

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) Licensed Marriage and Family Therapists (LMFTs),
- h) Board Certified Behavior Analysts (BCBAs) or Board Certified Behavior Analyst-Doctorals (BCBA-Ds),
- i) Community Mental Health Centers (CMHCs),
- j) Private Mental Health Centers,
- k) Federally Qualified Health Centers (FQHCs),
- l) Rural Health Centers (RHCs),
- m) Physical, occupational or speech therapy, or
- n) Mississippi State Department of Health (MSDH) clinics.

C. The Division of Medicaid requires a telepresenter who meets the requirements of Miss. Admin Code Part 225, Rule 1.1.D. at the originating site unless the originating site is the beneficiary's home or 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. 02/01/2024. 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. Evaluation and Management Level IV 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. 02/01/2024. 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.