

Office of the Governor | Mississippi Division of Medicaid

Telemedicine in Mississippi Medicaid

Mary Katherine Ulmer, M.S.



Who is Enrolled?

- Children
- Low Income Parents/Caretakers
- Disabled (*Supplemental Security Income*)
- Dually eligible
- Family Planning
- Pregnant Women

700,020
Medicaid beneficiaries

47,117
CHIP beneficiaries

747,137
Total enrollment

As of January 2018

Telemedicine

Includes, but is not limited to:

- Telehealth services,
- Remote patient monitoring services,
- Teleradiology services,
- Store-and-forward, and
- Continuous glucose monitoring services.

Telehealth Services

Practice of health care delivery by a provider to a beneficiary who is under the care of a provider at a different geographical location.

- Division of Medicaid (DOM) covers medically necessary health services to eligible Medicaid beneficiaries as specified in the State Plan.
- If a service is not covered in an in-person setting, it is not covered if provided through telehealth.

Telehealth Services

Telehealth services must be delivered by a participating Medicaid provider acting within their scope-of-practice at both originating and distant site.

Telehealth Service Locations

Originating/Spoke Site



Distant/Hub Site



Physical location of beneficiary at the time telehealth service is provided via telecommunications system.

ORIGINATING/SPOKE SITE

Originating/Spoke Site

DOM allows any enrolled Medicaid provider to provide telehealth services at originating site.

Telepresenter at originating site must:

- Be employed by enrolled Medicaid provider,
- Perform tasks and activities within telepresenter's scope-of-practice and license, and
- Be physically present during entire telehealth visit or encounter.

Telehealth Services - Telepresenter

- Introduces beneficiary to distant site provider for examination, and
- Assists distant site provider with requested tasks and activities within the telepresenter's scope-of-practice and license.

Telehealth Services

Telepresenter must be one (1) of the following for originating site to receive originating site facility fee:

- Physician
- Physician Assistant
- Nurse Practitioner
- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselor (LPC)

Telehealth Services

Telehealth services are covered in following originating sites:

- Office of Physician or Practitioner
- Outpatient Hospital (including a Critical Access Hospital (CAH))
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Community Mental Health Center/Private Mental Health Center (CMHC/PMHC)
- Therapeutic Group Homes
- Indian Health Service Clinic
- School-Based Clinic

Telehealth Originating Site Facility Fee

DOM reimburses telehealth originating site facility fee per completed transmission when:

- Enrolled Medicaid provider is eligible to receive originating site facility fee, and
- Beneficiary is located at covered originating site.

Originating Site Facility Reimbursement

- \$31.28 per unit
- 1 unit equals 30 minutes
- 2 units are allowed per day

Originating site provider cannot bill for an encounter or Evaluation and Management (E&M) visit, unless a separately identifiable service is performed.



Physical location of provider delivering telehealth service via telecommunications system.

DISTANT/HUB SITE

Telehealth Services

Enrolled Medicaid providers eligible to provide telehealth services at distant site as a substitution for an in-person visit or encounter for consultations, office visits, and/or outpatient visits includes:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors (LPCs)

Telehealth Services

DOM reimburses provider delivering medically necessary telehealth service at distant site the current applicable Mississippi Medicaid fee for service provided.

- If service in an in-person setting is not covered by DOM, it is not covered through telehealth.
- Provider must include appropriate modifier on claim indicating service was provided through telehealth.

Telehealth Service Locations

- Physical location of beneficiary and telepresenter
- Mississippi Medicaid telehealth originating site facility fee (Q3014) per completed transmission

Originating/Spoke Site



Distant/Hub Site

- Physical location of provider delivering telehealth service
- Mississippi Medicaid fee for telehealth service provided
- Modifier required on claim

Telehealth Services Documentation

Must be maintained at originating and distant site and includes, but is not limited to:

- Signed consent for treatment using telehealth
- Medically appropriate reason telehealth was utilized to provide services
- Beneficiary's presenting diagnosis and symptoms
- Specific name/type of all diagnostic studies and results/findings of studies
- Plan of Care

Telehealth Non-Covered Services

- Telehealth services in inpatient setting.
- Separate reimbursement for installation or maintenance of telehealth hardware, software and/or equipment, videotapes, and transmissions.
- Installation or maintenance of any telecommunication devices or systems.

Telehealth Services

DOM does not consider the following as telehealth services:

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

Telehealth

The interaction must be:

- Live,
- Interactive, and
- Audiovisual.

Store-and-Forward

Telecommunication technology:

- Transfers medical data from one (1) site to another through camera or similar device that records or stores an image
 - Image transmitted or forwarded via telecommunication to another site for teleconsultation
- Includes, but is not limited to, teleradiology services

Remote Patient Monitoring

Use of digital technologies to:

- Collect medical and other forms of health data from individuals in one location, and
- Electronically transmit that information securely to health-care providers in a different location for interpretation and recommendation.

Remote Patient Monitoring

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

- Implantable pacemakers
- Defibrillators
- Cardiac monitors
- Loop recorders
- External mobile cardiovascular telemetry

DOM reimburses for devices when billed with appropriate code.

Remote Patient Monitoring

DOM covers remote patient monitoring, for disease management when:

- Medically necessary,
- Prior authorized by Utilization Management/Quality Improvement Organization (UM/QIO), Division of Medicaid or designee,
- Ordered by a physician, physician assistant, or nurse practitioner, and
- Beneficiary meets criteria outlined in MS Administrative Code Part 225, Rule 2.3.B.

Remote Patient Monitoring

Reimbursement for disease management:

- Daily monitoring rate for days beneficiary's information is reviewed.
- 1 unit per day, not to exceed thirty-one (31) days per month.
 - 1 daily rate will be reimbursed regardless of the number of diseases/chronic conditions being monitored.
- Set-up Visit: Initial visit to install the equipment and train beneficiary
 - 1 set-up is allowed per episode even if monitoring parameters are added after the initial set-up and installation.

Remote Patient Monitoring

- DOM does not reimburse for duplicate transmission or interpretation of remote patient monitoring data.
- DOM does not cover remote patient monitoring for disease management as outlined in Miss. Admin. Code Part 225, Rule 2.3.B. for Beneficiary who is a resident of an institution that meets the basic definition of a hospital or long-term care facility.

Continuous Glucose Monitoring

- Download, retrospective review and interpretation of blood glucose values by a physician, physician's assistant or nurse practitioner when captured for more than seventy-two (72) hours on a continuous glucose monitor system, and
- Adjunct monitoring, not an alternative, to traditional self-monitoring of blood glucose levels, supplying additional information on glucose trends that are not available from self-monitoring.

Telemedicine in Mississippi Medicaid

Administrative Code, Title 23: Medicaid, Part 225: Telemedicine

<https://medicaid.ms.gov/wp-content/uploads/2015/07/Admin-Code-Part-225.pdf>

Mississippi State Plan Attachment 3.1-A

https://medicaid.ms.gov/wp-content/uploads/2014/01/Attachment_3.1-A.pdf

Mississippi State Plan Attachment 4.19-B

https://medicaid.ms.gov/wp-content/uploads/2017/05/Attachment_4.19-B.pdf

Mary Katherine Ulmer, M.S.
Office Director for Medical Services

Walter Sillers Building
550 High Street, Suite 1000
Jackson, Mississippi 39201

Phone 601-359-9133
Fax 601-359-6147
Web medicaid.ms.gov
Email mary.ulmer@medicaid.ms.gov



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