



# Mississippi

## CURRENT STATE LAWS & POLICY

### AT A GLANCE

#### MEDICAID PROGRAM

Mississippi Medicaid

#### ADMINISTRATOR

Mississippi Division of Medicaid

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#### REGIONAL TELEHEALTH RESOURCE CENTER

[South Central Telehealth Resource Center](#)

#### MEDICAID REIMBURSEMENT

*Live Video:* Yes

*Store-and-Forward:* No

*Remote Patient Monitoring:* Yes

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#### PRIVATE PAYER LAW

*Law Exists:* Yes

*Payment Parity:* No

#### PROFESSIONAL REQUIREMENTS

*Licensure Compacts:* IMLC, PTC, NLC, EMS

*Consent Requirements:* Yes

# COVID-19

## ORIGINATING SITE

*Last updated 02/28/2021*

Medicaid: [Emergency Telehealth Policy](#)

STATUS: Active, through end of MS State of Emergency, which will be lifted Aug. 15, 2021

Medicaid: State Plan Amendment: [Emergency Coverage of Telehealth](#)

STATUS: Active, during the current emergency

Medicaid: [State Plan Amendment Telehealth Emergency Waivers](#)

STATUS: Active, until termination at the discretion of Medicaid

Medicaid: [Regulation on Telehealth Services during emergencies](#)

STATUS: Permanent

## PROVIDER TYPE

*Last updated 08/09/2021*

Medicaid: [Emergency Telehealth Policy](#)

STATUS: Active, through end of MS State of Emergency

Medicaid: [Emergency Telehealth FAQs](#)

STATUS: Active, through end of COVID-19 Emergency

Medicaid: State Plan Amendment: [Emergency Coverage of Telehealth](#)

STATUS: Active, during the current emergency

Medicaid: [State Plan Amendment Telehealth Emergency Waivers](#)

STATUS: Active, until termination at the discretion of Medicaid

Medicaid: [Regulation on Telehealth Services during emergencies](#)

STATUS: Permanent

## SERVICE EXPANSION

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*Last updated 08/09/2021*

Medicaid: [Emergency Telehealth Policy](#)

STATUS: Active, through end of MS State of Emergency

Medicaid: [Temporary Telehealth Service Codes](#)

STATUS: Active

Medicaid: [Emergency Telehealth FAQs](#)

STATUS: Active, through end of COVID-19 Emergency

Medicaid: State Plan Amendment: [Emergency Coverage of Telehealth](#)

STATUS: Active, during the current emergency

Medicaid: [State Plan Amendment Telehealth Emergency Waivers](#)

STATUS: Active, until termination at the discretion of Medicaid

Medicaid: [Regulation on Telehealth Services during emergencies](#)

STATUS: Permanent

## **AUDIO-ONLY DELIVERY**

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*Last updated 08/09/2021*

Medicaid: [Emergency Telehealth Policy](#)

STATUS: Active, through end of MS State of Emergency

Medicaid: [Temporary Telehealth Service Codes](#)

STATUS: Active

Medicaid: [Emergency Telehealth FAQs](#)

STATUS: Active, through end of COVID-19 Emergency

Medicaid: State Plan Amendment: [Emergency Coverage of Telehealth](#)

STATUS: Active, during the current emergency

Medicaid: [Regulation on Telehealth Services during emergencies](#)

STATUS: Permanent

Medicaid 1915(c) Waiver: [Appendix K – Independent Living Waiver](#)

STATUS: Active, until 6 months following the end of the PHE

Medicaid 1915(c) Waiver: [Appendix K Addendum – Independent Living Waiver](#)

STATUS: Active, until 6 months following the end of the PHE

Medicaid 1915(c) Waiver: [Appendix K – Traumatic Brain Injury/Spinal Cord Injury Waiver](#)

STATUS: Active, until 6 months following the end of the PHE

Medicaid 1915(c) Waiver: [Appendix K – Intellectual Disabilities/Developmental Disabilities](#)

