

Title 23: Division of Medicaid

Part 225: Telemedicine

Part 225 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. Enrolled Medicaid providers are eligible to provide telehealth services or act as the telepresenter at the following locations:
 - 1. At the originating site the enrolled Medicaid provider must perform the duties of the telepresenter by:
 - a) Acting within their scope-of-practice and license and be physically present in the room at all times during the telehealth service, or
 - b) Providing direct supervision to qualified healthcare professionals acting within their scope-of-practice who must:
 - 1) Be employed by the enrolled Medicaid provider, and
 - 2) Be physically present during the entirety of the telehealth service.
 - 2. At the distant site the following enrolled Medicaid providers are allowed to provide telehealth services:
 - a) Physicians,

- b) Physician Assistants,
- c) Nurse Practitioners,
- d) Psychologists,
- e) Licensed Clinical Social Workers (LCSWs),
- f) Licensed Professional Counselors (LPCs), and
- g) Board Certified Behavior Analysts (BCBAs) or Board Certified Behavior Analyst-Doctorals (BCBA-Ds).

D. Direct supervision:

1. Is defined as the enrolled Medicaid provider's presence in the office suite and immediately available to furnish assistance and direction throughout the performance of the service.
2. Does not require the enrolled Medicaid provider to be physically present in the room when the telehealth service is delivered.

E. 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 C.F.R. § 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: Revised eff. 07/01/2018; 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 the enrolled Medicaid provider at the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission in addition to reimbursement for a separately identifiable covered service if performed.

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. In order for the originating site to receive the originating site facility fee the telepresenter must be an enrolled Medicaid provider:
 - a) Acting within their scope-of-practice and license and physically present in the room at all times during the telehealth service, or
 - b) Providing direct supervision to a qualified healthcare professional acting within their scope-of-practice who is physically present in the room at times during the telehealth service.
- B. The originating site provider can only bill for an encounter or Evaluation and Management (E&M) visit if a separately identifiable covered service is performed.
- C. 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.

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

History: Revised eff. 07/01/2018; 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.