

Mississippi

Medicaid Program: Mississippi Medicaid

Program Administrator: Mississippi Division of Medicaid

Regional Telehealth Resource Center: South Central Telehealth Resource Center www.learntelehealth.org

Mississippi Policy At-a-Glance

| MEDICAID REIMBURSEMENT | | | PRIVATE PAYER LAW | | PROFESSIONAL REQUIREMENTS | |
|------------------------|-------------------|---------------------------|-------------------|----------------|---------------------------|---------------------|
| LIVE VIDEO | STORE-AND-FORWARD | REMOTE PATIENT MONITORING | LAW EXISTS | PAYMENT PARITY | LICENSURE COMPACTS | CONSENT REQUIREMENT |
| ✓ | ✗ | ✓ | ✓ | ✗ | IMLC, NLC, PTC, EMS | ✓ |

Mississippi Detailed Policy

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|--|--------------------|---|
| Medicaid Telehealth Reimbursement | Summary | <p>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.</p> |
| | Definitions | <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>Source: MS Code Sec. 83-9-351(1)(d). (Accessed Sept. 2020).</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>Source: MS Admin. Code Title 23, Part 225, Rule. 1.1. (Accessed Sept. 2020).</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>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. 2020).</p> |



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 Sept. 2020).

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 Sept. 2020).

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:

- Telehealth service that is not covered in an in-person setting
- Telehealth services in the inpatient setting;
- Installation or maintenance of telehealth hardware, software and/or equipment, videotapes, and transmissions. Early and periodic screening, diagnosis, and treatment (EPSDT) well child visits through telehealth.
- Physician visits for non-established beneficiaries, and/or level VI or V visits.
- 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;
- Any other communication made in the course of usual business practices including, but not limited to calling in a prescription refill, or performing a quick virtual triage.
- The 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 the service provided. The provider must include the appropriate modifier on the claim indicating the service was provided through telehealth.

Source: MS Admin. Code Title 23, Part 225, Rule. 1.3-1.5. (Accessed Sept. 2020).

The Division of Medicaid 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 service must be delivered in a real-time communication method that 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. 2020).

Mental Health Services

Medication evaluation & management may be provided by the use of telehealth.

Source: MS Admin. Code Title 23, Part 206, Rule. 1.9, pg. 25. (Accessed Sept. 2020).



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

Source: MS Admin. Code Title 23, Part 225, Rule. 1.3(B). (Accessed Sept. 2020).

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 Sept. 2020).

Eligible Sites

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

The division of Medicaid covers telehealth services at an originating site when the telepresenter meets certain requirements. Requirements include:

- 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 & 1.5. (Accessed Sept. 2020).

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.

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 Sept. 2020).

Geographic Limits

No reference found.



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 when the telepresenter meets certain requirements (see eligible site section):

- 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.

Source: MS Admin. Code Title 23, Part 225, Rule. 1.5(A). (Accessed Sept. 2020).

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. 2020). MS Admin. Code Title 23, Part 225, Rule. 1.5(A). (Accessed Sept. 2020).

Facility fee provided per completed transmission.

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 Sept. 2020).

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.

Source: State of Mississippi. State Plan Under Title XIX of the Social Security Act. Medical Assistance Program. Attachment 4.19-B. Rural Health Centers & Federally Qualified Health Center. 6/30/16. (Accessed Sept. 2020).

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 Sept. 2020).

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 Sept. 2020).

Medicaid Telehealth Reimbursement

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| Store-and-Forward | Policy | <p>There is reimbursement for tele-radiology services, however there is no reference to reimbursing for other specialties in regulation.</p> <p>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.</p> <p style="text-align: right;">Source: MS Admin Code Title 23, Part 225, Rule. 3.2. (Accessed Sept. 2020).</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. See regulations for detailed requirements for teleradiology.</p> <p style="text-align: right;">Source: MS Admin. Code Title 23, Part 225, Rule. 3.1 & 3.3. (Accessed Sept. 2020).</p> |
| | Geographic Limits | <p>MS Medicaid only covers teleradiology when there are no geographically local radiologist providers to interpret images.</p> <p style="text-align: right;">Source: MS Admin. Code Title 23, Part 225, Rule. 3.3. (Accessed Sept. 2020).</p> |
| | Transmission Fee | <p>The Division of Medicaid does not cover the transmission cost or any other associated cost of teleradiology.</p> <p style="text-align: right;">Source: Code of MS Rules 23-225, Rule. 3.4. (Accessed Sept. 2020).</p> |
| Remote Patient Monitoring | Policy | <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 style="text-align: right;">Source: MS Code Sec. 83-9-353. (Accessed Sept. 2020).</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 the initial set-up and installation. • Only one (1) daily rate will be reimbursed regardless of the number of diseases/chronic conditions being monitored. <p>The Division of Medicaid does not reimburse for the duplicate transmission or interpretation of remote patient monitoring data.</p> <p style="text-align: right;">Source: MS Admin. Code Title 23, Part 225, Rule. 2.5. (Accessed Sept. 2020).</p> |



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);
- 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.

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, and
- External mobile cardiovascular telemetry.

Source: MS Admin. Code 23, Part 225, Rule. 2.3. (Accessed Sept. 2020).

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, as defined by CMS.
- 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
- The patient’s healthcare provider recommends disease management services via remote patient monitoring.

Source: MS Code Sec. 83-9-353. (Accessed Sept. 2020).

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 Sept. 2020).

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 Sept. 2020).

Other Restrictions

Remote patient monitoring prior authorization request form must be submitted to request telemonitoring services.

The law lists specific technology requirements.

Source: MS Code Sec. 83-9-353(6). (Accessed Sept. 2020).

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

Source: MS Admin. Code 23, Part 225, Rule. 2.3(C). (Accessed Sept. 2020).



Email / Phone / Fax

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(C). (Accessed Sept. 2020).

Not considered telehealth:

- 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.

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. 2020).

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 Sept. 2020).

Consent

Signed consent for using telehealth is required.

Source: MS Admin. Code 23, Part 225, Rule 1.6(A). (Accessed Sept. 2020).

Out of State Providers

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 Sept. 2020).

Miscellaneous

See documentation requirements.

Source: Source: MS Admin. Code 23, Part 225. (Accessed Sept. 2020).



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. 2020).

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.”

“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 & 78 (June 15, 2019). (Accessed Sept. 2020).

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. 2020).

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



Requirements

- 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. 2020).

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. 2020).

Parity

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. 2020).



Definitions

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 Sept. 2020).

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. 2020).

Consent

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 Sept. 2020).

Online Prescribing

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. 2020).

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 Sept. 2020).



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 Sept. 2020).*

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 & 5.4. (Accessed Sept. 2020).*

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States and Status. Nurse Licensure Compact (NLC). (Accessed Sept. 2020).*

Member of the Physical Therapy Compact.

Source: *Compact Map. PT Compact. (Accessed Sept. 2020).*

Member of the Interstate Commission for EMS Personnel Practice

Source: *The Interstate Commission for EMS Personnel Practice. (Accessed Sept. 2020).*

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

Source: *MS Admin. Code Title 30, Sec. 2635, Rule 5.6. (Accessed Sept. 2020).*

Recently Passed Legislation (Now Effective)

Establishes the powers and duties of the State Department of Health to include:

- The 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 Sept. 2020).*

Recently Passed Legislation (Now Effective)

Establishes the Mississippi Center for Rural Health Innovation within the Office of Rural Health of the State Department. The purpose of the center is to provide 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 HB 94 (Regular Session 2020). (Accessed Sept. 2020).*