STATUS: Active, until 6 months following the end of the PHE

Medicaid 1915(c) Waiver: [Appendix K – Assisted Living Waiver](#)

STATUS: Active, until 6 months following the end of the PHE

Medicaid 1915(c) Waiver: [Appendix K – Elderly and Disabled Waiver](#)

STATUS: Active, until expires 6 months following the end of the PHE

Medicaid 1915(c) Waiver: [Appendix K Addendum – Traumatic Brain Injury/Spinal Cord Injury Waiver; Independent Living Waiver; Elderly & Disabled Waiver; Assisted Living Waiver; Intellectual Disabilities/Developmental Disabilities Waiver](#)

STATUS: Active, Addendum to approved waivers and expires 6 months following the end of the PHE

## **EASING PRESCRIBING REQUIREMENTS**

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*Last updated 08/09/2021*

Medical Board: [Temporary Rule on the Practice of Telemedicine](#)

Status: Effective 8/2/21, and remains in effect for no longer than 120 days.

Medical Board: [Proclamation on Telehealth](#)

STATUS: Expired based on [Attestation Notice](#).

Medical Board: [Amended Proclamation on Telehealth](#) (Superseded by Proclamation above)

STATUS: Expired

Board of Optometry: [Temporary Rule or Practice Standards](#)

STATUS: Effective 6/30/2021 and remains in effect for up to 120 days.

## EASING CONSENT REQUIREMENTS

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*Last updated 08/09/2021*

Medicaid: [Emergency Telehealth Policy](#)

STATUS: Active, through end of MS State of Emergency

Medicaid: [Emergency Telehealth FAQs](#)

STATUS: Active, through end of COVID-19 Emergency

Medicaid: [Verbal Consent Waiver](#)

STATUS: Active, through end of COVID-19 Emergency

Board of Physical Therapy: [Consent](#)

STATUS: Active, until end of MS State of Emergency

Board of Optometry: [Temporary Rule or Practice Standards](#)

STATUS: Effective 6/30/2021 and remains in effect for up to 120 days.

## CROSS-STATE LICENSING

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*Last updated 08/09/2021*

Medical Board: [Proclamation on Telehealth](#)

STATUS: Expired

Medical Board: [Amended Proclamation on Telehealth](#) (Superseded by Proclamation above)

STATUS: Expired

Medical Board: [Supplemental Proclamation](#)

STATUS: Active, until end of MS State of Emergency

Medical Board: [Emergency License Attestation Form](#)

STATUS: The Board is no longer accepting emergency medical licenses requests due to decreased need.

Board of Optometry: [Temporary Rule or Practice Standards](#)

STATUS: Effective 6/30/2021 and remains in effect for up to 120 days.

## PRIVATE PAYER

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*Last updated 08/09/2021*

Insurance Department: [Extends Telemedicine Coverage](#)

STATUS: Active, until end of MS State of Emergency

Worker's Compensation: [Practice of Telemedicine](#)

STATUS: Permanent

Worker's Compensation: [Telemedicine During COVID-19](#)

STATUS: Expired Sept. 28, 2020 (see below)

Worker's Compensation: [Telemedicine Extension](#)

STATUS: Expired December 24, 2020

Worker's Compensation: [MWCC – Expansion of the Rule for Telemedicine Services](#)

STATUS: Expired June 30, 2020

## MISCELLANEOUS

*Last updated 08/09/2021*

Office of the Governor: [Executive Order \(includes allowance for telehealth\)](#)

STATUS: Active, until end of MS State of Emergency

Medicaid 1915(c) Waiver: [Appendix K Addendum – Traumatic Brain Injury/Spinal Cord Injury Waiver; Independent Living Waiver; Elderly & Disabled Waiver; Assisted Living Waiver; Intellectual Disabilities/Developmental Disabilities Waiver](#)

