

# Mississippi

**Medicaid Program:** Mississippi Medicaid

**Program Administrator:** Mississippi Division of Medicaid

**Regional Telehealth Resource Center:** South Central Telehealth Resource Center

**Covers the States of:** Arkansas, Mississippi & Tennessee

[www.learntelehealth.org](http://www.learntelehealth.org)

## Medicaid Telehealth Reimbursement

### Summary

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.

### Definitions

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.

**Source:** MS Code Sec. 83-9-351(1)(d). (Accessed Sept. 2019).

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 Sept. 2019).

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.

**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 Sept. 2019).



Policy

Mississippi Medicaid and private payers are required to provide coverage for live video consultations.

**Source:** MS Code Sec. 83-9-351. (Accessed Sept. 2019).

Telehealth services allowed when delivered by an enrolled Medicaid provider acting within their scope of practice and license and in accordance with state and federal guidelines, including authorization of prescription medication at both the originating and distant site.

**Source:** MS Admin. Code Title 23, Part 225, Rule. 1.2B (Accessed Sept. 2019).

Medicaid covers medically necessary health services via telehealth when that service is covered in an in-person setting and is live, interactive and audiovisual.

**Source:** State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1A. 3/31/15. (Accessed Sept. 2019).

Eligible Services / Specialties

The Division of Medicaid covers medically necessary telehealth services as a substitution for an in-person visit or encounter for consultations, office visits and/or outpatient visits.

Noncovered Services:

- Telehealth services in the inpatient setting;
- Separate reimbursement for installation or maintenance of telehealth equipment
- The following modalities, which MS Medicaid does not consider telehealth: telephone conversation, chart review, electronic mail messages, facsimile transmission, internet services for online medical evaluations, or communication through social media;
- The installation or maintenance of any telecommunication devices or systems.

The Division of Medicaid reimburses a provider delivering the medically necessary telehealth service at the distant site the current applicable MS Medicaid fee for the service provided if it is a service covered in an in-person setting.

**Source:** MS Admin. Code Title 23, Part 225, Rule. 1.3-1.5 (Accessed Sept. 2019).

There is live video reimbursement for Medicaid mental health medication evaluation and management.

**Source:** MS Admin. Code Title 23, Part 206, Rule. 1.9, pg. 29. (Accessed Sept. 2019).

Eligible Providers

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:

- Physicians,
- Physician assistants,
- Nurse practitioners,
- Psychologists,
- Licensed Clinical Social Workers (LCSW),
- Licensed Professional Counselors (LPCs),
- Board Certified Behavior Analysts or Board Certified Behavior Analyst Doctorals

**Source:** MS Admin. Code Title 23, Part 225, Rule. 1.2(C). (Accessed Sept. 2019).



Eligible Sites

There must be an enrolled Medicaid provider that performs the duties of the telepresenter at the originating site by:

- Acting within their scope-of-practice and license and be physically present in the room at all times during the telehealth service; or
- Providing direct supervision to qualified healthcare professionals acting within their scope of practice who must be an enrolled Medicaid provider and be physically present during the entirety of the telehealth service.

**Source:** MS Admin Code Title 23, Part 225, Rule 1.2(C). (Accessed Sept. 2019).

An originating site fee is covered in 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; or
- School-based clinic.

**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 Sept. 2019).

Geographic Limits

No reference found.

Facility/Transmission Fee

The Division of Medicaid reimburses the originating site the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission.

The following enrolled Medicaid 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, and
- School-based clinic.

In order for the originating site to receive the originating site facility fee the telepresenter must be an enrolled Medicaid provider:

- Acting within their scope-of-practice and license and physically present in the room at all times during the telehealth service, or Providing direct supervision to a qualified healthcare professional acting within their scope-of-practice who is physically present in the room at times during the telehealth service.

