis per 100,000 patients (compared to 596 patients per 100,000 nationally). Completing the top five states were West Virginia (1,528 patients), Mississippi (1,373 patients), Arkansas (1,320 patients) and Delaware (1,256 patients).

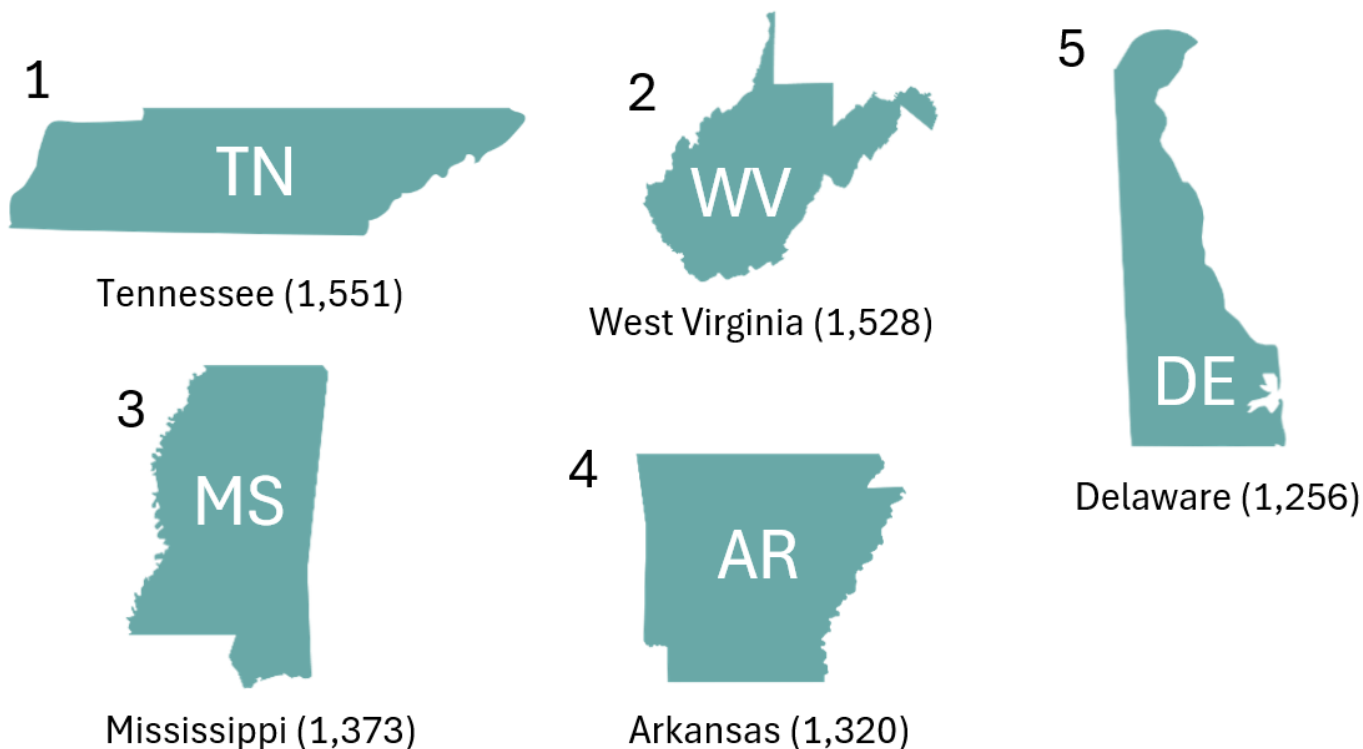
In 2025, **Tennessee** had the highest rate of commercially insured patients being treated for opioid use disorder

