
# BESMART Provider Education

May 28, 2026

TN-WP-CD-016347-26-GRP4220 July 2026

# Agenda

- Buprenorphine Pharmacy Updates
- BESMART Program Description Updates
- BESMART Coding Updates
- Quality Review Tool Updates
- BESMART Program Data
- Q&A

# Buprenorphine Pharmacy Updates

# Buprenorphine Dose and PA Process Changes

**Effective today:**

**For BESMART MD / DO providers**

1) **Maximum Daily Dose (MDD) limit** for preferred buprenorphine / naloxone products is **32 mg**
2) **No PA required** for preferred buprenorphine /naloxone products **≤ 32 mg**
3) **Approved PA required** for non-preferred products up to 32mg

**For Non-BESMART MD / DO providers**

1) Quantity limit ≤ 16 mg for preferred buprenorphine / naloxone products without PA
2) PA required for >16 mg and up to 32 mg
3) If no approved PA >16 mg, it is expected the patient will taper to 8mg after 6 months

Note: No changes for mid-level prescribers

# Buprenorphine Process Updates for BESMART Providers

| | Dose Limits | PA Requirements | Monoproducts |
|---|---|---|---|
| **MD / DO** | Up to 24 mg for specific populations<br><br>32 mg/day (evidenced based dosing) | • PA for non-preferred, preferred products (which includes monoproduct)<br><br>• PA required for non-preferred products (which includes monoproduct, Requests outside of evidenced-based dose) | • PA required for up to 24mg<br><br>• PA required for up to 32 mg (Evidence based dosing) |
| **NP / PA*** | • 16 mg | • PA required for non-preferred products (up to 16 mg) | NP/PA may prescribe in CMHC and FQHCs (Injectable permitted in other settings) |

Table Key:
Current state is in black
Updates are in red

*No changes for mid-level prescribers, in compliance with state law. All mid-level prescribers must be BESMART

# BESMART Program Description Updates

# BESMART Program Description (PD) Updates

The BESMART PD has been updated to clarify expectations and requirements and to provide greater flexibility in the delivery of psychosocial services.

Updates:

1. **Phases of Treatment**:
   - Separation of Induction and Stabilization phases
   - Clearer requirements and expectations for each phase
2. **Distinction of Counseling and Psychotherapy**
   - Counseling and psychotherapy have been distinguished to support clinically appropriate, patient-centered care
3. **Additional Refinements**
   - Additional clarifications and updates have been incorporated to enhance consistency and support program implementation

# BESMART PD Updates: Phases of Treatment

1. All phases of treatment sections have been updated to include goals, requirements, expected duration and activities, and when to transition to next phase
2. Induction and stabilization phases are now separate with distinct billing codes
3. Distinction of counseling (induction phase) and psychotherapy (any phase)

# BESMART PD Updates: Counseling and Psychotherapy

**Scopes of Service**

| Term | Scope of Service |
|---|---|
| **Counseling** | • Address present-day issues such as stress, grief, relationship problems, or career challenges.<br>• Short-term and transitional, supports program engagement across recovery phases.<br>• Goal-oriented, focuses on coping skills and problem-solving.<br>• Less intensive and not focused on deep psychological exploration. |
| **Psychotherapy** | • Addresses deeper psychological issues rooted in past experiences or unconscious processes.<br>• Long-term (months to years) and insight oriented, using established therapeutic frameworks (e.g., psychodynamic, cognitive behavioral therapy).<br>• More intensive; explores personality, emotional patterns, and chronic mental health conditions.<br>• Requires advanced training and supervised clinical experience.<br>• Used to diagnose and treat complex mental health disorders. |

# BESMART PD Updates: Counseling and Psychotherapy (Cont'd)

**Qualified Providers**

| Term | Provider Types |
|---|---|
| **Counselors** | Licensed/ certified clinicians operating within their scope of practice, including:<br>• Psychologist, Psychiatrist, Physician, Physician Assistant, Registered Nurse, Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC); or<br>• Licensed Professional Counselors (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Alcohol and Drug Abuse Counselor (LADAC II); or<br>• Licensed Alcohol and Drug Abuse Counselor (LADAC I); or<br>• Certified Peer Recovery Specialist (CPRS); or<br>• Holds at least a master's degree in counseling, psychology, or a related field and is under clinical supervision.*<br>• Qualified graduate student, consistent with policy PRO 22-001 (Rev. 2)[1]<br>*If not independently licensed, must be under authorized clinical supervision per scope of practice requirements. |
| **Psychotherapists** | Licensed clinicians operating within their scope of practice, including:<br>• Psychologists (PhD or PsyD), psychiatrists (MD); or<br>• Clinical social workers (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselors (LPC/MHSP), Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC)<br>• Holds at least a master's degree in counseling, psychology, or a related field and is under clinical supervision.*<br>• Qualified graduate student, consistent with policy PRO 22-001 (Rev. 2)[2]<br>*If not independently licensed, must be under authorized clinical supervision per scope of practice requirements. |

