

Mississippi



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: No
- Remote Patient Monitoring: Yes
- Audio Only: No

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: ASLP-IC, CC, EMS, IMLC, NLC, OT, PTC
- Consent Requirements: Yes

FQHCS

- Originating sites explicitly allowed for Live Video: Yes
- Distant sites explicitly allowed for Live Video: Yes
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: No
- Allowed to collect PPS rate for telehealth: Yes

STATE RESOURCES

1. Medicaid Program: Mississippi Medicaid
2. Administrator: Mississippi Division of Medicaid
3. Regional Telehealth Resource Center: South Central Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 04/05/2024

“Telemedicine” means the delivery of health care services such as diagnosis, consultation, or treatment through the use of HIPAA-compliant telecommunication systems, including information, electronic and communication technologies, remote patient monitoring services and store-and-forward telemedicine services. Telemedicine, other than remote patient monitoring services and store-and-forward telemedicine services, must be “real-time” audio visual capable. The Commissioner of Insurance may adopt rules and regulations addressing when “real-time” audio interactions without visual are allowable, which must be medically appropriate for the corresponding health care services being delivered.

SOURCE: MS Code Sec. 83-9-351. (Accessed Apr. 2024).

REQUIREMENTS

Last updated 04/05/2024

All health insurance and employee benefit plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation. All health insurance and employee benefit plans in this state must reimburse providers who are out-of-network for telemedicine services under the same reimbursement policies applicable to other out-of-network providers of healthcare services.

A health insurance or employee benefit plan is not prohibited from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person’s policy.

The originating site is eligible to receive a facility fee, but facility fees are not payable to the distant site. Health insurance and employee benefit plans shall not limit coverage to provider-to-provider consultations only. Patients in a patient-to-provider consultation shall not be entitled to receive a facility fee.

Nothing in this section shall be interpreted to create new standards of care for health care services delivered through the use of telemedicine.

The Commissioner of Insurance may adopt rules and regulations for the administration of this chapter.

* This section shall stand repealed from and after July 1, 2025.

SOURCE: MS Code Sec. 83-9-351. (Accessed Apr. 2024).

Store-and-forward and Remote patient monitoring

All health insurance and employee benefit plans in this state must provide coverage and reimbursement for the asynchronous telemedicine services of store-and-forward telemedicine services and remote patient monitoring services based on the criteria set out in this section. Store-and-forward telemedicine services shall be reimbursed to the same extent that the services would be covered if they were provided through in-person consultation.

Patients receiving medical care through store-and-forward must be notified of their right to receive interactive communication with the distant site specialist health care provider and shall receive an interactive communication with the distant specialist upon request. If requested, the communication may occur at the time of consultation or within 30 days of the patient's request. Telemedicine networks unable to offer this will not be reimbursed for store and forward telemedicine services.

A health insurance or employee benefit plan may limit coverage to health care providers in a telemedicine network approved by the plan.

A health insurance or employee benefit plan is not prohibited from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's policy.

The originating site is eligible to receive a facility fee.

To qualify for remote patient monitoring services, patients must meet all of the following criteria:

- Be diagnosed in the last 18 months with one or more chronic conditions, as defined by CMS.
- The patient's healthcare provider recommends disease management services via remote patient monitoring.

Remote patient monitoring prior authorization request form must be submitted to request telemonitoring services and includes:

- An order for home telemonitoring, signed and dated by a prescribing physician

- A plan of care, signed and dated by the prescribing physician, that includes telemonitoring transmission frequency and duration of monitoring requested;
- The client's diagnosis and risk factors that qualify the client for home telemonitoring services
- Attestation that the client is sufficiently cognitively intact and able to operate the equipment or has a willing and able person to assist
- Attestation that the client is not receiving duplicative services via disease management services.

The entity providing remote patient monitoring must be located in Mississippi and have protocols in place meeting specified criteria listed in Mississippi law.

The telemedicine equipment and network used for remote patient monitoring services should meet the following requirements:

- Comply with applicable standards of the United States Food and Drug Administration;
- Telehealth equipment be maintained in good repair and free from safety hazards;
- Telehealth equipment be new or sanitized before installation in the patient's home setting;
- Accommodate non-English language options; and
- Have 24/7 technical and clinical support services available for the patient user.

Monitoring of a client's data cannot be duplicated by another provider.

The service must include:

- An assessment, problem identification, and evaluation including:
 - Assessment and monitoring of clinical data
 - Detection of condition changes based on the telemedicine encounter
- Implementation of a management plan through one or more of the following:
 - Teaching regarding medication management
 - Teaching regarding other interventions
 - Management and evaluation of the plan of care
 - Coordination of care with the ordering health care provider
 - Coordination and referral to other medical providers as needed
 - Referral for an in-person visit or the emergency room as needed

SOURCE: MS Code Sec. 83-9-353. (Accessed Apr. 2024).

PARITY

Last updated 04/05/2024

SERVICE PARITY

All health insurance and employee benefit plans in this state must provide coverage and reimbursement for the asynchronous telemedicine services of store-and-forward telemedicine services and remote patient monitoring services based on the criteria set out in this section. Store-and-forward telemedicine services shall be reimbursed to the same extent that the services would be covered if they were provided through in-person consultation. Remote patient monitoring is also reimbursed based on the criteria outlined in MS code.

A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.

SOURCE: MS Code Sec. 83-9-353. (Accessed Apr. 2024).

Recently Passed Legislation

All health insurance and employee benefit plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation.

A health insurance or employee benefit plan may charge a deductible, co-payment, or coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

Health insurance and employee benefit plans shall not limit coverage to provider-to-provider consultations only. Patients in a patient-to-provider consultation shall not be entitled to receive a facility fee.

Nothing in this section shall be interpreted to create new standards of care for health care services delivered through the use of telemedicine.

The Commissioner of Insurance may adopt rules and regulations for the administration of this chapter.

This section shall stand repealed from and after July 1, 2025.

SOURCE: MS Code Sec. 83-9-351. (Accessed Apr. 2024).

PAYMENT PARITY

No explicit payment parity.

Remote Patient Monitoring Reimbursement

Remote patient monitoring services are required to include reimbursement for a daily monitoring rate at a minimum of ten dollars per day each month and sixteen dollars per day when medication adherence management services are included, not to exceed 31 days per month.

A one-time installation/training fee for remote patient monitoring services will also be reimbursed at a minimum rate of fifty dollars per patient, with a maximum of two installation/training fees per calendar year.

These reimbursement rates are only eligible to Mississippi-based telehealth programs affiliated with a Mississippi health care facility.

SOURCE: MS Code Sec. 83-9-353. (Accessed Apr. 2024).

Medicaid

OVERVIEW

Last updated 04/05/2024

Mississippi Medicaid reimburses certain providers for live video telehealth when there is a telepresenter with the patient. They also reimburse for store-and-forward teleradiology, and for remote patient monitoring for patients with certain chronic conditions. Telemedicine, other than remote patient monitoring services and store-and-forward telemedicine services, must be “real-time” audio visual capable.

DEFINITIONS

Last updated 04/05/2024

“Telemedicine” means the delivery of health care services such as diagnosis, consultation, or treatment through the use of HIPAA-compliant telecommunication systems, including information, electronic and communication technologies, remote patient monitoring services and store-and-forward telemedicine services. Telemedicine, other than remote patient monitoring services and store-and-forward telemedicine services, must be “real-time” audio visual capable. The Commissioner of Insurance may adopt rules and regulations addressing when “real-time” audio interactions without visual are allowable, which must be medically appropriate for the corresponding health care services being delivered.

SOURCE: MS Code Sec. 83-9-351. (Accessed Apr. 2024).

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.

The Division of Medicaid defines telehealth services as the delivery of health care by an enrolled Medicaid provider, through a real-time communication method, to a beneficiary who is located at a different site. The interaction must be live, interactive, and audiovisual.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 1.1 (Accessed Apr. 2024).