**Source:** MS Admin. Code Title 23, Part 225, Rule. 1.5(A). (Accessed Sept. 2019).



# Medicaid Telehealth Reimbursement

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| Store-and-Forward | Live Video                    | <p>Facility fee provided per completed transmission.</p> <p><b>Source:</b> <i>State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 4.19-B. 3/31/15. (Accessed Sept. 2019).</i> .</p> <p>RHCs and FQHCs acting in the role of a telehealth originating site provider with no other separately identifiable service being provided will only be paid the telehealth originating site fee per completed transmission and will not receive reimbursement for an encounter.</p> <p><b>Source:</b> <i>State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 4.19-B, Rural Health Centers &amp; Federally Qualified Health Center. 6/30/16. (Accessed Sept. 2019).</i></p>   |
|                   | Policy                        | <p>Private payers, MS Medicaid and employee benefit plans are required to provide coverage at the same extent as in-person consultation for store-and-forward telemedicine services. 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.</p> <p><b>Source:</b> <i>MS Code Sec. 83-9-353. (Accessed Sept. 2019).</i></p> <p>Telehealth services must be live, interactive and audiovisual.</p> <p><b>Source:</b> <i>State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Sept. 2019).</i></p> <p>There is reimbursement for tele-radiology services, however there is no reference to reimbursing for other specialties in regulation.</p> <p>The provider at the originating site must be enrolled as a Mississippi Medicaid provider in order to bill for the technical component of the radiological service. The originating site provider must be a qualified personnel trained in the performance of the specified radiological service and operating within the licensure and/or certification requirements of the state. The provider at the distant site must be enrolled as a Mississippi Medicaid provider in order to bill for the professional component of the radiological service. A consulting provider is a licensed physician that interprets the radiological images and is licensed in the state within the US in which he/she practices and distant site as the location of the teleradiology consulting provider. The referring provider is defined as a licensed physician, physician assistant or nurse practitioner who orders the radiological service who must be licensed in the state within the United States which he/she practices.</p> <p><b>Source:</b> <i>MS Admin Code Title 23, Part 225, Rule. 3.1 &amp; Mississippi Division of Medicaid. Radiology Services Provider Reference Guide, pg. 4-5. March 2013. (Accessed Sept. 2019).</i></p> |
|                   | Eligible Services/Specialties | <p>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.</p> <p><b>Source:</b> <i>MS Admin. Code Title 23, Part 225, Rule. 3.1 &amp; 3.3 (Accessed Sept. 2019).</i></p>  |
|                   | Geographic Limits             | <p>MS Medicaid only covers teleradiology when there are no geographically local radiologist providers to interpret images.</p> <p><b>Source:</b> <i>MS Admin. Code Title 23, Part 225, Rule. 3.3 (Accessed Sept. 2019).</i></p>  |



# Medicaid Telehealth Reimbursement

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| Store-and-Forward         | Transmission Fee | <p>No transmission fee.</p> <p><b>Source:</b> Code of MS Rules 23-225, Rule. 3.1 (Accessed Sept. 2019).</p>  |
| Remote Patient Monitoring |                  | <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>A one-time telehealth installation/training fee is also reimbursed.</p> <p><b>Source:</b> MS Code Sec. 83-9-353. (Accessed Sept. 2019).</p> <p>The Division of Medicaid reimburses for remote patient monitoring:</p> <ul style="list-style-type: none"> <li>• Of devices when billed with the appropriate code, and</li> <li>• For disease management:             <ul style="list-style-type: none"> <li>• A daily monitoring rate for days the beneficiary’s information is reviewed.</li> <li>• Only one (1) unit per day is allowed, not to exceed thirty-one (31) days per month.</li> <li>• 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.</li> <li>• Only one (1) daily rate will be reimbursed regardless of the number of diseases/chronic conditions being monitored.</li> </ul> </li> </ul> <p><b>Source:</b> MS Admin. Code Title 23, Part 225, Rule. 2.5. (Accessed Sept. 2019).</p>  |
|                           |                  | <p>To qualify for reimbursement patients must meet all of the following criteria:</p> <ul style="list-style-type: none"> <li>• Be diagnosed in the last 18 months with one or more chronic condition, as defined by CMS.</li> <li>• Have a recent history of costly services use due to one or more chronic conditions as evidenced by two or more hospitalizations, including emergency room visits in the past twelve months; and</li> <li>• The patient’s healthcare provider recommends disease management services via remote patient monitoring.</li> </ul> <p><b>Source:</b> MS Code Sec. 83-9-353. (Accessed Sept. 2019).</p> <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"> <li>• 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);</li> <li>• Has had two (2) or more hospitalizations in the previous twelve (12) months for one (1) of the chronic conditions listed above;</li> <li>• Hospitalizations for two (2) different chronic conditions cannot be combined to satisfy the two (2) or more hospitalizations requirement; and</li> <li>• 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.</li> </ul> |



