

Title 23: Division of Medicaid

Part 225: Telemedicine

Chapter 1: Telehealth Services

Rule 1.1: Definitions

The Division of Medicaid defines telemedicine as a method which uses electronic information and communication equipment to supply and support health care when remoteness disconnects patients and links primary care physicians, specialists, providers, and beneficiaries which includes, but is not limited to, telehealth services, remote patient monitoring services, teleradiology services, store-and-forward and continuous glucose monitoring services.

- A. The Division of Medicaid defines telehealth services as the delivery of health care by an enrolled Mississippi Medicaid provider, through a real-time communication method, to a beneficiary who is located at a different site. The interaction must be:
1. Live,
 2. Interactive, and
 3. Audiovisual.
- B. The Division of Medicaid defines the originating site, also referred to as the spoke site, as the physical location of the beneficiary at the time the telehealth service is provided.
- C. The Division of Medicaid defines the distant site, also referred to as the hub site, as the physical location of the provider delivering the telehealth service at the time the telehealth service is provided.
- D. The Division of Medicaid defines the telepresenter as medical personnel who:
1. Is a Mississippi Medicaid provider, or employed by a Mississippi Medicaid provider and directly supervised by the provider or an appropriate employee of the provider if the medical personnel's license or certification requires supervision,
 2. Is trained to use the appropriate technology at the originating site,
 3. Is able to facilitate comprehensive exams under the direction of a distant site practitioner who is, or is employed by, a Mississippi Medicaid provider.
 4. Must remain in the exam room for the entirety of the exam unless otherwise directed by the distant site provider for the appropriate treatment of the beneficiary, and
 5. Must act within the scope of their practice, license, or certification.

E. The Division of Medicaid defines direct supervision as the provider's, or an appropriate employee of the provider, presence in the office suite and immediately available to furnish assistance and direction throughout the performance of the telehealth service but does not require the provider to be physically present in the room when the telehealth service is delivered.

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

History: Revised eff. 03/20/2020; New to correspond with SPA 15-003 (eff. 01/01/2015) eff. 07/01/2015.

Rule 1.2: Provider Enrollment

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. Providers of telehealth services must be an enrolled Mississippi Medicaid provider acting within their scope-of-practice and license or medical certification or Mississippi Department of Mental Health (MDMH) certification 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 Division of Medicaid requires that providers utilize telehealth technology sufficient to provide real-time interactive communications that provide the same information as if the telehealth visit was performed in-person. Equipment must also be compliant with all applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).

D. The use and delivery of telemedicine services does not alter a 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 20-0010; SPA 15-003.

History: Revised eff. 03/20/2020; 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 1.3: Covered Services

- A. The Division of Medicaid covers medically necessary telehealth services as a substitution for an in-person visit for consultations, office visits, and/or outpatient visits.
- B. The Division of Medicaid covers telehealth services at the following locations:
 - 1. At the originating site when the telepresenter meets the requirements of Miss. Admin Code Part 225, Rule 1.1.C.
 - 2. At the distant site the following provider types are allowed to render telehealth services:
 - a) Physicians,
 - b) Physician Assistants,
 - c) Nurse Practitioners,
 - d) Psychologists,
 - e) Licensed Clinical Social Workers (LCSWs),
 - f) Licensed Professional Counselors (LPCs),
 - g) Board Certified Behavior Analysts (BCBAs) or Board Certified Behavior Analyst-Doctorals (BCBA-Ds),
 - h) Rural Health Clinics (RHCs),
 - i) Federally Qualified Health Centers (FQHCs),
 - j) Community Mental Health Centers (CMHCs), and
 - k) Private Mental Health Centers.

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

History: Revised eff. 03/20/2020; New to correspond with SPA 15-003 (eff. 01/01/2015) eff. 07/01/2015.

Rule 1.4: Non-Covered Services

The Division of Medicaid does not:

- A. Cover a telehealth service if that same service is not covered in an in-person setting.
- B. Cover telehealth services in the inpatient setting.
- C. Cover a separate reimbursement for the installation or maintenance of telehealth hardware, software and/or equipment, videotapes, and transmissions.
- D. Consider the following as telehealth services:
 - 1. Telephone conversations,
 - 2. Chart reviews;
 - 3. Electronic mail messages;
 - 4. Facsimile transmission;
 - 5. Internet services for online medical evaluations, or
 - 6. Communication through social media.
- E. Cover the installation or maintenance of any telecommunication devices or systems.