As of today:

- Counseling may be provided by qualified providers during the **induction phase**
- Psychotherapy may be provided by qualified providers during any phase

# BESMART PD Updates: Additional Refinements

Additional updates were made to strengthen clarity, improve usability, and ensure the program description aligns with current standards and terminology.

- Content updated to **meet accessibility standards** and improve usability
- **Language modernized** to ensure clarity and remove stigmatizing terminology
- **Glossary added** to define key terms and support consistent interpretation
- Memorialized **psychotherapy within 7-days of E&M visit**
- Clarified that **Annual Reviews** may occur **virtual or on-site**

# BESMART Coding Updates

# BESMART Coding Updates

| Phase of Treatment | BlueCare | UnitedHealthcare | Wellpoint |
|---|---|---|---|
| Induction | H0014 HG | H0014 HG | H0014 HG |
| Stabilization | **G2172 HG** | H0033 HG U1 | H0033 HG U1 |
| Stabilization without psychotherapy | H0033 HG | H0033 HG | H0033 HG |
| Maintenance | H0016 HG U1 | H0016 HG U1 | H0016 HG U1 |
| Maintenance without psychotherapy | **H2036 HG** | H0016 HG | H0016 HG |

- New billing codes take effect on August 1, 2026
- Codes will be available on TennCare's Opioid Strategy webpage

# Coding Updates: More Information

- This change is regulatory - each MCO is preparing notifications and updated materials, including a crosswalk of old codes to new codes and the corresponding reimbursement (rates are not changing)
- Appropriate use of the identified modifiers on the claim will be key in ensuring the correct reimbursement for the codes
- Prescribers and practice management/billing staff will need to review this information as well as the program description changes to ensure alignment with expectations and program requirements

# New Tool for BESMART Onboarding

While each MCO's process is a little different, there is considerable alignment on the data elements that are being collected for participation in BESMART. To help practices avoid common errors and improve the consistency and accuracy of the information being submitted, a new "cheat sheet" is now available.


The cheat sheet is not a replacement for MCO forms - it was created to assist practices and prescribers in understanding program requirements and the data needed during the BESMART screening and onboarding process.

**Accurate information from the very beginning helps expedite the process!**

# New Tool for BESMART Onboarding (Cont'd)

Excel format:

- Identifies required fields for all prescribers and which fields apply based on status as MD/DO or mid-level
- Lists drop-down responses you may see in the form itself
- Provides help text, including links to federal and State governance resources
- Practice can pre-populate practice level information (EIN, service locations, etc.) and save as a template
- Each prescriber can populate their unique identifiers and modalities/populations served (LAIs, pregnant/post-partum, adolescents, etc.)
- Information needed is in one place and can be on hand (and often copied/pasted) when MCO forms are being completed

# Quality Review Tool (QRT) Updates

# QRT Updates: Appointment Frequency

| Section III: Appointment Frequency | |
|---|---|
| | *Induction Phase*<br>*Skip Standards 21-23 ONLY IF documentation of the induction phase is not available* |
| 21 | A patient in the induction phase of treatment has had:<br>1. One (1) to three (3) provider appointments scheduled weekly; |
| 22 | 2. Received counseling at each induction visit. Received other supportive services (as appropriate) at each induction visit, such as; peer support, illness management and recovery, or other health and behavioral management activities; |
| 23 | 3. Had one (1) observed random drug screen at least weekly. |
| | *Stabilization Phase*<br>*Skip Standards 24-26 if patient is NOT in the stabilization phase.* |
| 24 | A patient in the stabilization phase of treatment has had:<br>1. Had a scheduled provider appointment at least every one (1) to three (3) weeks; |
| 25 | 2. Received psychotherapy at least monthly; |
| 26 | 3. Had one (1) observed random drug screen at least monthly. |