LIVE VIDEO

Last updated 04/05/2024

POLICY

Mississippi Medicaid and private payers are required to provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation, including services that are performed by out-of-network providers.

SOURCE: MS Code Sec. 83-9-351. (Accessed Apr. 2024).

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.

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).

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 1.2 (Accessed Apr. 2024).

ELIGIBLE SERVICES/SPECIALTIES

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.

The Division of Medicaid does not:

- Cover a telehealth service if that same service is not covered in an in-person setting.
- Cover a separate reimbursement for the installation or maintenance of telehealth hardware, software and/or equipment, videotapes, and transmissions.
- Cover early and periodic screening, diagnosis, and treatment (EPSDT) well child visits through telehealth.
- Cover physician or other practitioner visits through telehealth for: Non-established beneficiaries, and/or Level VI or V visits.
- Cover the installation or maintenance of any telecommunication devices or systems.

The division does not consider the following telehealth services:

- Telephone conversations,
- Chart reviews;
- Electronic mail messages;
- Facsimile transmission;
- Internet services for online medical evaluations, or
- Communication through social media, or

- Any other communication made in the course of usual business practices including, but not limited to,
 - Calling in a prescription refill, or
 - Performing a quick virtual triage.

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.

Providers delivering simultaneous distant and originating site services to a beneficiary are reimbursed:

- The current applicable Mississippi Medicaid fee-for-service rate for the medical service(s) provided, and
- 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: MS Admin. Code Title 23, Part 225, Rule. 1.3-1.5 (Accessed Apr. 2024).

The Division of Medicaid covers up to twelve (12) in-person or telehealth tobacco cessation counseling sessions per State Fiscal Year, when provided by:

- A physician, or
- Other licensed practitioner that has prescriptive authority, operating within their scope of practice.

SOURCE: MS Admin. Code Title 23, Part 200, Rule. 5.4 (Accessed Dec. 2023).

ELIGIBLE PROVIDERS

At the distant site the following provider types are allowed to render telehealth services:

- Physicians,
- Physician assistants,
- Nurse practitioners,
- Psychologists,
- Licensed Clinical Social Workers (LCSW),

- Licensed Professional Counselors (LPCs),
- Licensed Marriage and Family Therapists (LMFTs),
- Board Certified Behavior Analysts or Board-Certified Behavior Analyst Doctorals
- Community Mental Health Centers (CMHCs)
- Private Mental Health Centers
- Federally Qualified Health Centers
- Rural Health Clinics; or
- Physical, occupational or speech therapy
- Mississippi State Department of Health (MSDH) clinics.

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: MS Admin. Code Title 23, Part 225, Rule. 1.3(B) and (C). (Accessed Apr. 2024).

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. See administrative code for details of enhanced services that will terminate at the discretion of the MS Division of Medicaid.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 1.7. (Accessed Apr. 2024).

Effective July 1, 2021 & Repealed on July 1, 2024

The division shall recognize federally qualified health centers (FQHCs), rural health clinics (RHCs) and community mental health centers (CMHCs) as both an originating and distant site provider for the purposes of telehealth reimbursement. The division is further authorized and directed to reimburse FQHCs, RHCs and CMHCs for both distant site and originating site services when such services are appropriately provided by the same organization.

SOURCE: MS Code Section 43-13-117 (Accessed Apr. 2024).

Rural Health Clinics

An encounter for face-to-face telehealth services provided by the RHC acting as a distant site provider. MS Medicaid reimburses a RHC for both the distant and originating provider site when such services are appropriately provided by the RHC.

SOURCE: MS Admin Code Title 23, Part 212, Ch. 1, Rule. 1.5 (Accessed Apr. 2024).

Federally Qualified Health Centers

An encounter for face-to-face telehealth services provided by the FQHC acting as a distant site provider. MS Medicaid reimburses a FQHC for both the distant and originating provider site when such services are appropriately provided by the FQHC.

SOURCE: MS Admin. Code Title 23, Part 211, Rule. 1.5. (Accessed Apr. 2024).

Home Health Services

A face-to-face encounter, for home health services, as an in person visit, including telehealth, which occurs between a physician or allowed non-physician practitioner and a beneficiary for the primary reason the beneficiary requires home health services and must occur no more than ninety (90) days before or thirty (30) days after the start of home health services.

SOURCE: MS Admin Code, Title 23, Part 215, Ch. 1: Home Health Services, Rule 1.1, (Accessed Apr. 2024).

ELIGIBLE SITES

The Division of Medicaid covers telehealth services at the following locations: At the following originating sites:

- Office of a physician or practitioner,
- Outpatient Hospital (including a Critical Access Hospital (CAH)),
- Rural Health Clinic (RHC),
- Federally Qualified Health Center (FQHC),
- Community Mental Health/Private Mental Health Centers,
- Therapeutic Group Homes,
- Indian Health Service Clinic,
- School-based clinic,
- School which employs a school nurse,
- Inpatient hospital setting, or
- Beneficiary's home.

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: MS Admin. Code Title 23, Part 225, Rule. 1.3. (Accessed Apr. 2024).

The Division of Medicaid defines the telepresenter as medical personnel who:

- 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,
- Is trained to use the appropriate technology at the originating site,
- Is able to facilitate comprehensive exams under the direction of a distant site practitioner who is, or is employed by, a Mississippi Medicaid provider.
- 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
- Must act within the scope of their practice, license, or certification.

SOURCE: MS Admin Code Title 23, Part 225, Rule 1.1. (Accessed Apr. 2024).

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 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:

- A beneficiary's residence may be an originating site without prior approval by the Division of Medicaid.
- 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.

When the beneficiary receives services in the home, the requirement for a telepresenter to be present may be waived.

See regulation for additional details.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 1.7. (Accessed Apr. 2024).

The division shall recognize federally qualified health centers (FQHCs), rural health clinics (RHCs) and community mental health centers (CMHCs) as both an originating and distant site provider for the purposes of telehealth reimbursement. The division is further authorized and directed to reimburse FQHCs, RHCs and CMHCs for both distant site and originating site services when such services are appropriately provided by the same organization.

SOURCE: MS Code Section 43-13-117 – Sunsets July 1, 2024, (Accessed Dec. 2023).

Division of Medicaid (DOM) added place of service (POS) code 10 to indicate a Telehealth service was provided to a beneficiary located at their home. POS code 10 may not be loaded with updated billing rules at MESA Go-Live. Providers should continue to submit claims with the appropriate POS code. Impacted claims with POS 10 will be adjusted, and there will be no additional action needed by Providers.

SOURCE: MS Medicaid Provider Bulletin, Vol. 28 Issue 3 (Sept. 2022). (Accessed Apr. 2024).

GEOGRAPHIC LIMITS

No Reference Found

FACILITY/TRANSMISSION FEE

The Division of Medicaid reimburses the enrolled Medicaid provider at the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission in addition to reimbursement for a separately identifiable covered service if performed.

The following providers are eligible to receive the originating site facility fee for telehealth services per transmission:

- Office of a physician or practitioner,
- Outpatient hospital, including a Critical Access Hospital (CAH),
- Rural Health Clinic (RHC),
- Federally Qualified Health Center (FQHC),
- Community Mental Health/Private Mental Health Center,

- Therapeutic Group Home,
- Indian Health Service Clinic,
- School-based clinic, or
- School which employs a nurse.

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.

An inpatient hospital's originating site fee is included in the All Patient Refined/Diagnosis Related Group (APR-DRG) payment.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 1.5(A). (Accessed Apr. 2024).

Federally Qualified Health Centers

The Division of Medicaid reimburses a fee per completed transmission for telehealth services provided by the RHC acting as an originating site provider. The FQHC may not bill for an encounter visit unless a separately identifiable service is performed. The originating site facility fee will be paid at the existing fee-for-service rate in effect as of January 1, 2021.

