

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. 08/01/2020; 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 Health (MDSH) 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. 08/01/2020; 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 when all the required medically appropriate criteria is met which aligns with the description of the Current Procedural Terminology (CPT) evaluation and management (E&M) and Healthcare Common Procedure Coding System (HCPCS) guidelines.
- 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) Community Mental Health Centers (CMHCs), and
 - i) Private Mental Health Centers.

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

History: Revised eff. 08/01/2020; 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. Cover early and periodic screening, diagnosis, and treatment (EPSDT) well child visits through telehealth.
- E. Cover physician visits through telehealth for:
 - 1. Non-established beneficiaries, and/or
 - 2. Level VI or V visits.
- F. 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 or,
 - 7. Any other communication made in the course of usual business practices including, but not limited to,
 - a) Calling in a prescription refill, or
 - b) Performing a quick virtual triage.
- G. 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: Revised eff. 08/01/2020; 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. 08/01/2020; 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. 08/01/2020; 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.
- F. The Division of Medicaid requires that providers utilize telehealth technology compliant with all applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA) or otherwise compliant with guidance or notifications regarding the HIPAA Privacy and Security Rules issued by the Office of Civil Rights of the U.S. Department of Health and Human Services that is specific to the State of Emergency.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121; MS SPA 20-0015.

History: Revised eff. 08/01/2020; New Rule to correspond with SPA 20-0015 (eff. 03/01/2020) eff. 03/20/2020.

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