- Induction and Stabilization standards have been separated
- Stabilization phase standard now reflects requirement for psychotherapy
- Phase of treatment must be clearly documented

*Note: Changes are effective July 1, 2026*

# QRT Updates: Service Delivery

| Section IV: Service Delivery | |
|---|---|
| 33 | There is evidence in the clinical record of patient receiving training and education on the following topics (Note: These must be documented once with initial establishment of care, and annually): (a) Treatment options, including detoxification, benefits/risks associated with each option; |
| 34 | (b) Risk of neonatal abstinence syndrome for all female patients of childbearing age (ages 15-44); |
| 35 | (c) Prevention and treatment of chronic viral illnesses, such as HIV and hepatitis C; |
| 36 | (d) Therapeutic benefits and adverse effects of treatment medication; |
| 37 | (e) Risks for overdose, and |
| 38 | (f) Overdose prevention and reversal agents. |
| 39 | There is evidence that the Controlled Substance Monitoring Database (CSMD) was queried each time and prior to a prescription being ordered (e.g. e-scribed/called in/written). |
| 40 | A psychosocial assessment was completed within 30-days of treatment initiation, by a qualified professional within the patient's treatment team. |

- Training and Education is now required to be completed annually
- A psychosocial assessment is required to be completed within 30 days of treatment initiation

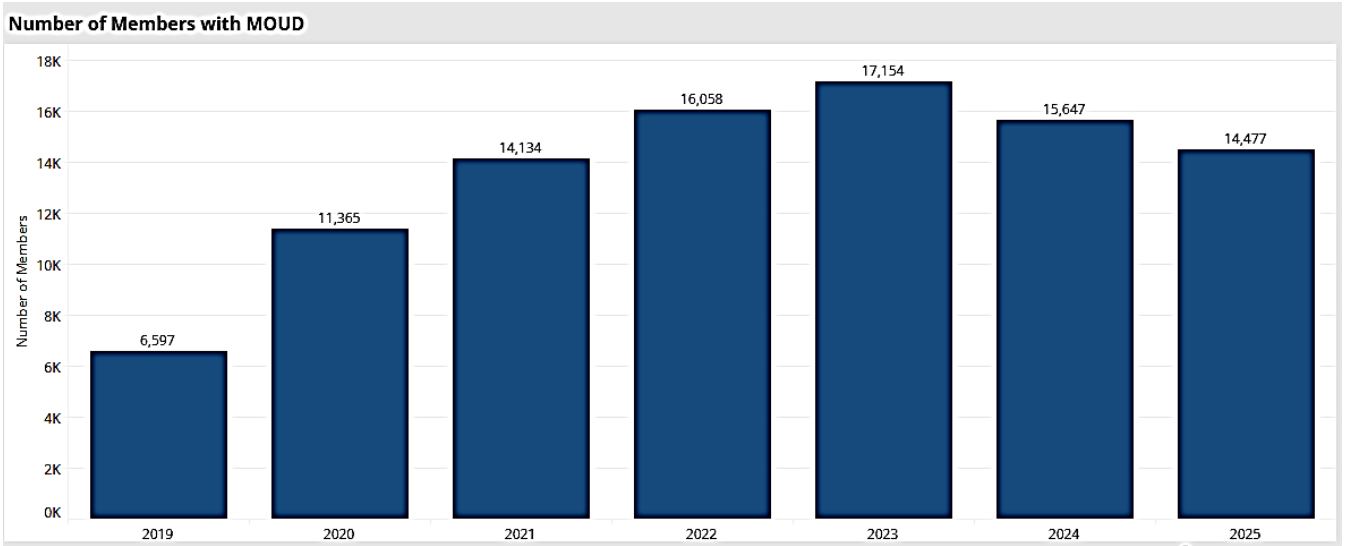
*Note: Changes are effective July 1, 2026*

