

Title 23: Division of Medicaid

Part 225: Telemedicine

Chapter 1: Telehealth Services

Rule 1.2: General Provider Information

- A. Providers of telehealth services must comply with all requirements set forth in Miss. Admin. Code Part 200, Rule 4.8 for all providers in addition to the provider specific requirements below:
 - 1. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES),
 - 2. Copy of current licensure card or permit, and
 - 3. Verification of social security number using a social security card, military ID or a notarized statement signed by the provider noting the social security number. The name noted on the verification must match the name noted on the W-9.
- B. Telehealth services must be delivered by an enrolled Medicaid provider acting within their scope-of-practice and license and in accordance with state and federal guidelines, including but not limited to, authorization of prescription medications at both the originating and distant site.
- C. The following enrolled Medicaid providers are eligible to provide telehealth services at the distant site as a substitution for an in-person visit or encounter for consultations, office visits, and/or outpatient visits:
 - 1. Physicians,
 - 2. Physician Assistants,
 - 3. Nurse Practitioners,
 - 4. Psychologists,
 - 5. Licensed Clinical Social Workers (LCSWs), and
 - 6. Licensed Professional Counselors (LPCs).
- D. The Division of Medicaid allows any enrolled Medicaid provider to provide telehealth services at the originating site.
- E. A telepresenter at the originating site must:

1. Be employed by an enrolled Medicaid provider,
 2. Perform tasks and activities within the telepresenter's scope-of-practice and license, and
 3. Be physically present during the entirety of the telehealth visit or encounter.
- F. The use and delivery of telemedicine services does not alter a covered provider's privacy obligations under federal/and or state law and a provider or entity operating telehealth services that involve protected health information (PHI) must meet the same Health Insurance Portability and Accountability Act (HIPAA) requirements the provider or entity would for a service provided in person.

Source: 42 CFR § 410.78; The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (as amended by the Genetic Information Nondiscrimination Act (GINA) of 2008 and the Health Information Technology for Economic and Clinical Health Act (HITECH Act), Title XIII of Division A, and Title IV of Division B of the American Recovery and Reinvestment Act (ARRA) Of 2009) and its implementing regulations, including 45 C.F.R. Parts 160 and 164, Subparts A and E (Privacy Rule), and Subparts A and C (Security Rule); Miss. Code Ann. § 43-13-121; SPA 15-003.

History: Added Miss. Admin. Code Part 225, Rule 1.2.C.6. eff. 05/01/2016; New to correspond with SPA 15-003 (eff. 01/01/2015) eff. 07/01/2015.

Rule 1.5: Reimbursement

- A. The Division of Medicaid reimburses a provider delivering the medically necessary telehealth service at the distant site the current applicable Mississippi Medicaid fee for the service provided.
1. If a service in an in-person setting is not covered by the Division of Medicaid, it is not covered if provided through telehealth.
 2. The provider must include the appropriate modifier on the claim indicating the service was provided through telehealth.
- B. The Division of Medicaid reimburses the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission.
1. The following enrolled Medicaid providers are eligible to receive the originating site facility fee for telehealth services per transmission:
 - a) The office of a physician or practitioner,
 - b) An outpatient hospital, including a Critical Access Hospital (CAH),

- c) A Rural Health Clinic (RHC),
 - d) A Federally Qualified Health Center (FQHC),
 - e) A Community Mental Health/Private Mental Health Center,
 - f) A Therapeutic Group Home,
 - g) An Indian Health Service Clinic, and
 - h) A school-based clinic.
2. The telepresenter must be one (1) of the following for the originating site to receive the originating site facility fee:
- a) Physicians,
 - b) Physician Assistants,
 - c) Nurse Practitioners,
 - d) Psychologists,
 - e) Licensed Clinical Social Workers (LCSWs), and
 - f) Licensed Professional Counselors (LPCs).
3. The telehealth presenter must be physically present in the room at all times.
- C. The originating site provider cannot bill for an encounter or Evaluation and Management (E&M) visit unless a separately identifiable service is performed.

Source: 42 CFR § 410.78; Miss. Code Ann. § 43-13-121; SPA 15-003.

History: Added Miss. Admin. Code Part 225, Rule 1.5.B.2.f) eff. 05/01/2016; New to correspond with SPA 15-003 (eff. 01/01/2015) eff. 07/01/2015.