# Medicaid Telehealth Reimbursement

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| Remote Patient Monitoring | Conditions   | <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"> <li>• Implantable pacemakers,</li> <li>• Defibrillators,</li> <li>• Cardiac monitors,</li> <li>• Loop recorders, and</li> <li>• External mobile cardiovascular telemetry.</li> </ul> <p><b>Source:</b> MS Admin. Code 23, Part 225, Rule. 2.3. (Accessed Sept. 2019).</p>   |
|                           | Provider Limitations   | <p>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.</p> <p><b>Source:</b> MS Admin. Code Title 23, Part 225, Rule. 2.2 &amp; 2.3. (Accessed Sept. 2019).</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><b>Source:</b> MS Code Sec. 83-9-353(18). (Accessed Sept. 2019).</p> |
|                           | Other Restrictions   | <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><b>Source:</b> MS Code Sec. 83-9-353. (Accessed Sept. 2019).</p> <p>Remote patient monitoring services must be provided in the beneficiary's private residence.</p> <p><b>Source:</b> MS Admin. Code 23, Part 225, Rule. 2.3(C). (Accessed Sept. 2019).</p>  |
| Email / Phone / Fax       | <p>No reimbursement for email.<br/>         No reimbursement for telephone.<br/>         No reimbursement for facsimile.</p> <p><b>Source:</b> MS Admin. Code 23, Part 225, Rule. 1.4(C). (Accessed Sept. 2019).</p> <p>Not considered telehealth:</p> <ul style="list-style-type: none"> <li>• Telephone conversations;</li> <li>• Chart reviews;</li> <li>• Electronic mail messages;</li> <li>• Facsimile transmission;</li> <li>• Internet services for online medical evaluations; or</li> <li>• The installation or maintenance of any telecommunication devices or systems.</li> </ul> <p><b>Source:</b> State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 3.1-A. 3/31/15. (Accessed Sept. 2019).</p> |  |
| Consent                   | <p>Signed consent for using telehealth is required.</p> <p><b>Source:</b> MS Admin. Code 23, Part 225, Rule 1.6(A). (Accessed Sept. 2019).</p>   |  |



## Medicaid Telehealth Reimbursement

### Out of State Providers

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

**Source:** Code of MS Rules 23-225, Rule 3.1. (Accessed Sept. 2019).

### Miscellaneous

See documentation requirements.

**Source:** Code of MS Rules 23-225 (Accessed Sept. 2019).

## Private Payer Laws

### Definitions

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.

**Source:** MS Code Sec. 83-9-351. (Accessed Sept. 2019).

#### **Worker’s Compensation**

“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.”

**Source:** MS Workers’ Compensation Commission. Workers’ Compensation Medical Fee Schedule. p. 78 (June 15, 2019). (Accessed Sept. 2019).

“Synchronous telemedicine service is defined as a real-time interaction between a physician and another qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional.”

