

Mississippi

Medicaid Program: Mississippi Medicaid

Program Administrator: Mississippi Division of Medicaid

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Definition of telemedicine/telehealth	
<p>“Telemedicine 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 medicine through postal or courier services.”</p> <p><i>Source: Code of MS Rules 50-013-2635 & Title 20, Part 2.</i></p> <p>Telemedicine means the delivery of health care services such as diagnosis, consultation, or treatment through the use of interactive audio, video or other electronic media. Telemedicine must be “real-time” consultation, and it does not include the use of audio-only telephone, e-mail or facsimile.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	<p>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.</p> <p>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.</p> <p><i>Source: Code of MS Rules 23-225, Rule. 1.1 (Accessed Mar. 2017).</i></p> <p>Telehealth service is defined as the practice of health care delivery by a provider to a beneficiary who is under the care of a provider at a different geographical location.</p> <p><i>Source: State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Mar. 2017).</i></p>
Live Video Reimbursement	
<p>Mississippi Medicaid and private payers are required to provide coverage for live video consultations.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p> <p>(also see Medicaid column)</p>	<p>Medicaid covers medically necessary health services via telehealth when coverage is provided in person and is live, interactive and audiovisual.</p> <p><i>Source: State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1A. 3/31/15. (Accessed Mar. 2017).</i></p> <p>There is live video reimbursement for Medicaid mental health medication evaluation and management.</p>

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	<p><i>Source: Code of MS Rules 23-206, Rule. 1.9, pg. 28.</i></p> <p>Any enrolled Medicaid provider may provide telehealth services at the originating site. The following enrolled Medicaid providers may provide telehealth services at the distant site:</p> <ul style="list-style-type: none"> • Physicians, • Physician assistants, • Nurse practitioners, • Psychologists, and • Licensed Clinical Social Workers (LCSW) • Licensed Professional Counselors (LPCs). <p><i>Source: Code of MS Rules 23-225, Rule. 1.2(C). (2016).</i></p> <p>Real time telehealth may be used for the following monitoring services:</p> <ul style="list-style-type: none"> • Assessing the need for psychotropic medication, • Prescribing medication, and • Regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety. • Medication evaluation • Medication management <p><i>Source: Section 43-13-117 (16) of the Mississippi Code of 1972, as amended; Section 43-13-121 of the Mississippi Code of 1972, as amended.</i></p>
Store and Forward Reimbursement	
<p>Private payers, MS Medicaid and employee benefit plans are required to provide coverage at the same level as in-person consultation for store-and-forward telemedicine services.</p> <p>A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.</p> <p>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.</p> <p><i>Source: MS Code Sec. 83-9-353.</i></p>	<p>Telehealth services must be live, interactive and audiovisual.</p> <p><i>Source: State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Mar. 2017).</i></p> <p>There is reimbursement for tele-radiology services, however there is no reference to reimbursing for other specialties.</p> <p><i>Source: Mississippi Division of Medicaid. Radiology Services Provider Reference Guide, pg. 4-5. March 2013. (Accessed Mar. 2017).</i></p> <p>MS Medicaid is required to cover store and forward services to the same level as in-person services.</p> <p><i>Source: MS Code Sec. 83-9-353. (Accessed Mar. 2017).</i></p>
Remote Patient Monitoring Reimbursement	
<p>Private payers, MS Medicaid and employee benefit plans are required to provide coverage for remote patient monitoring services for Mississippi-based telehealth programs affiliated with a Mississippi health care facility.</p>	<p>MS Medicaid is required to cover remote patient monitoring services. <i>(see State law/regulation column)</i></p> <p><i>Source: MS Code Sec. 83-9-353. (Accessed Mar. 2017).</i></p>

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<p>A onetime telehealth installation/training fee is also reimbursed.</p> <p>A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.</p> <p>To qualify for reimbursement patients must meet all of the following criteria:</p> <ul style="list-style-type: none"> • Be diagnosed in the last 18 months with one or more chronic condition, as defined by CMS. • Have a recent history of costly services; and • The patient's healthcare provider recommends disease management services via remote patient monitoring. <p>Remote patient monitoring prior authorization request form must be submitted to request telemonitoring services.</p> <p>The law lists specific technology requirements.</p> <p><i>Source: MS Code Sec. 83-9-353.</i></p>	<p>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:</p> <ul style="list-style-type: none"> • Implantable pacemakers, • Defibrillators, • Cardiac monitors, • Loop recorders, and • External mobile cardiovascular telemetry. <p>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:</p> <ul style="list-style-type: none"> • 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); • Has had two (2) or more hospitalizations in the previous twelve (12) months for one (1) of the chronic conditions listed above; • Hospitalizations for two (2) different chronic conditions cannot be combined to satisfy the two (2) or more hospitalizations requirement; and • 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. <p>Remote patient monitoring services must be provided in the beneficiary's private residence.</p> <p><i>Source: Code of MS Rules 23-225, Rule. 2.3. (Accessed Mar. 2017).</i></p> <p>The Division of Medicaid reimburses for remote patient monitoring:</p> <ul style="list-style-type: none"> • Of devices when billed with the appropriate code, and • For disease management: <ul style="list-style-type: none"> • 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