National Findings



Top Five States for Opioid Use Disorder

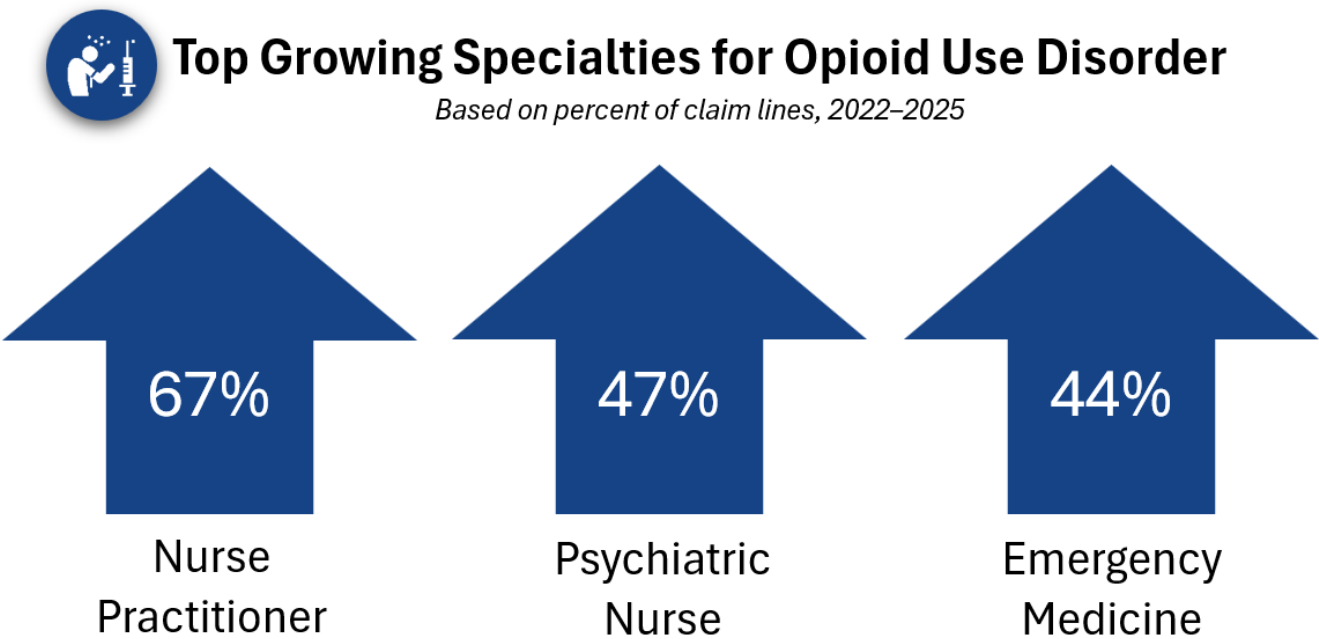
By patients with opioid use disorder diagnoses per 100,000 patients



Growing Specialties for Opioid Use Disorder

The fastest-growing specialty involved in the treatment of opioid use disorder nationally was nurse practitioner, which increased by a relative 67 percent in percent of claim lines from 2022 to 2025 (as shown in the figure opposite). In second and third position, respectively, were psychiatric nurse (47 percent) and emergency medicine (44 percent).

