

Part 225: Telemedicine

Part 225 Chapter 1: Telehealth Services

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 non-established beneficiaries.
- 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. 06/01/2024; 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.

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- 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;
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