SOURCE: MS Admin. Code Title 23, Part 211, Rule. 1.5. (Accessed Apr. 2024).

Rural Health Clinics

MS Medicaid provides a fee per completed transmission for telehealth services provided by the RHC acting as an originating site provider. The RHC may not bill for an encounter visit unless a separately identifiable service is performed. The originating site facility fee will be paid at the existing fee-for-service rate in effect as of January 1, 2021.

SOURCE: MS Admin Code Title 23, Part 212, Ch. 1, Rule. 1.5 (Accessed Apr. 2024).

The originating site is eligible to receive a facility fee, but facility fees are not payable to the distant site. Health insurance and employee benefit plans shall not limit coverage to provider-to-provider consultations only. Patients in a patient-to-provider consultation shall not be entitled to receive a facility fee.

SOURCE: MS Code Sec. 83-9-351. (Accessed Apr. 2024).

STORE-AND-FORWARD

Last updated 04/05/2024

POLICY

Policy applies to Private payers, MS Medicaid and employee benefit plans

“Store-and-forward telemedicine services” means the use of asynchronous computer-based communication between a patient and a consulting provider or a referring health care provider and a medical specialist at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients who otherwise have no access to specialty care. Store-and-forward telemedicine services involve the transferring of medical data from one (1) site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation.

Store-and-forward telemedicine services allow a health care provider trained and licensed in his or her given specialty to review forwarded images and patient history in order to provide diagnostic and therapeutic assistance in the care of the patient without the patient being present in real time. Treatment recommendations made via electronic means shall be held to the same standards of appropriate practice as those in traditional provider-patient setting.

A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan. Patients receiving medical care through store-and-forward must be notified of their right to receive interactive communication with the distant site provider. Telemedicine networks unable to offer this will not be reimbursed for store-and-forward telemedicine services.

Any patient receiving medical care by store-and-forward telemedicine services shall be notified of the right to receive interactive communication with the distant specialist health care provider and shall receive an interactive communication with the distant specialist upon request. If requested, communication with the distant specialist may occur at the time of the consultation or within thirty (30) days of the patient’s notification of the request of the consultation. Telemedicine networks unable to offer the interactive consultation shall not be reimbursed for store-and-forward telemedicine services.

All health insurance and employee benefit plans in this state must provide coverage and reimbursement for the asynchronous telemedicine services of store-and-forward telemedicine services and remote patient monitoring services based on the criteria set out in this section. Store-and-forward telemedicine services shall be reimbursed to the same extent that the services would be covered if they were provided through in-person consultation.

Health care providers seeking reimbursement for store-and-forward telemedicine services must be licensed Mississippi providers that are affiliated with an established Mississippi health care facility in order to qualify for reimbursement of telemedicine services in the state. If a service is not available in Mississippi, then a health insurance or employee benefit plan may decide to allow a non-Mississippi-based provider who is licensed to practice in Mississippi reimbursement for those services.

A health insurance or employee benefit plan may charge a deductible, co-payment, or coinsurance for a health care service provided through store-and-forward telemedicine services or remote patient monitoring services so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

In a claim for the services provided, the appropriate procedure code for the covered service shall be included with the appropriate modifier indicating telemedicine services were used. A “GQ” modifier is required for asynchronous telemedicine services such as store-and-forward and remote patient monitoring.

SOURCE: MS Code Sec. 83-9-353. (Accessed Apr. 2024).

The Division of Medicaid defines store-and-forward as telecommunication technology for the transfer of medical data from one (1) site to another through the use of a camera or similar device that records or stores an image which is transmitted or forwarded via telecommunication to another site for teleconsultation and includes, but is not limited to, teleradiology services.

SOURCE: MS Admin Code Title 23, Part 225, Rule. 3.1 (Accessed Apr. 2024).

There is reimbursement for teleradiology services, however there is no reference to reimbursing for other specialties in regulation.

Teleradiology 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.

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 HIPAA requirements the provider or entity would for a service provided in person.

SOURCE: MS Admin Code Title 23, Part 225, Rule. 3.2. (Accessed Apr. 2024).

“Store-and-Forward Transfer Technology” is defined as technology which facilitates the gathering of data from the patient, via secure email or messaging service, which is then

used for formulation of a diagnosis and treatment plan, also known as ‘asynchronous communication.’

SOURCE: MS Admin Code Agency 30 Part 2635, Ch. 5 Rule 5.1. (Accessed Apr. 2024).

ELIGIBLE SERVICES/SPECIALTIES

Store-and-forward includes, but is not limited to teleradiology. The Division of Medicaid covers one technical and one professional component for each teleradiology procedure only for providers enrolled in MS Medicaid and when there are no geographically local radiologist providers to interpret the images. See regulations for detailed requirements for teleradiology.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 3.1 & 3.3 (Accessed Apr. 2024).

GEOGRAPHIC LIMITS

MS Medicaid only covers teleradiology when there are no geographically local radiologist providers to interpret images.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 3.3 (Accessed Apr. 2024).

TRANSMISSION FEE

A fee per completed transmission for telehealth services provided by the RHC acting as an originating site provider. The FQHC may not bill for an encounter visit unless a separately identifiable service is performed. The originating site facility fee will be paid at the existing fee-for-service rate in effect as of January 1, 2021.

SOURCE: MS Admin. Code Title 23, Part 211, Rule 1.5 (Accessed Apr. 2024).

The Division of Medicaid does not cover the transmission cost or any other associated cost of teleradiology.

SOURCE: Code of MS Rules 23-225, Rule. 3.4 (Accessed Apr. 2024).

REMOTE PATIENT MONITORING

Last updated 04/05/2024

POLICY

Policy applies to Private payers, MS Medicaid and employee benefit plans

“Remote patient monitoring services” means the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including:

- Monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry and other condition-specific data, such as blood glucose;
- Medication adherence monitoring; and
- Interactive video conferencing with or without digital image upload as needed.

Remote patient monitoring services aim to allow more people to remain at home or in other residential settings and to improve the quality and cost of their care, including prevention of more costly care. Remote patient monitoring services via telehealth aim to coordinate primary, acute, behavioral and long-term social service needs for high-need, high-cost patients. Specific patient criteria must be met in order for reimbursement to occur.

Remote patient monitoring services shall include reimbursement for a daily monitoring rate at a minimum of Ten Dollars (\$10.00) per day each month and Sixteen Dollars (\$16.00) per day when medication adherence management services are included, not to exceed thirty-one (31) days per month. These reimbursement rates are only eligible to Mississippi-based telehealth programs affiliated with a Mississippi health care facility.

A one-time telehealth installation/training fee for remote patient monitoring services will also be reimbursed at a minimum rate of Fifty Dollars (\$50.00) per patient, with a maximum of two (2) installation/training fees/calendar year. These reimbursement rates are only eligible to Mississippi-based telehealth programs affiliated with a Mississippi health care facility.

To receive payment for the delivery of remote patient monitoring services via telehealth, the service must involve:

- An assessment, problem identification, and evaluation that includes:
 - Assessment and monitoring of clinical data including, but not limited to, appropriate vital signs, pain levels and other biometric measures specified in the plan of care, and also includes assessment of response to previous changes in the plan of care; and

- Detection of condition changes based on the telemedicine encounter that may indicate the need for a change in the plan of care.
- Implementation of a management plan through one or more of the following:
 - Teaching regarding medication management as appropriate based on the telemedicine findings for that encounter;
 - Teaching regarding other interventions as appropriate to both the patient and the caregiver;
 - Management and evaluation of the plan of care including changes in visit frequency or addition of other skilled services;
 - Coordination of care with the ordering health care provider regarding telemedicine findings;
 - Coordination and referral to other medical providers as needed; and
 - Referral for an in-person visit or the emergency room as needed.

SOURCE: MS Code Sec. 83-9-353. (Accessed Apr. 2024).