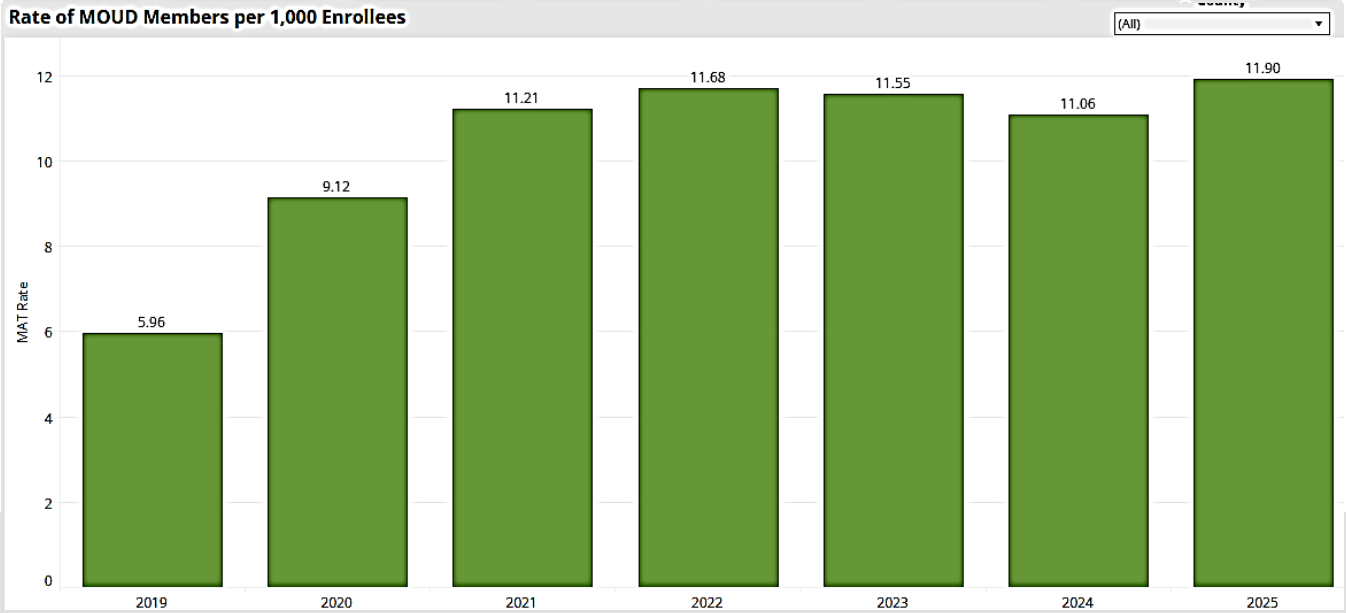
# BESMART Program Data

# BESMART Program Data: 2025 Overview

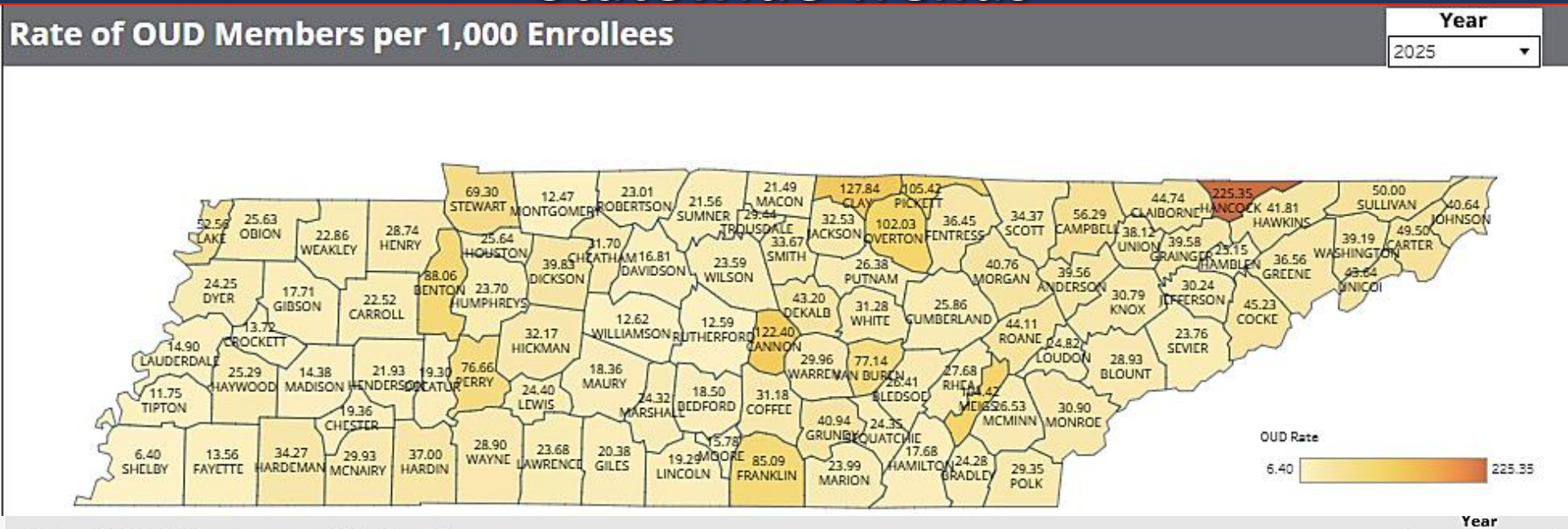
| | |
|---|---|
| Total BESMART Providers | **662** |
| BESMART Providers Who Prescribed Buprenorphine | **481** |
| Total members Seen by a BESMART Provider | **14,669** |
| Total Non-BESMART Providers who Prescribed Buprenorphine | **212** |
| Total members seen by a Non-BESMART Provider | **800** |