STATUS: Active, Addendum to approved waivers and expires 6 months following the end of the PHE

HB 1793: [Postsecondary Education](#)

STATUS: Enacted

SB 3046 & SB 3054: [Broadband Grants](#)

STATUS: Enacted

SB 3049: [Liability](#)

STATUS: Enacted

STATUS: Enacted

# Medicaid

## OVERVIEW

*Last updated 08/13/2021*

Mississippi Medicaid reimburses certain providers for live video telehealth when there is a telepresenter with the patient. The requirement for a telepresenter is waived during a state of emergency when the patient's residence is the originating site. They also reimburse for store-and-forward teleradiology, and for remote patient monitoring for patients with certain chronic conditions.

## DEFINITIONS

*Last updated 08/13/2021*

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 Aug. 2021).

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 \(Accessed Aug. 2021\)](#)

## LIVE VIDEO

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*Last updated 08/13/2021*

## 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.

SOURCE: [MS Code Sec. 83-9-351. \(Accessed Aug. 2021\).](#)

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. 1.2B \(Accessed Aug. 2021\).](#)

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## 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.

## Noncovered Services:

- 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 of Medicaid reimburses all providers delivering a medically necessary telehealth service at the distant site at the current applicable MS 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 \(Accessed Aug. 2021\)](#).

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## 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
- Community Mental Health Centers (CMHCs)
- Private Mental Health Centers
- Federally Qualified Health Centers
- Rural Health Clinics; or
- Physical, occupational or speech therapy

The Division of Medicaid requires a telepresenter who meets the requirements of Miss. Admin Code Part 225, Rule 1.1.C. at the originating site as determined by the Division.

SOURCE: [MS Admin. Code Title 23, Part 225, Rule. 1.3\(B\).](#) (Accessed Aug. 2021).

During a state of emergency, beneficiaries may seek treatment utilizing telehealth services from a distant site provider not listed under Medicaid's allowed distant site providers.

SOURCE: [MS Admin. Code Title 23, Part 225, Rule. 1.7.](#) (Accessed Aug. 2021).

### **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](#) as amended by [Senate Bill 2799 \(2021 Session\)](#) (Accessed Aug. 2021).

### **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. 1.1](#) (Accessed Aug. 2021).

## 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. \(Accessed Aug, 2021\).](#)

## 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, \(Accessed Aug, 2021\).](#)

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## ELIGIBLE SITES

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

- 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.C. at the originating site as determined by the Division.

SOURCE: [MS Admin. Code Title 23, Part 225, Rule. 1.3\(B\) & 1.7. \(Accessed Aug. 2021\).](#)

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. \(Accessed Aug. 2021\).](#)

During a state of emergency, beneficiaries may seek treatment utilizing telehealth services from an originating site not listed in the Medicaid State Plan, including the beneficiary's residence and health care facilities not listed in the State Plan wishing to act as an originating sites must first be granted approval by the Division of Medicaid before rendering originating sites telehealth services.

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

SOURCE: [MS Admin. Code Title 23, Part 225, Rule. 1.7. \(Accessed Aug. 2021\).](#)

### **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](#) as amended by [Senate Bill 2799 \(2021 Session\)](#) (Accessed Aug. 2021).

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## GEOGRAPHIC LIMITS

No Reference Found

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## 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.

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SOURCE: [MS Admin. Code Title 23, Part 225, Rule. 1.5\(A\). \(Accessed Aug. 2021\).](#)

## 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. \(Accessed Aug. 2021\).](#)

## 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. 1.1 \(Accessed Aug. 2021\).](#)

## STORE-AND-FORWARD

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*Last updated 08/13/2021*

## POLICY

Private payers, MS Medicaid and employee benefit plans are required to provide coverage to 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.

SOURCE: [MS Code Sec. 83-9-353. \(Accessed Aug. 2021\).](#)

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 \(Accessed Aug. 2021\)](#).