The Division of Medicaid defines remote patient monitoring as using digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to healthcare providers in a different location for interpretation and recommendation.

The Division of Medicaid reimburses for remote patient monitoring:

- Of devices when billed with the appropriate code, and
- For disease management:
 - A daily monitoring rate for days the beneficiary's information is reviewed.
 - Only one (1) unit per day is allowed, not to exceed thirty-one (31) days per month.
 - An initial visit to install the equipment and train the beneficiary may be billed as a set-up visit.
 - Only one set-up is allowed per episode even if monitoring parameters are added after the initial set-up and installation.
 - Only one (1) daily rate will be reimbursed regardless of the number of diseases/chronic conditions being monitored.

The Division of Medicaid does not reimburse for the duplicate transmission or interpretation of remote patient monitoring data.

The Division of Medicaid does not cover remote patient monitoring for disease management as outlined in Miss. Admin. Code Part 225, Rule 2.3.B. for a beneficiary who is a resident of an institution that meets the basic definition of a hospital or long-term care facility.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 2.1 & 2.4 & 2.5. (Accessed Apr. 2024).

Continuous Glucose Monitoring

A continuous glucose monitoring (CGM) service when medically necessary, prior authorized by the UM/QIO, Division of Medicaid or designee, ordered by the physician who is actively managing the beneficiary's diabetes and the beneficiary meets specific criteria. See admin code.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 4.3. (Accessed Apr. 2024).

“Remote Monitoring” is defined as the use of technology to remotely track health care data for a patient released to his or her home or a care facility, usually for the intended purpose of reducing readmission rates.

SOURCE: MS Code Title 30 Part 2635, Ch. 5 Rule 5.1. (Accessed Apr. 2024).

CONDITIONS

The Division of Medicaid covers remote patient monitoring, for disease management when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), Division of Medicaid or designee, ordered by a physician, physician assistant, or nurse practitioner for a beneficiary who meets the following criteria:

- Has been diagnosed with one (1) or more of the following chronic conditions of diabetes, congestive heart failure (CHF), or chronic obstructive pulmonary disease (COPD), heart disease, mental health, sickle cell;
- Is capable of using the remote patient monitoring equipment and transmitting the necessary data or has a willing and able person to assist in completing electronic transmission of data.

The Division of Medicaid covers remote patient monitoring of devices when medically necessary, ordered by a physician, physician assistant or nurse practitioner which includes, but not limited to:

- Implantable pacemakers,

- Defibrillators,
- Cardiac monitors,
- Loop recorders,
- External mobile cardiovascular telemetry, and
- Continuous glucose monitors.

SOURCE: MS Admin. Code 23, Part 225, Rule. 2.3. (Accessed Apr. 2024).

To qualify for RPM services, patients must meet all of the following criteria:

- Be diagnosed in the last 18 months with one or more chronic condition, which include, but are not limited to, sickle cell, mental health, asthma, diabetes, and heart disease; and
- The patient's healthcare provider recommends disease management services via remote patient monitoring.

SOURCE: MS Code Sec. 83-9-353. (Accessed Apr. 2024).

Continuous Glucose Monitoring

A continuous glucose monitoring (CGM) service when medically necessary, prior authorized by the UM/QIO, Division of Medicaid or designee, ordered by the physician who is actively managing the beneficiary's diabetes and the beneficiary meets all of the following criteria:

- Has an established diagnosis of type I or type II diabetes mellitus that is poorly controlled as defined below:
 - Unexplained hypoglycemic episodes,
 - Nocturnal hypoglycemic episode(s),
 - Hypoglycemic unawareness and/or frequent hypoglycemic episodes leading to impairments in activities of daily living,
 - Suspected postprandial hyperglycemia,
 - Recurrent diabetic ketoacidosis, or
 - Unable to achieve optimum glycemic control as defined by the most current version of the American Diabetes Association (ADA).
- Be able, or have a caregiver who is able, to hear and view CGM alerts and respond appropriately.
- Has documented self-monitoring of blood glucose at least four (4) times per day.

- Requires insulin injections three (3) or more times per day or requires the use of an insulin pump for maintenance of blood glucose control.
- Requires frequent adjustment to insulin treatment regimen based on blood glucose testing results,
- Had an in-person visit with the ordering physician within six (6) months prior to ordering to evaluate their diabetes control and determined that criteria (1-4) above are met,
- Has an in-person visit every six (6) months following the prescription of the CGM to assess adherence to the CGM regimen and diabetes treatment plan.

CGM service only when the blood glucose data is obtained from a Federal Drug Administration (FDA) approved Class III, durable medical equipment (DME) medical device for home use.

The Division of Medicaid does not require the provider to have a face-to-face office visit with the beneficiary to download, review and interpret the blood glucose data.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 4.3. (Accessed Apr. 2024).

PROVIDER LIMITATIONS

The entity that will provide the remote monitoring must be a Mississippi-based entity and have certain protocols (see statute).

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. Must be ordered by a physician, physician assistant or nurse practitioner.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 2.2 & 2.3. (Accessed Apr. 2024).

A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.

SOURCE: MS Code Sec. 83-9-353(18). (Accessed Apr. 2024).

Continuous Glucose Monitoring

Continuous glucose 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.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 4.2. (Accessed Apr. 2024).

OTHER RESTRICTIONS

A remote patient monitoring prior authorization request form may be required for approval of telemonitoring services. If prior authorization is required, the law lists certain requirements for the form.

The telemonitoring equipment must:

- Be capable of monitoring any data parameters in the plan of care; and
- Be a FDA Class II hospital-grade medical device.

The telemedicine equipment and network used for remote patient monitoring services should meet the following requirements:

- Comply with applicable standards of the United States Food and Drug Administration;
- Telehealth equipment be maintained in good repair and free from safety hazards;
- Telehealth equipment be new or sanitized before installation in the patient's home setting;
- Accommodate non-English language options; and
- Have 24/7 technical and clinical support services available for the patient user.

SOURCE: MS Code Sec. 83-9-353 (Accessed Apr. 2024).

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

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

See admin code for list of requirements for prior authorization form.

Remote patient monitoring services must be provided in the beneficiary's private residence.

SOURCE: MS Admin. Code 23, Part 225, Rule. 2.2 & 2.3. (Accessed Apr. 2024).

CGM service only when the blood glucose data is obtained from a Federal Drug Administration (FDA) approved Class III, durable medical equipment (DME) medical

device for home use.

The Division of Medicaid does not require the provider to have a face-to-face office visit with the beneficiary to download, review and interpret the blood glucose data.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 4.3. (Accessed Apr. 2024).

Continuous glucose monitoring (CGM) service documentation must include, but is not limited to:

The beneficiary and/or care giver is capable of operating the continuous glucose monitoring system,

The beneficiary:

- Has an established diagnosis of type I or type II diabetes mellitus that is poorly controlled as defined in Miss. Admin. Code Part 225, Rule 4.3.A.1.a),
- Requires three (3) insulin injections per day, or use of an insulin pump, for maintenance of blood glucose control,
- Requires regular self-monitoring of at least four (4) times a day,
- Requires frequent adjustment to insulin treatment regimen based on blood glucose testing results,
- Had an in-person visit with the ordering physician within six (6) months prior to ordering to evaluate their diabetes control and determined that criteria (1-4) above are met,
- Has an in-person visit every six (6) months following the prescription of the CGM to assess adherence to the CGM regimen and diabetes treatment plan.

The CGM is a Food and Drug Administration (FDA) approved medical device and is capable of accurately measuring and transmitting beneficiary blood data.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 4.6. (Accessed Apr. 2024).

EMAIL, PHONE & FAX

Last updated 04/05/2024

The following are not considered telehealth services:

- Telephone conversation
- Chart reviews
- Electronic mail messages
- Facsimile transmission

- Internet services for online medical evaluation, or
- Communication through social media or,
- 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.