National Findings



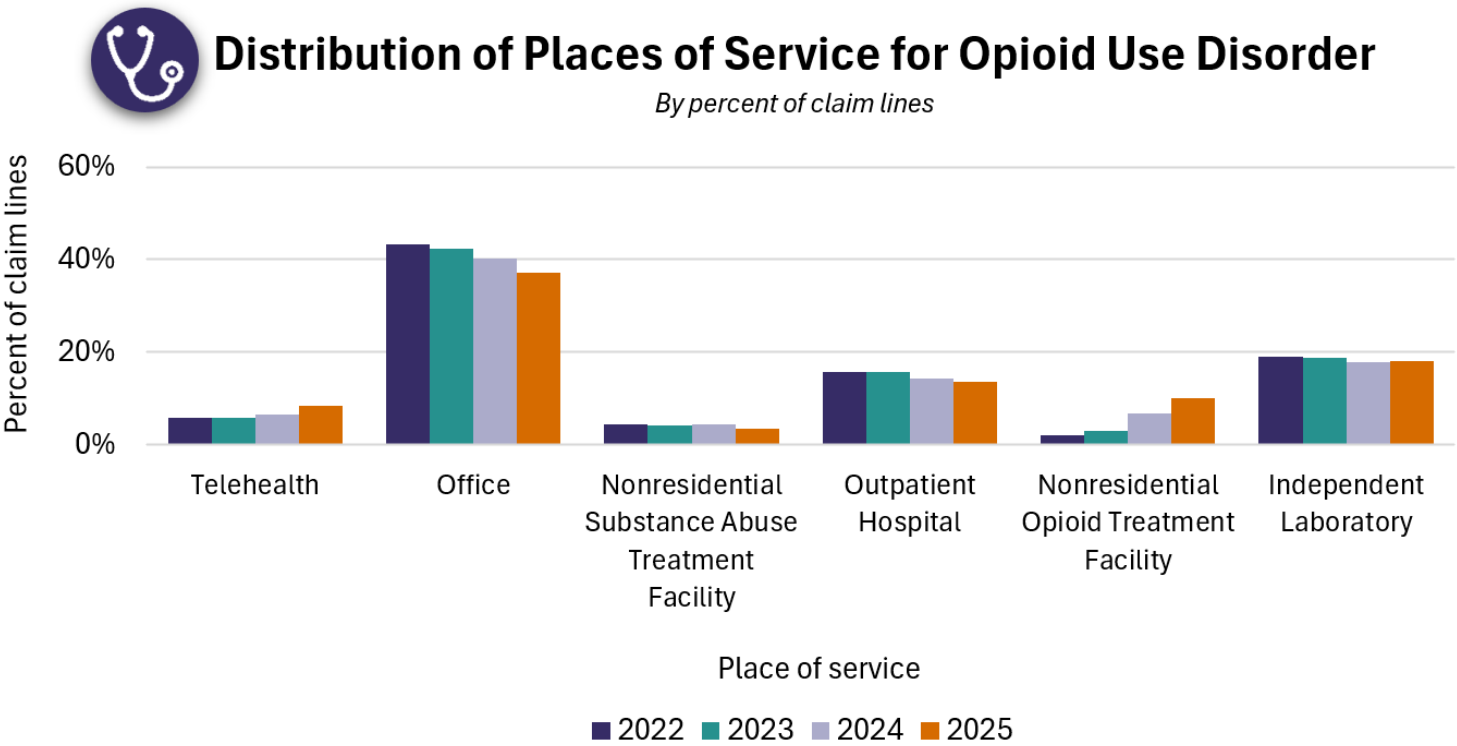
Nationally, the **top two growing specialties** treating opioid use disorder in 2025 were **nonphysician specialties**

Places of Service for Opioid Use Disorder

The figure opposite shows the distribution of places of service for opioid use disorder by percent of claim lines from 2022 to 2025. Throughout that period, office had the largest share of claim lines, but its share fell from 43.2 percent in 2022 to 37.1 percent in 2025, a relative decrease of 14.1 percent. During the same period, telehealth grew from 5.8 percent to 8.6 percent, a relative increase of 48.1 percent; while nonresidential opioid treatment facility grew from 2.1 percent to 10.1 percent, a relative rise of 389.2 percent.

Nationally, in 2025, **office had the largest share** of claim lines for opioid use disorder, but that share has been declining