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

History: 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 provider at the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission, in addition to a separately identifiable covered service if performed.
 - 1. The following providers are eligible to receive the originating site facility fee for telehealth services per transmission when the telepresenter meets the requirements of Miss. Admin. Code Part 225, Rule 1.1.C.:
 - 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 originating site provider can only bill for an encounter or Evaluation and Management (E&M) visit if a separately identifiable covered service is performed.
- B. The Division of Medicaid reimburses all providers delivering a medically necessary telehealth service at the distant site at the current applicable Mississippi Medicaid fee-for-service rate for the service provided. The provider must include the appropriate modifier on the claim indicating the service was provided through telehealth.
- C. Providers delivering simultaneous distant and originating site services to a beneficiary are reimbursed:
1. The current applicable Mississippi Medicaid fee-for-service rate for the medical service(s) provided, and
 2. Either the originating or distant site facility fees, not both.

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

History: Revised eff. 03/20/2020; 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.

Rule 1.6: Documentation

The provider must document the same information as for a comparable in-person service and be maintained at both the originating and distant site of the telehealth services provided including, but not limited to:

- A. Signed consent for treatment using telehealth,
- B. Medically appropriate reason telehealth was utilized to provide services,

- C. Beneficiary's presenting diagnosis and symptoms,
- D. Specific name/type of all diagnostic studies and results/findings of the studies, and
- E. Plan of Care.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 03/20/2020; New to correspond with SPA 15-003 (eff. 01/01/2015) eff. 07/01/2015.

Rule 1.7: Procedures during States of Emergency

The Mississippi Division of Medicaid will allow additional coverage of telehealth services during a state of emergency as declared by either the Governor of Mississippi or the President of the United States. Details of enhanced services include the following that will terminate at the discretion of the Mississippi Division of Medicaid:

- A. A beneficiary may seek treatment utilizing telehealth services from an originating site not listed in the Mississippi Medicaid State Plan regarding Telehealth (SPA 3.1-A Introductory Pages 1 and 2). These emergency exceptions include the following:
 - 1. A beneficiary's residence may be an originating site without prior approval by the Division of Medicaid.
 - 2. Health care facilities not listed in the State Plan wishing to act as an originating site must first be granted approval by the Division of Medicaid before rendering originating site telehealth services.
- B. A beneficiary may seek treatment utilizing telehealth services from a distant site provider not listed under Miss. Admin. Code Part 223, Rule 1.3. as determined by the Division of Medicaid.
- C. Telehealth services are expanded to include use of telephonic audio that does not include video when authorized by the State of Mississippi.
- D. A beneficiary may use the beneficiary's personal telephonic land line in addition to a cellular device, computer, tablet, or other web camera-enabled device to seek and receive medical care in a synchronous format with a distant-site provider.
- E. When the beneficiary receives services in the home, the requirement for a telepresenter to be present may be waived.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121; MS SPA 20-0010.

History: New Rule to correspond with SPA 20-0010 (eff. 03/20/20) eff. 03/20/20.

Title 23: Division of Medicaid

Part 225: Telemedicine

~~Part 225~~ Chapter 1: Telehealth Services

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1. Live,
 2. Interactive, and
 3. Audiovisual.
- B. The Division of Medicaid defines the originating site, also referred to as the spoke site, as the physical location of the beneficiary at the time the telehealth service is provided.
- C. The Division of Medicaid defines the distant site, also referred to as the hub site, as the physical location of the provider delivering the telehealth service at the time the telehealth service is provided.
- D. The Division of Medicaid defines the telepresenter as medical personnel who:
1. Is a Mississippi Medicaid provider, or employed by a Mississippi Medicaid provider and directly supervised by the provider or an appropriate employee of the provider if the medical personnel's license or certification requires supervision,
 2. Is trained to use the appropriate technology at the originating site,
 3. Is able to facilitate comprehensive exams under the direction of a distant site practitioner who is, or is employed by, a Mississippi Medicaid provider.
 4. Must remain in the exam room for the entirety of the exam unless otherwise directed by the distant site provider for the appropriate treatment of the beneficiary, and
 5. Must act within the scope of their practice, license, or certification.

~~the healthcare provider at the originating site who introduces the beneficiary to the distant site provider for examination and assists the distant site provider with requested tasks and activities that are within the telepresenter's scope of practice and license.~~

E. The Division of Medicaid defines direct supervision as the provider's, or an appropriate employee of the provider, presence in the office suite and immediately available to furnish assistance and direction throughout the performance of the telehealth service but does not require the provider to be physically present in the room when the telehealth service is delivered.

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

History: Revised eff. 03/20/2020; New to correspond with SPA 15-003 (eff. 01/01/2015) eff. 07/01/2015.

Rule 1.2: ~~General Provider Information~~Provider Enrollment

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. Providers of Telehealth services must be an ~~enrolled~~ enrolled Mississippi Medicaid provider acting within their scope-of-practice and license or medical certification or Mississippi Department of Mental Health (MDMH) certification 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 Division of Medicaid requires that providers utilize telehealth technology sufficient to provide real-time interactive communications that provide the same information as if the telehealth visit was performed in-person. Equipment must also be compliant with all applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).