SOURCE: MS Admin. Code 23, Part 225, Rule. 1.4. (Accessed Apr. 2024).

During a state of emergency, Telehealth services are expanded to include use of telephonic audio that does not include video when authorized by the State of Mississippi.

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.

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 1.7. (Accessed Apr. 2024).

CONSENT REQUIREMENTS

Last updated 04/05/2024

Signed consent for using telehealth is required.

SOURCE: MS Admin. Code 23, Part 225, Rule 1.6(A). (Accessed Apr. 2024).

The Division of Medicaid defines physician verbal orders as physician orders that are verbally communicated by telephone, telehealth or face-to-face to authorized medical personnel regarding medications, treatments, interventions or other beneficiary care.

SOURCE: MS Admin Code, Title 23, Part 203, Rule 1.11, (Accessed Apr. 2024).

OUT OF STATE PROVIDERS

Last updated 04/05/2024

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.

For teleradiology, a consulting and referring provider is a licensed physician (or PA or NP for referring providers) who must be licensed in the state within the United States in which he/she practices.

SOURCE: MS Admin. Code 23, Part 225, Rule 3.1. (Accessed Apr. 2024).

MISCELLANEOUS

Last updated 04/05/2024

See documentation requirements in rule.

SOURCE: MS Admin. Code 23, Part 225, Rule 3.6 (Accessed Apr. 2024).

Professional Requirements

DEFINITIONS

Last updated 04/05/2024

Practice of Medicine

“Telemedicine” is the practice of medicine by a licensed healthcare provider using HIPAA-compliant telecommunication systems, including information, electronic, and communication technologies, remote monitoring technologies and store-and-forward transfer technology. These technologies may be used to facilitate, but are not limited to, provider to patient or provider to provider interactions. The technology must be capable of replicating the interaction of a traditional in-person encounter between a provider and a patient. This definition does not include the practice of medicine through postal or courier services.

SOURCE: MS Code Title 30 Part 2635, Ch. 5 Rule 5.1. (Accessed Apr. 2024).

Health Facilities Licensure and Certification

Telehealth: The use of technology to deliver healthcare. Telehealth includes telemedicine, mHealth, eHealth, and Tele-Education.

Telemedicine: As defined in Section 25-15-9 (1) (c) of the Mississippi Code of 1972, Annotated, “telemedicine means the delivery of healthcare services such as diagnosis, consultation, and treatment through the use of interactive audio, video or other electronic media.

SOURCE: MS Admin Code Agency 15, Sub-agency 16, part 16, Subpart 1, Ch. 6 (Sec. 6.2.3-4), (Accessed Apr. 2024).

Cross-State Practice

Telemedicine, or the practice of medicine across state lines, shall be defined to include any one or both of the following:

- Rendering of a medical opinion concerning diagnosis or treatment of a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his agent; or
- The rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his agent.

SOURCE: MS Code Sec. 73-25-34(1). (Accessed Apr. 2024).

Optometry

Telehealth is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider. This definition does not include the practice of optometry through postal or courier services. Telehealth means the delivery of optometric care such as diagnosis, consultation, or treatment through the use of interactive audio, video or other electronic media. Telehealth must be “real-time” consultation, and it does not include the use of audio-only telephone, e-mail or facsimile.

SOURCE: MS Rules and Regulations, Title 30 Part 2901 Chapters 1-11.1, (Accessed Apr. 2024).

MS Department of Health: Occupational Therapy

Telehealth is a mode of service delivery for the provision of occupational therapy services delivered by an occupational therapy practitioner to a client at a different physical location using telecommunications or information technology. Telehealth, in this rule, refers only to the practice of occupational therapy by occupational therapy practitioners who are licensed by this Board with clients who are located in Mississippi at the time of the provision of occupational therapy services. Telehealth may be known by other terms including but not limited to telemedicine, telepractice, telecare, telerehabilitation, and e-health services. Occupational therapy practitioners must have direct contact with the client for the duration of the intervention session via telehealth using synchronous audiovisual technology. Other telecommunications or information technology may be

used to aid in the intervention session but may not be the primary means of contact or communication.

SOURCE: Title 15, Part 19, Subpart 60, Rule 8.1.5 (Accessed Apr. 2024).

CONSENT REQUIREMENTS

Last updated 04/05/2024

Practice of Medicine

The provider using any form of telemedicine, as defined in R.5.1, should obtain the patient's informed consent before providing care via telemedicine technology. In addition to information relative to treatment, the patient should be informed of the risk and benefits of being treated via a telemedicine network including how to receive follow-up care or assistance in the event of an adverse reaction to treatment or if there is a telemedicine equipment failure.

SOURCE: MS Admin. Code Title 30, Part 2635, Rule 5.3. (Accessed Apr. 2024).

Optometry

The optometrist using telehealth to deliver optometric services or who practices tele-optometric treatment, upon initial contact with the patient shall: ...

Obtain written, informed consent from the patient or other appropriate person with authority to make optometric/ health care treatment decisions for the patient before services are provided through telehealth.

SOURCE: MS Rules and Regulations, Title 30 Part 2901 Chapters 1-11.5, (Accessed Apr. 2024).

MS Department of Health: Occupational Therapy

The occupational therapist/occupational therapy assistant using telehealth to deliver occupational therapy services or who practices telehealth services, upon an initial contact with the patient shall:

- Verify the identity of the patient prior to each session;
- Obtain alternative means of contacting the patient;
- Arrange for the patient to have alternative means of contacting the occupational therapist or occupational therapy assistant;
- Provide contact methods of alternative communication the occupational therapist or occupational therapy assistant shall use for emergency purposes;

- Use personal identifying information only in secure communications;
- Obtain written, informed consent from the patient or other appropriate person with authority to make health care treatment decisions for the patient before services are provided through telehealth

SOURCE: Title 15, Part 19, Subpart 60, Rule 8.1.5 (Accessed Apr. 2024).

ONLINE PRESCRIBING

Last updated 04/05/2024

A prescription for a controlled substance based solely on a consumer's completion of an online medical questionnaire is not a valid prescription.

SOURCE: MS Code Annotated 41-29-137. (Accessed Apr. 2024).

Patients with Terminal Disease Pain

The medical director of a licensed hospice, in his or her discretion, may prescribe controlled substances for a patient of the hospice for terminal disease pain without having an in-person face-to-face visit with the patient before issuing the prescription. The provisions of this section supersede the provisions of any rule or regulation of a licensing agency to the contrary.

SOURCE: MS Code Sec. 41-29-137.1 (Accessed Apr. 2024).

Subject to the limitations of the license under which the individual is practicing, a health care practitioner licensed in this state may prescribe, dispense, or administer drugs or medical supplies, or otherwise provide treatment recommendations to a patient after having performed an appropriate examination of the patient either in person or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically. Treatment recommendations made via electronic means, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional provider-patient settings.

SOURCE: MS Code Sec. 41-127-1, (Accessed Apr. 2024).

Practice of Medicine

In order to practice telemedicine a valid "physician patient relationship" must be established. The elements of this valid relationship are:

- verify that the person requesting the medical treatment is in fact who they claim to be;

- conducting an appropriate history and physical examination of the patient that meets the applicable standard of care;
- establishing a diagnosis through the use of accepted medical practices, i.e., a patient history, mental status exam, physical exam and appropriate diagnostic and laboratory testing;
- discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent;
- insuring the availability of appropriate follow-up care; and
- maintaining a complete medical record available to patient and other treating health care providers.

Providers using telemedicine technologies to provide medical care to patients located in Mississippi must provide an appropriate examination prior to diagnosis and treatment of the patient. However, this exam need not be in person if the technology is sufficient to provide the same information to the physician as if the exam had been performed face to face.

Store-and-Forward Transfer Technology may be used to enhance, but never replace, real-time provider-patient interaction. Provider-patient interaction may be audio-visual or audio only where medically appropriate.

