

Emergency Telehealth Policy

In response to the coronavirus outbreak, the Mississippi Division of Medicaid (DOM) is expanding its coverage of telehealth services throughout the state in alignment with Governor Tate Reeves' recommendations on leveraging telemedicine to care for patients while limiting unnecessary travel, clinic visits and possible exposure.

DOM 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. DOM defines the distant site, also referred to as the hub site, as the physical location of the provider delivering the telehealth service at the time the telehealth service is provided. The beneficiary's physical location at the time the telehealth service is provided is the originating site. For a complete reference to DOM's telehealth policy, see the Administrative Code section: <https://medicaid.ms.gov/administrative-code/emergency-administrative-code-filings/>

Enhanced Telehealth Services

Effective immediately through April 30, 2020, DOM's Emergency Telehealth Policy will allow additional use of telehealth services to combat the spread of Coronavirus Disease 2019 (COVID-19). Details of enhanced services include the following:

Improved Access for Beneficiaries

- A beneficiary may seek telehealth treatment from the beneficiary's home or from a non-traditional originating site approved by DOM listed below.
- A beneficiary may use his or her personal cellular device, computer, tablet, or other web camera-enabled device to seek and receive medical care in a synchronous format with a DOM approved distant-site provider.
- When the beneficiary receives telehealth services in the home, the requirement for a telepresenter to be present with the beneficiary is waived.
- Any limitation on the use of audio-only telephonic consultations is waived.

Provider Approval Process

- Provider types not included in the State Plan as an originating site or the Administrative Code as a distant site should contact DOM for approval to serve as a telehealth provider. As provider types are approved, this document will be updated under Approved Provider Types (below) to reflect newly-approved provider types that will not require further approval.
- If you are a provider type that has not been approved, or you are a provider type approved as either a distant site or an originating site, but not both, and you wish to render both types of services, please submit your request to Jennifer Grant (Jennifer.Grant@medicaid.ms.gov). Please include the following details:
 - Service Provider Name,
 - Service Provider Type,
 - Current Medicaid Provider Number,
 - A brief description for how telehealth can be used to serve your patient population,

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- Specific telecommunication equipment to be used (personal cellular device, computer, tablet, or other web camera-enabled device) and
- Whether you are seeking to serve as an originating site, a distant site, or both.

Billing Information

- Audio only consultation CPT Codes 99441, 99442, and 99443 are temporarily available for reimbursement for dates of service March 19, 2020 through April 30, 2020 of. Professional claims should be billed with place of service (POS) 02. No modifier is required for the use of these codes.
- Virtual check-in, including by telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010), are temporarily available. Professional claims should be billed with POS 02. No modifier is required for the use of these codes.
- All providers acting in the role of a telehealth distant site provider will be reimbursed the Mississippi Medicaid fee-for-service rate for telehealth services. Providers should bill the appropriate code for services rendered as if rendered in person. All professional claims for services rendered via audio/visual telehealth, should be billed with a GT modifier and place of service 02. The audio-only telephonic consultation codes listed in the chart below should be billed with POS 02. Please refer to the Medicaid interactive fee schedule located on the Medicaid website at <https://www.ms-medicaid.com/msenvision/feeScheduleInquiry.do> to view rates for these services. Providers should allow 72 hours from 3/19/2020 for the new telehealth codes to be available in the claims processing system.
- Providers acting as both a telehealth distant and originating site provider will be reimbursed either the originating or distant site fee-for-service rate, not both.

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Temporary Telehealth Service Codes		
Code	Code Description	Z1 Fee on File Medicaid Rate (90%)
G2010	REMOTE EVALUATION OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PATIENT (E.G., STORE AND FORWARD), INCLUDING INTERPRETATION WITH FOLLOW-UP WITH THE PATIENT WITHIN 24 BUSINESS HOURS, NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WI	\$10.19
G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO CAN REPORT EVALUATION AND MANAGEMENT SERVICES, PROVIDED TO AN ESTABLISHED PATIENT, NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERV	\$12.35
99441	TELEPHONE E&M SERVICE BY A PHY OR OTHER QUALIFIED HLTH CARE PROFESSIONAL WHO MAY REPORT E&M SERVICES PROVIDED 5-10 MINS	\$12.07
99442	TELEPHONE E&M SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HLTH CARE PROFESSIONAL WHO MAY REPORT E&M SERVICES PROVIDED FOR ESTAB PATIENT 11-20 MINS	\$23.48
99443	TELEPHONE E&M SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HLTH CARE PROFESSIONAL WHO MAY REPORT E&M SERVICES PROVIDED FOR ESTAB PATIENT 21-30 MINS	\$34.55

Requirements for the Provision of Telehealth Services

Enhanced telehealth services provided during this period must meet the following criteria:

- The service rendered must be safe and medically appropriate for the originating site in which the service is rendered.
- Any services provided through telehealth must meet the same standard of care as if provided in person.
- Providers may only bill procedure codes which they are already eligible to bill.

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- Providers must document the member's consent, either verbal or written, to receive telehealth services.
- The availability of services through telehealth does not alter the scope of practice of any health care provider, nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- Services not otherwise covered by the Mississippi Division of Medicaid are not covered when delivered via telehealth.

Approved Provider Types

In addition to the provider types authorized in the Division of Medicaid's Administrative Code, the following provider types may serve as the distant site provider for medically appropriate, audio/visual telehealth services under this emergency telehealth policy:

- MYPAC providers
- Speech Therapists may render services to established patients
- Occupational Therapists may render services to established patients

Approved Sites of Service

In addition to the sites of service authorized in the Medicaid State Plan, the following sites of service may serve as the originating site for a medically appropriate telehealth service under this emergency telehealth policy:

- Prescribed Pediatric Extended Care (PPEC) Centers
- Inpatient hospital, provided the telepresenter is authorized to carry out the orders of the distant site provider.

The Healthcare Common Procedure Coding System (HCPCS) codes U0001 and U0002 were developed by the Centers for Medicare and Medicaid Services (CMS). The new Coronavirus Disease 2019 (COVID-19) diagnostic testing codes are now available for billing in the claims processing system and will apply to dates of service on or after Feb. 4, 2020.

Coronavirus Laboratory Testing Codes			
Code	Code Description	Z1 Fee on File Medicaid Rate (90%)	O1 OUTPT HSP
U0001	CDC 2019 NOVEL CORONAVIRUS (2019-NCOV) REAL-TIME RT-PCR DIAGNOSTIC PANEL	32.33	32.33
U0002	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-NCOV (COVID-19), ANY TECHNIQUE, MULTIPLE	46.2	46.2

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