C. ~~Enrolled Medicaid providers are eligible to provide telehealth services or act as the telepresenter at the following locations: [Revised and moved to Miss. Admin. Code Part 225, Rule 1.3]~~

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 or certification 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: [Moved to Miss. Admin. Code Part 225, Rule 1.1]~~

- 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.~~

~~ED.~~ The use and delivery of telemedicine services does not alter a ~~covered~~ provider's privacy obligations under federal² 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 20-0010; SPA 15-003.

History: Revised eff. 03/20/2020; 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 1.3: Covered Services

- A. The Division of Medicaid covers medically necessary telehealth services as a substitution for an in-person visit ~~or encounter~~ for consultations, office visits, and/or outpatient visits.
- B. ~~The Division of Medicaid requires that the audio and video equipment and technology be sufficient enough to provide real time interactive communications that provide the same information as if the telehealth visit or encounter was performed in person.~~

The Division of Medicaid covers telehealth services at the following locations:

- 1. At the originating site when the telepresenter meets the requirements of Miss. Admin Code Part 225, Rule 1.1.C.
- 2. At the distant site the following provider types are allowed to render telehealth services:
 - a) Physicians,
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 - h) Rural Health Clinics (RHCs),
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k) Private Mental Health Centers.

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

History: Revised eff. 03/20/2020; New to correspond with SPA 15-003 (eff. 01/01/2015) eff. 07/01/2015.

Rule 1.4: Non-Covered Services

The Division of Medicaid does not:

A. Cover a telehealth service if that same service is not covered in an in-person setting.

AB. Cover telehealth services in the inpatient setting.

BC. Cover a separate reimbursement for the installation or maintenance of telehealth hardware, software and/or equipment, videotapes, and transmissions.

CD. Consider the following as telehealth services:

1. Telephone conversations,
2. Chart reviews;
3. Electronic mail messages;
4. Facsimile transmission;
5. Internet services for online medical evaluations, or
6. Communication through social media.

DE. Cover the installation or maintenance of any telecommunication devices or systems.

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

History: 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 a separately identifiable covered service if performed. ~~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 when the telepresenter meets the requirements of Miss. Admin. Code Part 225, Rule 1.1.C.:

- a) The office of a physician or practitioner,
- b) An outpatient hospital, including a Critical Access Hospital (CAH),
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- e) A Community Mental Health/Private Mental Health Center,
- f) A Therapeutic Group Home,
- g) An Indian Health Service Clinic, and
- h) A sSchool-~~h~~Based eClinic.

~~2. In order for the originating site to receive the originating site facility fee the telepresenter must be an enrolled Medicaid provider: [Revised and moved to Miss. Admin. Code Part 225, Rule 1.1]~~

- ~~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.~~

~~2B.~~ 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.

~~EB.~~ The Division of Medicaid reimburses all providers delivering ~~the~~ a medically necessary telehealth service at the distant site at the current applicable Mississippi Medicaid fee-for-service rate ~~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. [Moved to Miss. Admin. Code Part 225, Rule 1.4]~~

~~2.~~ The provider must include the appropriate modifier on the claim indicating the service was provided through telehealth.

~~DC.~~ Providers delivering simultaneous distant and originating site services to a beneficiary are reimbursed:

1. The current applicable Mississippi Medicaid fee-for-service rate for the medical service(s) provided, and
2. Either the originating or distant site facility fees, not both.

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

History: Revised eff. 03/20/2020; 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.

Rule 1.6: Documentation

The provider must document the same information as for a comparable in-person service and be maintained at both the originating and distant site of the telehealth services provided including, but not limited to:

- A. Signed consent for treatment using telehealth,
- B. Medically appropriate reason telehealth was utilized to provide services,
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- D. Specific name/type of all diagnostic studies and results/findings of the studies, and
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Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 03/20/2020; New to correspond with SPA 15-003 (eff. 01/01/2015) eff. 07/01/2015.

Rule 1.7: Procedures during States of Emergency

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 1. A beneficiary's residence may be an originating site without prior approval by the Division of Medicaid.
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first be granted approval by the Division of Medicaid before rendering originating site telehealth services.

B. A beneficiary may seek treatment utilizing telehealth services from a distant site provider not listed under Miss. Admin. Code Part 223, Rule 1.3. as determined by the Division of Medicaid.

C. Telehealth services are expanded to include use of telephonic audio that does not include video when authorized by the State of Mississippi.

D. A beneficiary may use the beneficiary's personal telephonic land line in addition to a cellular device, computer, tablet, or other web camera-enabled device to seek and receive medical care in a synchronous format with a distant-site provider.

E. When the beneficiary receives services in the home, the requirement for a telepresenter to be present may be waived.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121; MS SPA 20-0010.

History: New Rule to correspond with SPA 20-0010 (eff. 03/20/20) eff. 03/20/20.