

Title 23: Division of Medicaid

Part 225: Telemedicine

Part 225 Chapter 1: Telehealth Services

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 following originating sites:
 - a) Office of a physician or practitioner,
 - b) Outpatient Hospital (including a Critical Access Hospital (CAH)),
 - c) Rural Health Clinic (RHC),
 - d) Federally Qualified Health Center (FQHC),
 - e) Community Mental Health/Private Mental Health Centers,
 - f) Therapeutic Group Homes,
 - g) Indian Health Service Clinic,
 - h) School-based clinic,
 - i) School which employs a school nurse,
 - j) Inpatient hospital setting, or
 - k) Beneficiary's home.
 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),
- i) Private Mental Health Centers,
- j) Federally Qualified Health Centers (FQHCs),
- k) Rural Health Centers (RHCs), or
- l) Physical, occupational or speech therapy.

C. The Division of Medicaid requires a telepresenter who meets the requirements of Miss. Admin Code Part 225, Rule 1.1.C. at the originating site as determined by the Division.

Source: 42 C.F.R. § 410.78; Miss. Code Ann. §§ 43-13-117, 43-13-121; SPA 15-003.

History: Revised eff. 07/01/2021; 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 a separate reimbursement for the installation or maintenance of telehealth hardware, software and/or equipment, videotapes, and transmissions.
- C. Cover early and periodic screening, diagnosis, and treatment (EPSDT) well child visits through telehealth.
- D. Cover physician or other practitioner visits through telehealth for:
 - 1. Non-established beneficiaries, and/or
 - 2. Level VI or V visits.

E. 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.

F. 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. 07/01/2021; 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:
 - 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,
 - h) A School-Based Clinic, or
 - i) School which employs a nurse.
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.
 3. An inpatient hospital's originating site fee is included in the All Patient Refined/Diagnosis Related Group (APR-DRG) payment.
- 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 or encounter 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, except for RHC, FQHC and CMHC when such services are appropriately provided by the same organization.

Source: 42 C.F.R. § 410.78; Miss. Code Ann. §§ 43-13-117, 43-13-121; SPA 15-003.

History: Revised eff. 07/01/2021; 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.

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