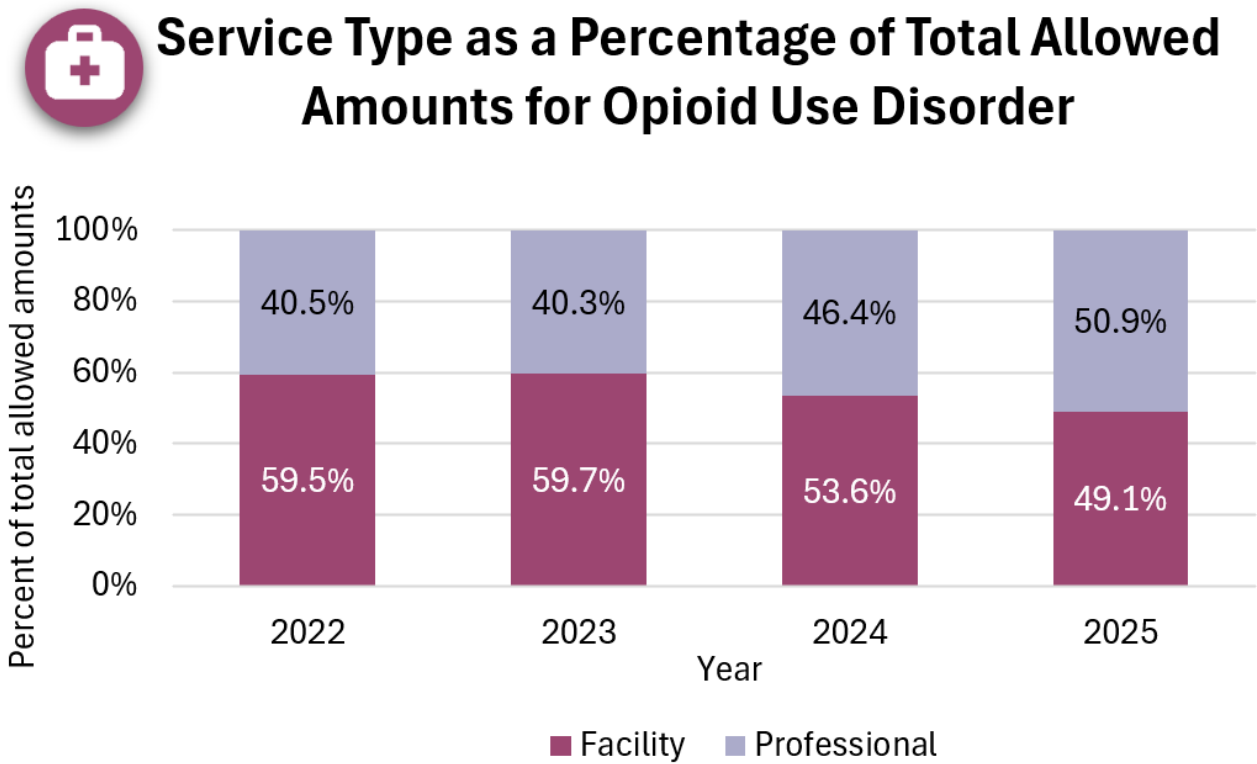
National Findings



Percent of Allowed
Amounts by Service Type
for Opioid Use Disorder

As shown in the figure opposite, facility costs as a percentage of total allowed amounts for opioid use disorder decreased overall from 59.5 percent in 2022 to 49.1 percent in 2025, a relative decrease of 17.5 percent. By contrast, professional costs rose from 40.5 percent to 50.9 percent in the same period, a relative increase of 25.7 percent. In 2025, for the first time, professional costs represented the majority of total allowed amounts.

National Findings



From 2022 to 2025, at the national level, facility costs for opioid use disorder decreased, while professional costs increased

Conclusion

Taken together, the results in the national opioid infographics, like those in the state-specific infographics, shed light on various aspects of opioid use disorder, including utilization, costs, age and gender. In addition, the national infographics illuminate geography, specialties, places of service and service types.

We hope that the Opioid Tracker will be useful to all healthcare stakeholders, such as policy makers, payers, providers, patients and researchers, who continue to track and seek to better understand and address this public health issue.

Click [here](#) for the Opioid Tracker.

References

1. “Opioid Tracker,” FAIR Health, accessed October 14, 2026, <https://www.fairhealth.org/fh-trackers/opioid-abuse-map>.
2. “Drug Overdose Deaths: Facts and Figures,” National Institute on Drug Abuse, August 2024, <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates#Fig3>.

About FAIR Health

FAIR Health's mission is to supply objective, unbiased information for all stakeholders to improve healthcare quality, access and affordability. It holds the nation's largest collection of commercial healthcare claims data, which is growing at a rate of more than five billion validated medical services a year. A national Qualified Entity certified by CMS, FAIR Health also receives all claims for individuals enrolled in traditional Medicare Parts A, B and D. As a testament to its reliability and objectivity, FAIR Health's data products—including pricing benchmarks and custom analytics—are widely used by commercial insurers and self-insurers, providers, hospitals and healthcare systems, government, researchers and more. FAIR Health has been designated an official data source for state health programs, including workers' compensation and personal injury protection (PIP) programs, and surprise billing laws that protect consumers. FAIR Health's free consumer website and mobile app, available in English and Spanish, enable consumers to estimate and plan for their healthcare expenses and offer a rich educational platform on health insurance. The website has been honored by the White House Summit on Smart Disclosure, the Agency for Healthcare Research and Quality (AHRQ), URAC, the eHealthcare Leadership Awards, appPicker, *Employee Benefit News* and *Kiplinger's Personal Finance*. FAIR Health is a national, 501(c)(3) nonprofit organization. For more information on FAIR Health, visit fairhealth.org.

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