

## **Title 23: Division of Medicaid**

### **Part 225: Telemedicine**

#### **Part 225 Chapter 1: Telehealth Services**

##### *Rule 1.2: Provider Requirements*

- A. Providers of telehealth services must be an enrolled Mississippi Medicaid provider in accordance with Miss. Code Title 23, Part 200, Chapter 4, acting within their scope-of-practice, license, medical certification or Mississippi Department of Health (MDSH) certification and must comply with state and federal guidelines, including but not limited to, authorization of prescription medications at both the originating and distant site.
- B. 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 be compliant with all applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).
- C. 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. 08/01/2026. 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.

#### **Part 225 Chapter 2: Remote Patient Monitoring Services**

##### *Rule 2.2: General Provider Information*

- A. Providers of remote patient monitoring services must meet all of the applicable requirements set forth in Miss. Admin. Code Title 23, Part 200, Chapter 4.
- B. Remote patient monitoring services must be delivered by an enrolled Medicaid provider acting within their scope-of-practice and license and in accordance with state and federal guidelines.

- C. The use and delivery of remote patient monitoring services does not alter a covered 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.
- D. Providers of remote patient monitoring services must have protocols in place to address all of the following:
  - 1. A mechanism for monitoring, tracking and responding to changes in a beneficiary’s clinical condition, and
  - 2. A process for notifying the prescribing physician of significant changes in the beneficiary’s clinical signs and symptoms.

Source: 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.

History: Revised eff. 08/01/2026. New eff. 07/01/2015.

### **Part 225 Chapter 3: Teleradiology Services**

#### *Rule 3.2: General Provider Information*

- A. Teleradiology services must be delivered by an enrolled Medicaid provider, in accordance with Miss. Admin. Code Title 23, Part 200, Chapter 4 acting within their scope-of-practice and license and in accordance with state and federal guidelines.
- B. The use and delivery of teleradiology services does not alter a covered 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.
- C. The teleradiology service provider must ensure:
  - 1. Images are provided without clinically significant loss of data from image acquisition through transmission to final image display to enable the consulting provider to accurately interpret the image,

2. Equipment used provides image quality appropriate to the clinical need.
3. The radiologic examination at the originating site be performed at the originating site by qualified personnel:
  - a) Trained in the performance of the specified radiological service,
  - b) Operating within the licensure requirements of the state in which the service is being performed, and
  - c) Under the supervision of a qualified licensed physician.
4. Teleradiology systems provide network and software security protocols to protect the confidentiality of a beneficiary's identification and imaging data with measures implemented to safeguard the data and to ensure data integrity against intentional or unintentional corruption of the data.

Source: 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.

History: Revised eff. 08/01/2026. Moved with Revisions from Miss. Admin. Code Part 220, Rule 1.4. eff. 07/01/2015.

## **Part 225 Chapter 4: Continuous Glucose Monitoring Services**

### *Rule 4.2: General Provider Information*

- A. Continuous glucose monitoring services must be delivered by an enrolled Medicaid provider in accordance with Part 200, Chapter 4 acting within their scope-of-practice and license and in accordance with state and federal guidelines.
- B. The use and delivery of continuous glucose monitoring services does not alter a covered 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: 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.

History: Revised eff. 08/01/2026. New eff. 07/01/2015.

## Title 23: Division of Medicaid

### Part 225: Telemedicine

#### Part 225 Chapter 1: Telehealth Services

##### *Rule 1.2: Provider ~~Enrollment~~Requirements*

~~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.~~

~~BA. Providers of telehealth services must be an enrolled Mississippi Medicaid provider in accordance with Miss. Code Title 23, Part 200, Chapter 4, acting within their scope-of-practice and license or medical certification or Mississippi Department of Health (MDSH) certification and in accordance must comply with state and federal guidelines, including but not limited to, authorization of prescription medications at both the originating and distant site.~~

~~CB. 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).~~

~~DC. 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. 08/01/2026. 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.

## **Part 225 Chapter 2: Remote Patient Monitoring Services**

### *Rule 2.2: General Provider Information*

A. Providers of remote patient monitoring services must ~~comply meet all of with all the applicable~~ requirements set forth in Miss. Admin. Code Title 23, Part 200, Rule 4.8~~Chapter 4.~~ ~~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. Remote patient monitoring services must be delivered by an enrolled Medicaid provider acting within their scope-of-practice and license and in accordance with state and federal guidelines.

C. The use and delivery of remote patient monitoring services does not alter a covered 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.

D. Providers of remote patient monitoring services must have protocols in place to address all of the following:

1. A mechanism for monitoring, tracking and responding to changes in a beneficiary's clinical condition, and
2. A process for notifying the prescribing physician of significant changes in the beneficiary's clinical signs and symptoms.

Source: 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.

History: Revised eff. 08/01/2026. New eff. 07/01/2015.

## **Part 225 Chapter 3: Teleradiology Services**

### *Rule 3.2: General Provider Information*

~~A. Providers of teleradiology 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.~~

BA. Teleradiology services must be delivered by an enrolled Medicaid provider, in accordance with Miss. Admin. Code Title 23, Part 200, Chapter 4 acting within their scope-of-practice and license and in accordance with state and federal guidelines.

CB. The use and delivery of teleradiology services does not alter a covered 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.

DC. The teleradiology service provider must ensure:

1. Images are provided without clinically significant loss of data from image acquisition through transmission to final image display to enable the consulting provider to accurately interpret the image,
2. Equipment used provides image quality appropriate to the clinical need.
3. The radiologic examination at the originating site be performed at the originating site by qualified personnel:
  - a) Trained in the performance of the specified radiological service,
  - b) Operating within the licensure requirements of the state in which the service is being performed, and

- c) Under the supervision of a qualified licensed physician.
- 4. Teleradiology systems provide network and software security protocols to protect the confidentiality of a beneficiary's identification and imaging data with measures implemented to safeguard the data and to ensure data integrity against intentional or unintentional corruption of the data.

Source: 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.

History: Revised eff. 08/01/2026. Moved with Revisions from Miss. Admin. Code Part 220, Rule 1.4. eff. 07/01/2015.

**Part 225 Chapter 4: Continuous Glucose Monitoring Services**

*Rule 4.2: General Provider Information*

~~A. Providers of continuous glucose monitoring 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.~~

BA. Continuous glucose monitoring services must be delivered by an enrolled Medicaid provider in accordance with Part 200, Chapter 4 acting within their scope-of-practice and license and in accordance with state and federal guidelines.

CB. The use and delivery of continuous glucose monitoring services does not alter a covered 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: 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.

History: Revised eff. 08/01/2026. New eff. 07/01/2015.