Other exams may be appropriate if a licensed health care provider is on site with the patient and is able to provide various physical findings that the physician needs to complete an adequate assessment. However, a simple questionnaire without an appropriate exam is in violation of this policy and may subject the physician to discipline by the Board.

Any physician utilizing the automated dispensary will be responsible for the proper maintenance and inventory/accountability requirements as if the physician were personally dispensing the medications to the patient from his or her stock in their personal practice, as required in Rule 1.9 of Part 2640. An automated dispensary may not dispense controlled substances, and refills of medications may not be issued without a follow-up visit with the physician.

Any telemedicine service devices or systems which contain automated dispensaries, containing medications ordered and maintained by physician licensees, shall be subject to the oversight of the Board and the Mississippi Board of Pharmacy, as stated in Part 2640, Rule 1.9, and may not operate in this state until approved by both Boards.

SOURCE: MS Admin. Code Title 30, Part 2635, Rule 5.4 to 5, & 9. (Accessed Apr. 2024).

Prescriptions may not be written outside of a valid licensee-patient relationship. While not all of the elements in subsection A are necessary each time a prescription is authorized (e.g., via appropriate telemedicine as defined in Rule 5.5 of Part 2635, calling in refills, taking call for a practice partner for short term care, etc.), all initial encounters, and at reasonable intervals thereafter, should conform to this rule and be done pursuant to a valid licensee-patient relationship. The elements of this valid relationship are: ...

- conducting an appropriate history and physical examination of the patient that meets the applicable standard of care, which as previously stated may also be accomplished through appropriate telemedicine as defined in Part 2635 Rule 5.5.

Licensees must not prescribe, administer or dispense any legend drug; any controlled substance; or any drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication. A determination as to whether a “good faith prior examination and medical indication” exists depends upon the facts and circumstances in each case. One of the primary roles of a physician is to elicit detailed information about the signs and symptoms which a patient presents in order that he or she may recommend a course of treatment to relieve the symptoms and cure the patient of his or her ailment or maintain him or her in an apparent state of good health. In order for a licensee to achieve a reasonable diagnosis and treatment plan, a history and physical examination consistent with the nature of the complaint are necessary. The importance of these aspects of proper medical practice cannot be over emphasized. The paramount importance of a complete medical history in establishing a correct diagnosis is well established. Standards of proper medical practice require that, upon any encounter with a patient, in order to establish proper diagnosis and regimen of treatment, a licensee must take three steps: (a) take and record an appropriate medical history, (b) carry out an appropriate physical examination, and (c) record the results. The observance of these principles is an integral component of the “course of legitimate professional practice.”

Some of the factors used in determining the presence or absence of “good faith” may include, but are not limited to:

- the quality and extent of the documented history and physical exam, which may also be accomplished through appropriate telemedicine as defined in Part 2635 Rule 5.5...

SOURCE: MS Admin Code Title 30, Part 2640, Rule 1.4 and 1.11, (Accessed Apr. 2024).

Optometry

The use of eye and vision telehealth services is not appropriate for establishing the doctor-patient relationship, for an initial diagnosis, as a replacement for recommended face-to-face interactions. It is therefore mandated that the doctor-patient relationship begin with an initial face-to-face encounter.

The standard of care must remain the same regardless of whether eye and vision telehealth services are provided in-person, remotely, via telehealth, or through any combination thereof. Doctors of optometry may not waive this obligation, or require patients to waive their right to receive the established standard of care in the state of Mississippi.

Eye and vision telehealth services cannot, based on current technologies and uses, replace an in-person comprehensive eye examination provided by an eye doctor. Eye and vision telehealth services provided must be consistent with and in compliance with existing rules and regulations of practice established in the State of Mississippi. In order to protect and insure patient safety, the Board recommends the use of only technology approved by the Food and Drug Administration, designed specifically for use in optometric care.

During telehealth encounters the patient must be in the presence of an onsite health provider.

An Established Treatment Site or distant site Mississippi licensed health care provider means a person licensed to provide health care to patients in Mississippi.

During telehealth encounters a Mississippi licensed optometrist must be present either onsite or distant site or both.

Bona-fide practitioner-patient relationship means:

- A certifying practitioner and patient have a treatment or consulting relationship, during the course of which the certifying practitioner, within his or her scope of practice, has completed an in-person assessment of the patient's medical history and current mental health and medical condition and has documented their certification in the patient's medical records;
- The certifying practitioner has consulted in person with the patient with respect to the patient's debilitating medical condition; and
- The certifying practitioner is available to or offers to provide follow-up care and treatment to the patient.

SOURCE: MS Rules and Regulations, Title 30 Part 2901 Chapters 1-11.6, 12.2 Part 2901 (Accessed Apr. 2024).

MS Department of Health: Occupational Therapy

An occupational therapist using telehealth technologies to deliver health-care services to a patient must, prior to diagnosis and treatment, establish a provider-patient relationship by one of the following methods:

- The occupational therapist has previously conducted an in-person examination for the current condition requiring treatment and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;
- The occupational therapist personally knows the patient and the patient's relevant health status through an ongoing personal or professional relationship and is available to provide appropriate follow-up care, when necessary, at medically necessary intervals;
- The treatment is provided by an occupational therapist in consultation with or upon referral by, another occupational therapist who has an ongoing relationship with the patient and who has agreed to supervise the patient's treatment, including follow-up care;
- An on-call or cross-coverage arrangement exists with the patient's regular treating occupational therapist who has established a professional relationship with the patient.

An appropriate occupational therapy evaluation may be composed of multiple components, tests, or measurement tools. It is the responsibility of the evaluating occupational therapist to select and utilize evaluation components that are appropriate and reliable to administer via telehealth.

See regulations for additional requirements

SOURCE: Title 15, Part 19, Subpart 60, Rule 8.1.5 (Accessed Apr. 2024).

CROSS-STATE LICENSING

Last updated 04/05/2024

No person shall engage in the practice of medicine across state lines (telemedicine) in this state, hold himself out as qualified to do the same, or use any title, word or abbreviation to indicate to or induce others to believe that he is duly licensed to practice medicine across state lines in this state unless he has first obtained a license to do so from the State Board of Medical Licensure and has met all educational and licensure requirements as determined by the State Board of Medical Licensure. This requirement shall not be required where the evaluation, treatment and/or the medical opinion to be rendered by a physician outside this state (a) is requested by a physician duly licensed to practice medicine in this state, and (b) the physician who has requested such

evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.

SOURCE: MS Code Sec. 73-25-34. (Accessed Apr. 2024).

Psychology

Applicants awaiting licensure in Mississippi are prohibited from the practice of psychology without a temporary license issued by the board. For the purposes of this subsection, the practice of psychology shall be construed without regard to the means of service provision (e.g., face-to-face, telephone, Internet, telehealth).

SOURCE: MS Code Sec. 73-31-14, (Accessed Apr. 2024).

Health Facilities Licensure and Certification

Each provider entity/organization offering telehealth services in the State of Mississippi shall register with the Mississippi State Department of Health, Office of Licensure, hereafter referred to as the Department. An applicant shall not provide telehealth services in the State of Mississippi without first registering with the Department.

Each provider entity/organization conducting telehealth services in Mississippi shall submit an application for registration including information about the type of telehealth services offered as well as the providers that will be performing services. Proprietary information may be asked but will not be required for approval.

See regulation for additional registration requirements.

SOURCE: MS Admin Code Title 15, Part 16, Subpart 1, Ch. 6 (15-016-006), (Accessed Apr. 2024).