**Source:** MS Workers’ Compensation Commission. Workers’ Compensation Medical Fee Schedule. p. 57 (June 15, 2019). (Accessed Sept. 2019).

### Requirements

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

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 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.

**Source:** MS Code Sec. 83-9-351 & MS Code Sec. 83-9-353. (Accessed Sept. 2019).



### 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.

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.

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.
- Have a recent history of costly services due to one or more chronic conditions as evidenced by two or more hospitalizations, including emergency room visits in the last 12 months; and
- 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 include:

- An order for home telemonitoring, signed and dated by a prescribing physician
- A plan of care, signed and dated by the prescribing physician
- 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 law lists specific technology requirements, non-English language options, and 24/7 technical and clinical support services available.

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 Sept. 2019).



## Private Payer Laws

### Parity

#### Service Parity

All health insurance plans must provide coverage for telemedicine services, including live video and store-and-forward, to the same extent as in-person consultations. 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. 83-9-351 & MS Code Sec. 83-9-353. (Accessed Sept. 2019).

#### 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 Sept. 2019).

## Professional Regulation/Health & Safety

### Definitions

#### Practice of Medicine

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.

**Source:** MS Admin. Code Title 30, Part 2635, Rule 5.1. (Accessed Sept. 2019).

#### 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 Sept. 2019).

### Consent

The physician should obtain the patient's informed consent before providing care. The patient should be provided with information relative to treatment, the risk and benefits of being treated via a telemedicine network and how to receive follow-up care or assistance.

**Source:** MS Admin. Code Title 30, Sec. 2635, Rule 5.3. (Accessed Sept. 2019).



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 Sec. 41-29-137(f)(3) (Accessed Sept. 2019).*

To establish the physician patient relationship through telemedicine, it must include:

- Verify the identity of the person;
- Conduct an appropriate history and physical examination (which can be conducted via telemedicine);
- Establish a diagnosis through the use of acceptable medical practice;
- Discuss 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.

Physicians using telemedicine to provide medical care must provide an appropriate examination prior to diagnosis and treatment of a patient. The exam does not need to 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.

**Source:** *MS Admin. Code Title 30, Sec. 2635, Rule 5.4 & 5.5. (Accessed Sept. 2019).*

No person may engage in the practice of medicine across state lines in Mississippi unless they first obtain a license to do so from the State Board of Medical Licensure and meet all educational and licensure requirements as determined by the Board. These requirements are not required where the evaluation, treatment and/or the medical opinion to be rendered by a physician outside the state is requested by a physician duly licensed to practice medicine in the state, and the physician who has requested the 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 Sept. 2019).*

The practice of medicine is deemed to occur in the location of the patient, therefore physicians practicing telemedicine must have a Mississippi medical license. 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 if a Mississippi licensed physician is responsible for accepting, rejecting, or modifying the interpretation.

**Source:** *MS Admin. Code Title 30, Sec. 2635, Rule 5.2 & 5.4. (Accessed Sept. 2019).*

Member of the Interstate Medical Licensure Compact.

**Source:** *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2019).*

Member of the Nurse Licensure Compact.

**Source:** *Current NLC States and Status. Nurse Licensure Compact (NLC). (Accessed Sept. 2019).*

Member of the Physical Therapy Compact.

**Source:** *Compact Map. PT Compact. (Accessed Sept. 2019).*



A physician treating a patient through a telemedicine network must maintain a complete record of the patient's care.

No physician practicing teleemergency medicine shall be authorized to function in a collaborative/consultative role unless their practice location is a Level One Hospital Trauma Center that is able to provide continuous twenty-four hour coverage and has an existing air ambulance system in place. Coverage will be authorized only for those emergency departments of licensed hospitals who have an average daily census of thirty or fewer acute care/medical surgical occupied beds as defined by their Medicare Cost Report.

**Source:** *MS Admin. Code Title 30, Sec. 2635, Rule 5.6 & 5.7. (Accessed Sept. 2019).*