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	<p>the initial set-up and installation.</p> <ul style="list-style-type: none"> • Only one (1) daily rate will be reimbursed regardless of the number of diseases/chronic conditions being monitored. <p><i>Source: Code of MS Rules 23-225, Rule. 2.5. (Accessed Mar. 2017).</i></p>
Email/Phone/FAX	
<p>No Email No Phone No Fax</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for facsimile.</p> <p><i>Source: Code of MS Rules 23-225, Rule. 1.4(C). (Accessed Mar. 2017).</i></p> <p>Not considered telehealth:</p> <ul style="list-style-type: none"> • Telephone conversations; • Chart reviews; • Electronic mail messages; • Facsimile transmission; • Internet services for online medical evaluations; or • The installation or maintenance of any telecommunication devices or systems. <p><i>Source: State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Mar. 2017).</i></p> <p><u>Home and Community-Based Services & Hospice Services</u> MS Medicaid does not cover telephone consults.</p> <p><i>Source: Mississippi Medicaid Provider Reference Guide, Home and Community-Based Services, Mar. 2013, pg. 1; Hospice Services, May 2016, pg. 4. (Accessed Mar. 2017).</i></p>
Online Prescribing	
<p>A prescription for a controlled substance based solely on a consumer's completion of an online medical questionnaire is not a valid prescription.</p> <p><i>Source: MS Code Annotated Sec. 41-29-137 (2012).</i></p> <p>A health care practitioner may prescribe medication after an appropriate examination through the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	<p>An e-prescribed, telephoned or faxed prescription from the prescriber may be accepted when it is not in conflict with federal and state laws and regulations.</p> <p><i>Source: MS. Code Ann.23-214, Rule 1.7 & Mississippi Medicaid Provider Reference Guide, Pharmacy Services, Jul. 2014, pg. 29. (Accessed Mar. 2017).</i></p>
Consent	
<p>The physician should obtain the patient's informed consent before providing care.</p> <p><i>Source: Code of MS Rules 50-013-2635 (2012).</i></p>	<p>No reference found.</p>

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Location	
<p>No reference found.</p>	<p>Telehealth services are covered in the following originating sites:</p> <ul style="list-style-type: none"> • 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; or • School-based clinic. <p><i>Source: State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Mar. 2017).</i></p>
Cross-State Licensing	
<p>Physicians practicing telemedicine must have a Mississippi medical license.</p> <p>However, a valid Mississippi license is not required where the evaluation, treatment and/or medicine given by a physician outside of Mississippi is requested by a physician duly licensed to practice medicine in Mississippi, and 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.</p> <p>In order to practice telemedicine a valid "physician patient relationship" must be established. The elements of this valid relationship are:</p> <ol style="list-style-type: none"> 1. verify that the person requesting the medical treatment is in fact who they claim to be; 2. conducting an appropriate examination of the patient that meets the applicable standard of care; 3. 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; 4. discussing with the patient the diagnosis, risks and benefits of various treatment options to obtain informed consent; 5. insuring the availability of appropriate follow-up care; and 6. Maintaining a complete medical record available to patient and other treating health care providers. <p><i>Source: Code of MS Rules 50-013-2635 & Title 20, Part 2.</i></p>	<p>No reference found.</p>

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<p>Mississippi adopted the Federation of State Medical Board (FSMB)'s model language for an interstate medical licensure compact.</p> <p><i>Source: MS Code Sec. 73-25-101. (2016).</i></p>	
Private Payers	
<p>Health insurance plans must provide coverage for telemedicine services to the same extent as in-person consultations.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p> <p>Health insurance plans are also required to provide coverage for store-and-forward and remote patient monitoring services, in accordance with certain requirements (see above store and forward & remote patient monitoring sections).</p> <p><i>Source: MS Source: MS Code Sec. 83-9-353.</i></p>	No reference found.
Site/Transmission Fee	
<p>The originating site is eligible to receive a facility fee.</p> <p><i>Source: MS Code Sec. 83-9-351</i> <i>Source: MS Code Sec. 83-9-353.</i></p> <p>RHCs acting as the originating site may receive an additional fee per completed transmission.</p> <p><i>Source: MS Code Sec. 23-000-212.</i></p>	<p>The Division of Medicaid reimburses the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission.</p> <p>The following enrolled Medicaid providers are eligible to receive the originating site facility fee for telehealth services per transmission:</p> <ul style="list-style-type: none"> • 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, and • School-based clinic. <p>The telepresenter must be one of the following and physically present at all times for the originating site to receive the originating site facility fee:</p> <ul style="list-style-type: none"> • Physician, • Physician assistants, • Nurse practitioners, • Psychologists, and • Licensed clinical social workers (LCSW) • Licensed Professional Counselor. <p><i>Source: Code of MS Rules 23-225, Rule. 1.5(B). (Accessed Mar. 2017).</i></p>

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	<p>Facility fee provided.</p> <p><i>Source: State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 4.19-B. 3/31/15. (Accessed Mar. 2017).</i></p>
Miscellaneous	
<p>To practice telemedicine, physicians must establish a valid physician-patient relationship by the following:</p> <ul style="list-style-type: none"> • Verifying the identity of the patient; • Conducting an appropriate exam that meets the applicable standard of care. 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; • Establishing a diagnosis; • Discussing with the patient the diagnosis, and the risks and benefits of various treatment options, to obtain informed consent; • Insuring the availability of appropriate follow-up care; • Maintaining a complete medical record. <p><i>Source: Code of MS Rules 50-013-2635 (2012).</i></p> <p>A health insurance plan may limit coverage to health care providers in a telemedicine network approved by the plan.</p> <p><i>Source: MS Code Sec. 83-9-351.</i></p>	