Practice of Medicine

The practice of medicine is deemed to occur in the location of the patient. Therefore, only providers holding a valid Mississippi license are allowed to practice any form of telemedicine, as defined in R.5.1, in Mississippi. The interpretation of clinical laboratory studies as well as pathology and histopathology studies performed by physicians without Mississippi licensure is not the practice of telemedicine provided a Mississippi licensed provider is responsible for accepting, rejecting, or modifying the interpretation. The Mississippi licensed provider must maintain exclusive control over any subsequent therapy or additional diagnostics.

A duly licensed physician may remotely consult with a duly licensed and qualified Advanced Practice Registered Nurse (“APRN”) or Physician’s Assistant (“PA”), who is in a

hospital setting, using telemedicine. The physician providing Emergency Telemedicine must be either board certified or board eligible in emergency medicine. The Board may waive this requirement under extra ordinary circumstances.

For the purposes of Emergency Telemedicine services, licensees will only be authorized to provide the aforementioned services to those emergency departments of licensed hospitals who have an average daily census of fifty (50) or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report. Exceptions may be considered by the Board for physicians affiliated with facilities maintaining greater than fifty (50) beds, but not more than one hundred (100) beds.

Satellite Centers who receive telemedicine services/assistance from a Primary Center must have a transfer agreement with a facility that offers a higher level of care, in order to send any patients who require transfer for a higher level of care.

SOURCE: MS Admin. Code Title 30, Part 2635, Rule 5.2 & 5.7. (Accessed Apr. 2024).

Optometry

A provider is an optometrist that currently holds an active Mississippi license. Otherwise be authorized by law to practice in another jurisdiction where the patient is physically present or domiciled. Abide by the Board's law and rules and regulations and all current standards of care requirements applicable to onsite optometric services.

Optometric telehealth services in Mississippi shall remain within the scope of optometric licensing laws for the State of Mississippi, and that the services will require the use of advanced telecommunications technology, other than telephone or facsimile technology. At this time, these technologies include:

- Compressed digital interactive video, audio, or data transmission.
- Clinical data transmission using computer imaging by way of still image capture and store and forward.
- Other technology that facilitates access to health care services or optometric specialty expertise.

A provider who uses telehealth in his or her practice shall adopt protocols to prevent fraud and abuse through the use of telehealth. A provider shall make a good faith effort to provide the patients with notification of the provider's privacy practices before evaluation or treatment.

SOURCE: MS Rules and Regulations, Title 30 Part 2901 Chapters 1-11.2, (Accessed Apr. 2024).

Licensed Professional Counselors

Any person providing counseling or supervision services through the means of Distance Professional Services (Telemental Health) must meet the following requirements:

- Be a practicing P-LPC, LPC, or LPC-S in Mississippi.
- Hold a license in good standing in both the location where services are provided by the professional as well as in the location of the recipient of the services.
- Submit to the Board verification of training (including synchronous or asynchronous audio/video webinars) in TeleMental Health counseling (see regulation for options).
- At the time of license renewal, LPCs must document two (2) hours of continuing education in Telemental Health counseling and P-LPCs must document one (1) hour of continuing education in Telemental Health counseling. These continuing education hours are included as part of the required continuing education requirements for renewal.
- No licensing fee will be assessed for the Distance Professional Services provider designation.

SOURCE: Title 30, Part 2201, Rule 7.5, (Accessed Apr. 2024).

LICENSURE COMPACTS

Last updated 04/05/2024

Member of the Interstate Medical Licensure Compact.

SOURCE: The IMLC. Interstate Medical Licensure Compact. (Accessed Apr. 2024).

Member of the Nurse Licensure Compact.

SOURCE: Current NLC States and Status. Nurse Licensure Compact (NLC). (Accessed Apr. 2024).

Member of the Physical Therapy Compact.

SOURCE: Compact Map. PT Compact. (Accessed Apr. 2024).

Member of EMS Compact.

SOURCE: Interstate Commission for EMS Personnel Practice. EMS Compact Member States, (Accessed Apr. 2024).

Member of the Audiology and Speech-Language Pathology Interstate Compact.

SOURCE: Audiology and Speech-Language Pathology Interstate Compact. (Accessed Apr. 2024).

Member of the Counseling Compact.

SOURCE: Counseling Compact Map. (Accessed Apr. 2024).

Member of Occupational Therapy Compact.

SOURCE: OT Compact Map, (Accessed Apr. 2024).

* See Compact websites for implementation and license issuing status and other related requirements.

PROFESSIONAL BOARDS STANDARDS

Last updated 04/05/2024

Board of Medicine

SOURCE: Title 30, Part 2635, Rule 5. (Accessed Apr. 2024).

Licensed Professional Counselors

SOURCE: Title 30, Part 2201, Rule 7.5, (Accessed Apr. 2024).

MS Department of Health: Occupational Therapy

SOURCE: Title 15, Part 19, Subpart 60, Rule 8.1.5 (Accessed Apr. 2024).

Board of Pharmacy – Telepharmacy

SOURCE: Title 30, Part 3001, Article XLVIII, (Accessed Apr. 2024)

Board of Optometry

SOURCE: Title 30 Part 2901 Chapters 1-11.1, (Accessed Apr. 2024).

Board of Physical Therapy

SOURCE: MS Admin Code Title 30, Part 3101, Rule 1.3, (Accessed Apr. 2024).

Health Facilities Licensure and Certification

See regulations for professional standards of operation relative to the practice of telemedicine under the MS State Department of Health, Health Facilities section.

SOURCE: MS Admin Code Title 15, Part 16, Subpart 1, Ch. 6 (Sec. 6.2.3-4), (Accessed Apr 2024).

MISCELLANEOUS

Last updated 04/05/2024

“Real-Time Telemedicine” is defined as real-time communication using interactive audio and visual equipment, such as a video conference with a specialist, also known as ‘synchronous communication.’

“Emergency Telemedicine” is a unique combination of telemedicine used in a consultative interaction between a physician board certified, or board eligible, in emergency medicine, and an appropriate skilled health professional (nurse practitioner or physician assistant).

SOURCE: MS Code Title 30 Part 2635, Ch. 5 Rule 5.1. (Accessed Apr. 2024).

A physician treating a patient through a telemedicine network must maintain a complete record of the patient’s care. The physician must maintain the record’s confidentiality and disclose the record to the patient consistent with state and federal laws. If the patient has a primary treating physician and a telemedicine physician for the same medical condition, then the primary physician’s medical record and the telemedicine physician’s record constitute one complete patient record.

SOURCE: MS Admin. Code Title 30, Sec. 2635, Rule 5.6. (Accessed Apr. 2024).

State Department of Health has ability to promulgate rules and regulations, and to collect data and information, on (i) the delivery of services through the practice of telemedicine; and (ii) the use of electronic records for the delivery of telemedicine services.

SOURCE: MS Code Sec. 41-3-15. (Accessed Apr. 2024).

The Mississippi Center for Rural Health Innovation within the Office of Rural Health of the State Department was established with the purpose of providing services and resources to rural hospitals, critical access hospitals, rural health clinics and rural federally qualified health centers, including expert analysis, guidance, training opportunities and telehealth investment.

SOURCE: MS Code Sec. 41-3-15.1. (Accessed Apr. 2024).

Physical Therapy

Telehealth is an appropriate model of service delivery when it is provided in a manner consistent with the standards of practice, ethical principles, rules and regulations for Mississippi physical therapy practitioners.

SOURCE: MS Admin Code Title 30, Part 3101, Rule 1.3, (Accessed Apr. 2024).

Licensed Professional Counselors

Asynchronous methods: Communication takes place in separate time frames. The transmission does not take place simultaneously. These methods may include, but not

limited to, text messaging, email, and chat rooms. (Asynchronous methods are not an acceptable practice of counseling in Mississippi.)

Group Supervision: The process of clinical supervision of more than one person but no more than six (6) persons in a group setting provided by an LPC-S, not to include asynchronous methods.

Individual Supervision: “Face-to-face” supervision of the individuals involved in the supervisory relationship during one-to-one supervision, not to include asynchronous methods.