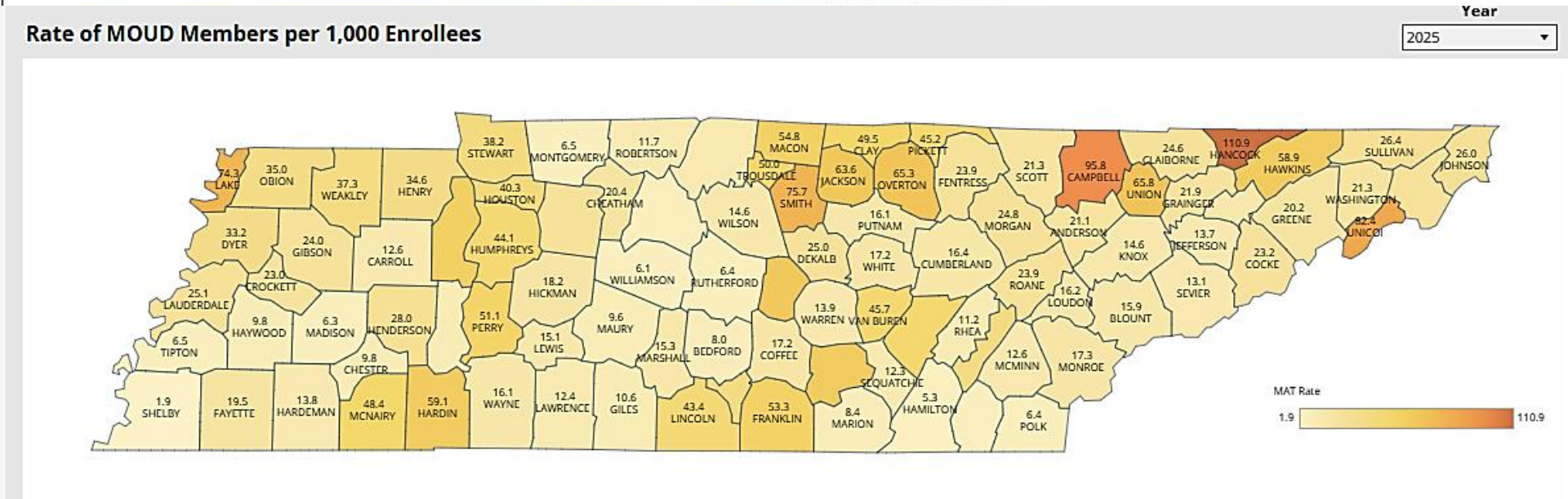
# BESMART Members Receiving MOUD: Yearly Trends