There is reimbursement for tele-radiology 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. \(Accessed Aug. 2021\)](#).

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## 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 \(Accessed Aug. 2021\)](#).

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## 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 \(Accessed Aug. 2021\)](#).

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## 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 \(Accessed Aug. 2021\)](#).

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 \(Accessed Aug. 2021\)](#).

## REMOTE PATIENT MONITORING

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*Last updated 08/13/2021*

### POLICY

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.

A one-time telehealth installation/training fee is also reimbursed.

SOURCE: [MS Code Sec. 83-9-353. \(Accessed Aug. 2021\)](#).

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. \(Accessed Aug. 2021\).](#)

### **Continuous Glucose Monitoring**

A continuous glucose monitoring service is reimbursed when 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.

SOURCE: [MS Admin. Code Title 23, Part 225, Rule. 4.3. \(Accessed Aug. 2021\).](#)

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## **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. \(Accessed Aug. 2021\).](#)

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. \(Accessed Aug. 2021\).](#)

### **Continuous Glucose Monitoring**

Must have 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).

Patient must also:

- 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.

SOURCE: [MS Admin. Code Title 23, Part 225, Rule. 4.3. \(Accessed Aug. 2021\).](#)

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## PROVIDER LIMITATIONS

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. \(Accessed Aug. 2021\).](#)

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\(18\). \(Accessed Aug. 2021\).](#)

## 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. \(Accessed Aug. 2021\).](#)

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## 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 law lists specific technology requirements.

SOURCE: [MS Code Sec. 83-9-353\(6\)](#) as amended by [HB 200, \(2021 Session\)](#). (Accessed Aug. 2021).

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. \(Accessed Aug. 2021\)](#).

## EMAIL, PHONE & FAX

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*Last updated 08/13/2021*

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\(F\). \(Accessed Aug. 2021\).](#)

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. \(Accessed Aug. 2021\).](#)

## CONSENT REQUIREMENTS

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*Last updated 08/13/2021*

Signed consent for using telehealth is required.

SOURCE: [MS Admin. Code 23, Part 225, Rule 1.6\(A\). \(Accessed Aug. 2021\).](#)

## OUT OF STATE PROVIDERS

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*Last updated 08/13/2021*

For teleradiology, 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. \(Accessed Aug. 2021\).](#)

## MISCELLANEOUS

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*Last updated 08/13/2021*

See documentation requirements in rule.

SOURCE: [MS Admin. Code 23, Part 225, Rule 3.6 \(Accessed Aug. 2021\).](#)



## DEFINITIONS

*Last updated 08/13/2021*

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. \(Accessed Aug. 2021\).](#)

## 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 intervening health care provider. This does not include the practice of medicine through postal or courier services.

Teleemergency medicine is a unique combination of telemedicine and the collaborative/consultative role of a physician board certified in emergency medicine and an appropriate skilled health professional. These services are billed using codes 99441- 99449.

SOURCE: [MS Workers’ Compensation Commission. Workers’ Compensation Medical Fee Schedule, Telemedicine Rule, Mar. 24, 2021, \(Accessed Aug. 2021\).](#)

## REQUIREMENTS

*Last updated 08/13/2021*

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. \(Accessed Aug. 2021\).](#)

### **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 includes:

- 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. \(Accessed Aug. 2021\).](#)

## Worker's Compensation

The practice of telemedicine is deemed to occur in the location of the patient. Therefore, only physicians holding a valid Mississippi license are allowed to practice telemedicine in Mississippi. However, a valid Mississippi license is not required where the evaluation, treatment, and/or medicine to be rendered 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.

Only those CPT codes marked with a star (\*) in the current Medical Fee Schedule may be reimbursed as telemedicine. Billing should include the use of modifier 95 and use of POS

code.

Telemedicine providers must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient. Practitioners who may provide telemedicine services include physicians, nurse practitioners, physician assistants, psychiatrists, clinical psychologists, physical therapists, occupational therapists, speech therapists, and dieticians.