SOURCE: MS Code Title 30 Part 2201 Ch. 1 Rule 1.4, (Accessed Apr. 2024).

Any person providing counseling or supervision services through the means of Distance Professional Services (Telemental Health) must meet the following requirements:

- Be a practicing P-LPC, LPC, or LPC-S in Mississippi.
- Hold a license in good standing in both the location where services are provided by the professional as well as in the location of the recipient of the services.
- Submit to the Board verification of training (including synchronous or asynchronous audio/video webinars) in TeleMental Health counseling (see regulation for options).
- At the time of license renewal, LPCs must document two (2) hours of continuing education in Telemental Health counseling and P-LPCs must document one (1) hour of continuing education in Telemental Health counseling. These continuing education hours are included as part of the required continuing education requirements for renewal.
- No licensing fee will be assessed for the Distance Professional Services provider designation.

SOURCE: Title 30, Part 2201, Rule 7.5, (Accessed Apr. 2024).

Federally Qualified Health Center (FQHC)

DEFINITION OF VISIT

Last updated 04/05/2024

A Federally Qualified Health Center (FQHC) encounter as a face-to-face visit for the provision of services provided by physicians, physician assistants, nurse practitioners, nurse midwives, dentists, optometrists, clinical psychologists, Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs), Licensed Marriage and Family Therapists (LMFTs), and Board Certified Behavioral Analysts (BCBAs).

SOURCE: MS Admin. Code Title 23, Part 211, Rule. 1.1. (Accessed Apr. 2024).

MODALITIES ALLOWED

Last updated 04/05/2024

Live Video

The Division of Medicaid reimburses for telehealth services which meet the requirements of Miss. Admin. Code Part 225 as follows: 1. An encounter for face-to-face telehealth services provided by the FQHC acting as a distant site provider. 2. A fee per completed transmission for telehealth services provided by the RHC acting as an originating site provider. The FQHC may not bill for an encounter visit unless a separately identifiable service is performed. The originating site facility fee will be paid at the existing fee-for-service rate in effect as of January 1, 2021. 3. Reimburses a FQHC for both the distant and originating provider site when such services are appropriately provided by the FQHC.

SOURCE: MS Admin. Code Title 23, Part 211, Rule. 1.5. (Accessed Apr. 2024).

According to Administrative Code, there are no restrictions on originating and distant sites, and live video is covered.

See: MS Medicaid Live Video.

Store and Forward

According to Administrative Code, store-and-forward is included in the definition of telemedicine, however there is no indication that the Medicaid program is currently reimbursing for any services beyond teleradiology as well as no indication FQHCs can be reimbursed for store-and-forward. Additionally, FQHC manual indicates encounters must be race-to-face which would exclude store-and-forward.

See: MS Medicaid Store and Forward.

Remote Patient Monitoring

According to Administrative Code, remote patient monitoring is included in the definition of telemedicine, and reimbursed in some circumstances. However, CCHP has

not found an explicit reference that FQHCs can bill for this.

See: MS Medicaid Remote Patient Monitoring.

Audio-Only

According to Administrative Code and statute, audio-only telehealth is reimbursed during states of emergencies under some circumstances. However, CCHP has not found an explicit reference that FQHCs can bill for this.

See: MS Medicaid Email, Phone and Fax.

SAME DAY ENCOUNTERS

Last updated 04/05/2024

The Division of Medicaid limits reimbursement to a Federally Qualified Health Center (FQHC) to no more than four (4) encounters per beneficiary per day, provided that each encounter represents a different type of visit, as the Division of Medicaid only reimburses for one (1) medically necessary encounter per beneficiary per day for each of the following visit: 1. Medical, 2. Mental health, 3. Dental, or 4. Vision

Visits with more than one (1) health professional and multiple visits with the same health professional that take place on the same day at a single location constitute a single encounter, except when the beneficiary: 1. Suffers an illness or injury subsequent to the first visit that requires additional diagnosis or treatment on the same day, or 2. Has multiple visit types on the same day.

The Division of Medicaid reimburses no more than four (4) encounters per beneficiary per day, provided that each encounter represents a different provider type, as the Division of Medicaid only reimburses for one (1) medically necessary encounter per beneficiary per day for each of the provider types listed in Miss. Admin. Code, Title 23, Part 211, Rule 1.2.A. except if the beneficiary experiences an illness or injury requiring additional diagnosis or treatment subsequent to the first encounter. Services provided by a nurse practitioner (NP) or physician assistant (PA) are reimbursed the full PPS rate.

SOURCE: MS Admin. Code Title 23, Part 211, Rule. 1.3 & 1.5. (Accessed Apr. 2024).

ELIGIBLE ORIGINATING SITE

Last updated 04/05/2024

The Division of Medicaid covers telehealth services at the following locations:

- Federally Qualified Health Center (FQHC)

SOURCE: MS Admin. Code Title 23, Part 225, Rule. 1.3(B) (Accessed Apr. 2024).

An encounter for face-to-face telehealth services provided by the FQHC acting as a distant site provider. MS Medicaid reimburses a FQHC for both the distant and originating provider site when such services are appropriately provided by the FQHC.

SOURCE: MS Admin. Code Title 23, Part 211, Rule. 1.5. (Accessed Apr. 2024).

The division shall recognize federally qualified health centers (FQHCs), rural health clinics (RHCs) and community mental health centers (CMHCs) as both an originating and distant site provider for the purposes of telehealth reimbursement. The division is further authorized and directed to reimburse FQHCs, RHCs and CMHCs for both distant site and originating site services when such services are appropriately provided by the same organization.

SOURCE: MS Code Section 43-13-117 – Sunsets July 1, 2024, (Accessed Apr. 2024).

ELIGIBLE DISTANT SITE

Last updated 12/23/2023

The division shall recognize federally qualified health centers (FQHCs), rural health clinics (RHCs) and community mental health centers (CMHCs) as both an originating and distant site provider for the purposes of telehealth reimbursement. The division is further authorized and directed to reimburse FQHCs, RHCs and CMHCs for both distant site and originating site services when such services are appropriately provided by the same organization.

SOURCE: MS Code Section 43-13-117 – Sunsets July 1, 2024, (Accessed Apr. 2024).

An encounter for face-to-face telehealth services provided by the FQHC acting as a distant site provider. MS Medicaid reimburses a FQHC for both the distant and originating provider site when such services are appropriately provided by the FQHC.

SOURCE: MS Admin. Code Title 23, Part 211, Rule. 1.5. (Accessed Apr. 2024).

See: MS Medicaid Live Video Distant Site

FACILITY FEE

Last updated 04/05/2024

The Division of Medicaid reimburses a fee per completed transmission for telehealth services provided by the RHC acting as an originating site provider. The FQHC may not bill for an encounter visit unless a separately identifiable service is performed. The originating site facility fee will be paid at the existing fee-for-service rate in effect as of January 1, 2021.

SOURCE: MS Admin. Code Title 23, Part 211, Rule. 1.5. (Accessed Apr. 2024).

See: MS Medicaid Live Video Facility/Transmission Fee

PPS RATE

Last updated 04/05/2024

The Division of Medicaid reimburses for telehealth services which meet the requirements of Miss. Admin. Code Part 225 as follows:

- An encounter for face-to-face telehealth services provided by the FQHC acting as a distant site provider.
- The FQHC may not bill for an encounter visit unless a separately identifiable service is performed.
- Reimburses a FQHC for both the distant and originating provider site when such services are appropriately provided by the FQHC.

The Division of Medicaid defines an encounter rate as a prospective payment system (PPS) rate per encounter.

SOURCE: MS Admin. Code Title 23, Part 211, Rule. 1.1 & 1.5. (Accessed Apr. 2024).

HOME ELIGIBLE

Last updated 04/05/2024

No reference found

PATIENT-PROVIDER RELATIONSHIP

Last updated 04/05/2024

No reference found