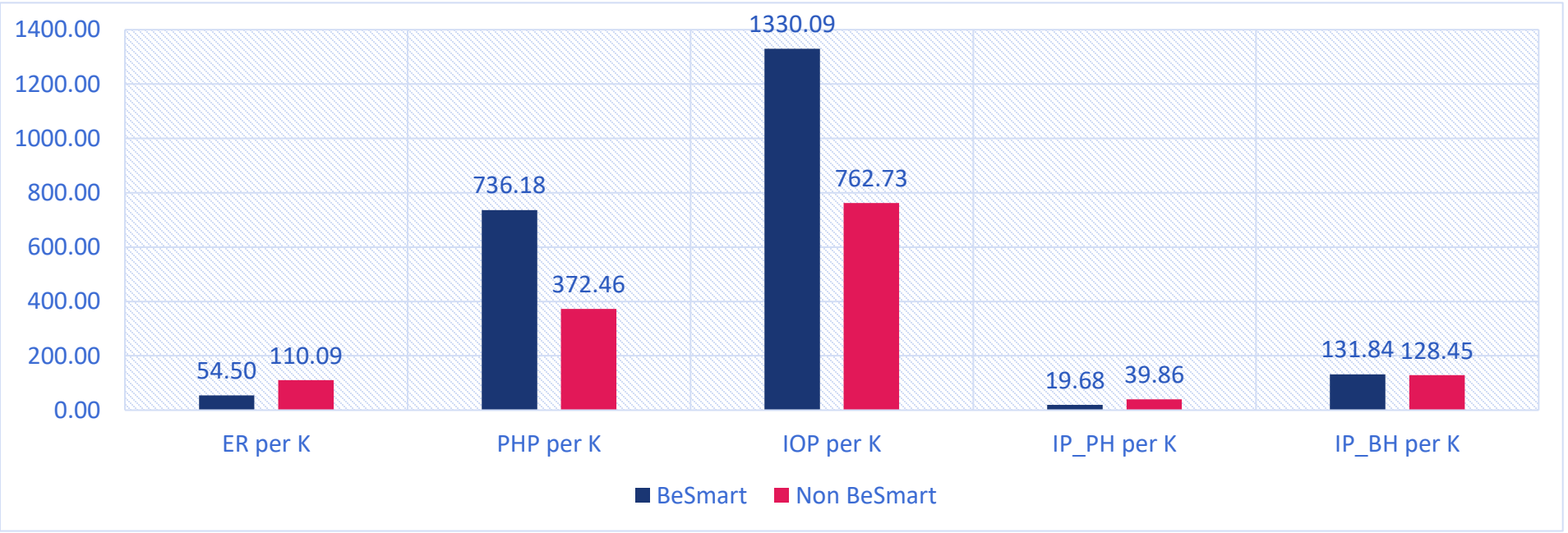
# BESMART Members Receiving MOUD: 2025 Statewide Trends



# Wellpoint Data

## BESMART vs Non-BESMART




- Data based off CY2023-CY2025
- Wellpoint members engaged with BESMART = 67.55% fewer ED visits per K
- Wellpoint members engaged with BESMART 2.60% more IP BH Admits, but 67.79% fewer IP PH Admits when engaged
- Outpatient services have steadily increased when members are connected to BESMART providers

# BlueCare Tennessee Data

## BESMART Outcomes: Propensity-Matched Comparison

*Compared to similar members who did not participate, BESMART participants experienced:*

| Measure | Reduction |
|---|---|
| Emergency Department (ED) Visits | **12%** |
| Inpatient Admissions (All Causes) | **149%** |
| Behavioral Health Inpatient Admissions | **105%** |
| Detox Admissions (4.0) | **178%** |
| Residential Treatment Center (3.7/3.5) | **167%** |