Authorized originating sites include: hospitals (acute and critical access), rural health clinics, federally qualified health centers, skilled nursing facilities, community mental health centers, and in the clinics of the telemedicine providers.

SOURCE: [MS Workers' Compensation Commission. Workers' Compensation Medical Fee Schedule, Telemedicine Rule, Mar. 24, 2021, \(Accessed Aug. 2021\).](#)

## PARITY

*Last updated 08/13/2021*

### 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. \(Accessed Aug. 2021\).](#)

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## 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. \(Accessed Aug. 2021\).](#)

# Professional Requirements

## DEFINITIONS

*Last updated 08/13/2021*

### Practice of Medicine

Telemedicine is the practice of medicine using interactive audio, video, store-and-forward, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located, and which is capable of replicating the interaction of a traditional encounter in-person between a provider and a patient. 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. \(Accessed Aug. 2021\).](#)

### 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 Title 15, Part 16, Subpart 1, Ch. 6 \(Sec. 6.2.3-4\)](#), (Accessed Aug. 2021).

## 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 Aug. 2021).

## CONSENT REQUIREMENTS

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*Last updated 08/13/2021*

The physician using telemedicine 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, Sec. 2635, Rule 5.3](#). (Accessed Aug. 2021).

## ONLINE PRESCRIBING

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*Last updated 08/13/2021*

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 Aug. 2021).

## 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](#) & [HB 294 \(2021 Session\)](#), (Accessed Aug. 2021).

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.

Physicians 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.

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.

SOURCE: [MS Admin. Code Title 30, Sec. 2635, Rule 5.4 & 5.5.](#) (Accessed Aug. 2021).

## CROSS-STATE LICENSING

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*Last updated 08/13/2021*

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. \(Accessed Aug. 2021\).](#)

### **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 \(Sec. 6.2.3-4\), \(Accessed Aug. 2021\).](#)

The practice of medicine is deemed to occur in the location of the patient. Therefore, only physicians holding a valid Mississippi license are allowed to practice telemedicine 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 physician is responsible for accepting, rejecting, or modifying the interpretation. The Mississippi licensed physician must maintain exclusive control over any subsequent therapy or additional diagnostics.

SOURCE: [MS Admin. Code Title 30, Sec. 2635, Rule 5.2. \(Accessed Aug. 2021\).](#)

## **LICENSURE COMPACTS**

*Last updated 08/13/2021*

Member of the Interstate Medical Licensure Compact.

SOURCE: [The IMLC. Interstate Medical Licensure Compact. \(Accessed Aug. 2021\).](#)

Member of the Nurse Licensure Compact.

SOURCE: [Current NLC States and Status. Nurse Licensure Compact \(NLC\). \(Accessed Aug. 2021\).](#)

Member of the Physical Therapy Compact.

SOURCE: [Compact Map. PT Compact. \(Accessed Aug. 2021\).](#)

Member of EMS Compact.

SOURCE: [Interstate Commission for EMS Personnel Practice. EMS Compact Member States. \(Accessed Sept. 2021\).](#)

## **MISCELLANEOUS**

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*Last updated 08/13/2021*

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. \(Accessed Aug. 2021\).](#)

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. \(Accessed Aug. 2021\).](#)

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. \(Accessed Aug. 2021\).](#)

## PROFESSIONAL BOARDS STANDARDS

*Last updated 08/13/2021*

- Board of Pharmacy – Telepharmacy (SOURCE: [Title 30, Part 3001, Article XLVIII, \(Accessed Aug. 2021\).](#))
- Board of Examiners of Licensed Professional Counselors (SOURCE: [Title 30, Part 2201, Ch. 1, Rule 7.5, \(Accessed Aug. 2021\).](#))

## 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 \(Sec. 6.2.3-4\), \(Accessed Aug. 2021\).](#)