

Title 23: Division of Medicaid

Part 220: Radiology

Part 220 Chapter 1: General

Rule 1.4: Teleradiology [Refer to Part 225, Chapter 3]

History: Moved with Revisions to Miss. Admin. Code Part 225, Chapter 3 eff. 07/01/2015.

Title 23: Division of Medicaid

Part 220: Radiology

Part 220 Chapter 1: General

Rule 1.4: Teleradiology [Refer to Part 225, Chapter 3]

~~A. The Division of Medicaid covers medically necessary teleradiology services.~~

~~B. The Division of Medicaid defines a:~~

- ~~1. Consulting provider as a licensed physician who interprets the radiological image, at the distant or hub site. The consulting provider must be licensed in the state within the United States in which he/she practices.~~
- ~~2. Hub or distant site as the location of the teleradiology consulting provider. The hub site provider is reimbursed for the professional component of the service.~~
- ~~3. Referring provider as a licensed physician, physician assistant, or nurse practitioner who orders the radiological service. The referring practitioner must be licensed in the state within the United States in which he/she practices.~~
- ~~4. Spoke site, also referred to as the originating site, as the location where the beneficiary is receiving the teleradiology service. The spoke site provider is reimbursed for the technical component of the service.~~
- ~~5. Store and forward as telecommunication technology for the transfer of medical data from one (1) site to another through the use of a camera or similar device that records or stores an image which is transmitted or forwarded via telecommunication to another site for teleconsultation.~~
- ~~6. Teleradiology as the electronic transmission of radiological images, known as store and forward images, from one (1) location to another for the purposes of interpretation.~~
- ~~7. Transmission cost as the cost of the line charge incurred during the time of the transmission of a telehealth service.~~

~~C. The Division of Medicaid covers:~~

- ~~1. One (1) technical and one (1) professional component for each teleradiology procedure.~~
- ~~2. Medically necessary teleradiology only when the originating site, or spoke site, documents there are no local radiologists to interpret the images.~~
- ~~3. The technical component of the radiological service at the originating site for only~~

~~providers enrolled as a Mississippi Medicaid provider.~~

- ~~4. The professional component of the radiological service at the hub site only for providers enrolled as a Mississippi Medicaid provider.~~
- ~~5. Hospitals for purchased or contractual teleradiology services, under their physician group provider number only.~~

~~D. The Division of Medicaid does not cover:~~

- ~~1. The transmission cost or any other associated cost of teleradiology.~~
- ~~2. Both the technical and professional component of teleradiology services for one (1) provider. A provider cannot bill for services performed by another provider.~~

~~E. The teleradiology service must:~~

- ~~1. Provide images without clinically significant loss of data from image acquisition through transmission to final image display to enable the consulting provider to accurately interpret the image.~~
- ~~2. Use equipment which provides image quality and availability appropriate to the clinical need.~~
- ~~3. Be performed at the originating site by qualified personnel trained in the performance of the specified radiological service and operating within the licensure and/or certification requirements of the state in which the service is being performed. Technicians must work under the supervision of a qualified licensed physician.~~

~~F. Teleradiology documentation must include at a minimum:~~

- ~~1. At the spoke site:
 - ~~a) The reason teleradiology was utilized to deliver the service,~~
 - ~~b) Date(s) of service,~~
 - ~~c) Beneficiary demographic information,~~
 - ~~d) Signed consent for treatment, if applicable,~~
 - ~~e) Medical history,~~
 - ~~f) Beneficiary's presenting complaint,~~
 - ~~g) Diagnosis, and~~~~

~~h) Specific name/type of all diagnostic studies and results/findings of the studies.~~

~~1. At the hub site:~~

~~a) Date(s) of service,~~

~~b) Beneficiary demographic information,~~

~~c) Medical history,~~

~~d) Beneficiary's presenting complaint,~~

~~e) Diagnosis,~~

~~f) Specific name/type of all diagnostic studies and results/findings of the studies,
and~~

~~g) Radiological images.~~

~~G. Teleradiology systems must provide network and software security protocols to protect the confidentiality of a beneficiary's identification and imaging data.~~

~~1. Measures must be implemented to safeguard the data and to ensure data integrity against intentional or unintentional corruption of the data.~~

~~2. All providers must ensure confidentiality in accordance with HIPAA privacy regulations.~~

~~Source: Miss. Code Ann. §§ 43-13-121, 43-13-117(3).~~

~~History: Moved with Revisions to Miss. Admin. Code Part 225, Chapter 3 eff. 07/01/2015.~~