### Safety Signal

Mortality Rate

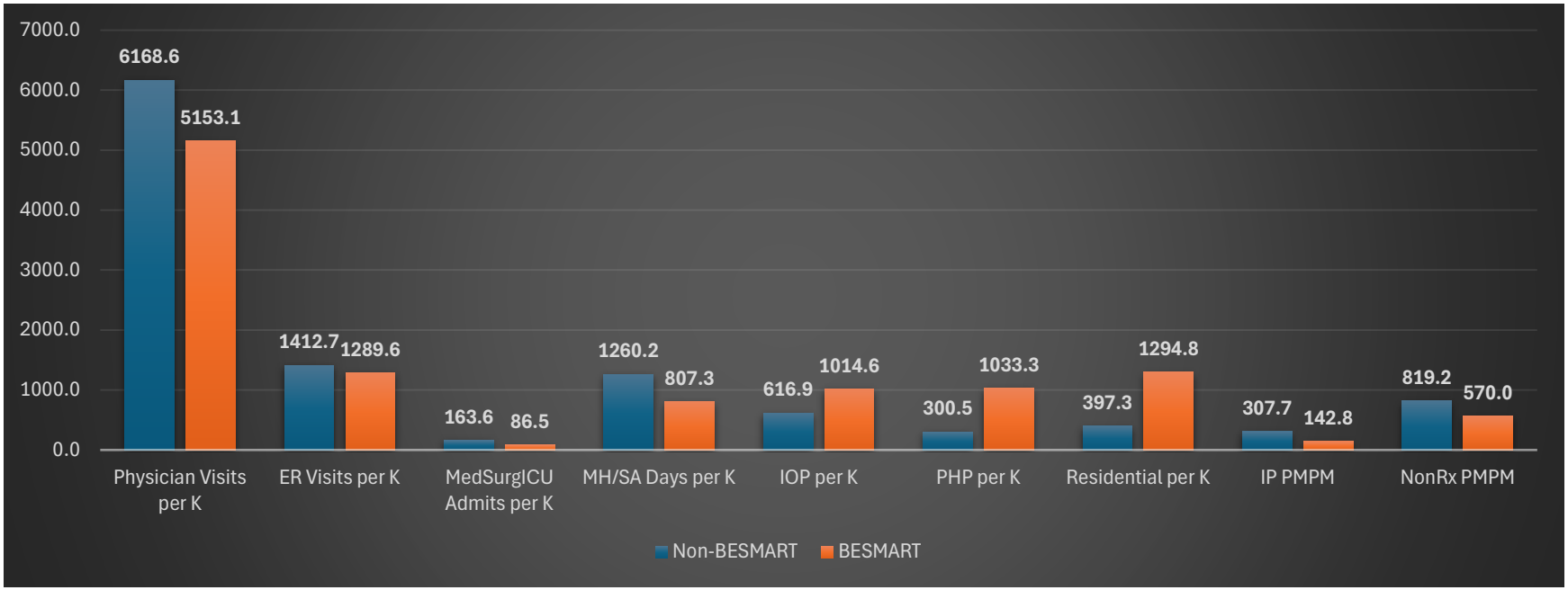
BESMART Participants: **2%**

Matched Comparison Group: **8%**

*BESMART is associated with improved stability and safety for members*

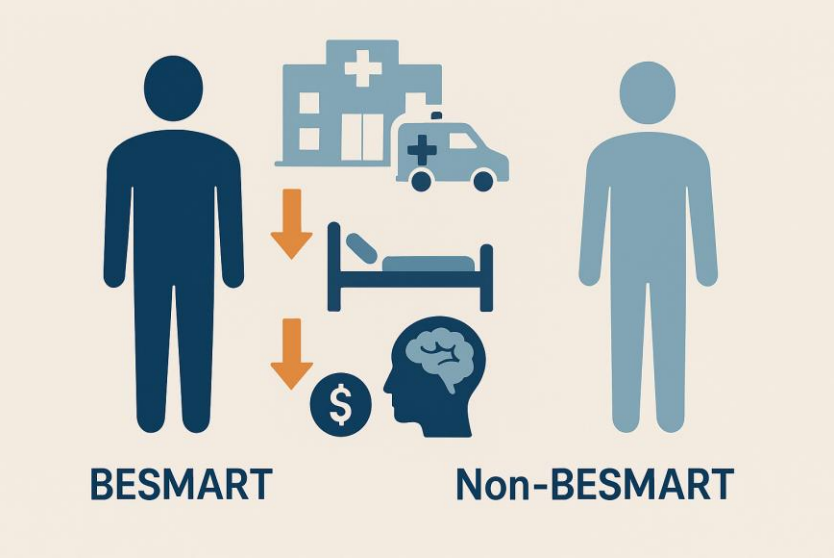
# UHC Data

## BESMART vs. Non-BESMART



# UHC Data

## BESMART vs. Non-BESMART




- Based on three-year averages spanning October 2022 through September 2025
- Emergency Department Visits 8.7% fewer for BESMART
- Med/Surg/ICU Admits 47.2% fewer for BESMART
- MH/SA Admission Days 37% fewer days for BESMART
- IP PMPM 54.4% less spend for BESMART
- Non-Rx PMPM 32.6% less spend for BESMART

# Observations and Comments

- 32% of households with a member diagnosed with SUD have a child/adolescent without a current SUD diagnosis (this is 7% higher than the national average)
- Co-occurring disorders are the most common across the total population
- MOUD presents as with lower utilization in the east and southeast in comparison to the other grand regions per SUD/OUD prevalence data
- Kratom – this substance has yet to really be categorized or quantified, but providers report increasing presentation of over utilization and withdrawal from this product
- Cychlorphine (N-Propionitrile chlorphine) is a highly potent synthetic opioid, approximately 10 times stronger than fentanyl, posing extreme overdose risks

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# Q&A