

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/wp-content/uploads/2015/07/Admin-Code-Part-225.pdf>.

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:

- A beneficiary may seek treatment from a non-traditional originating site including the beneficiary's home.
- 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 qualified distant-site provider.
- When receiving 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. CPT Codes 99441, 99442, and 99443 are temporarily available for reimbursement of telephone only consultations.
- Virtual check-in, including by telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010), are temporarily available.
- Any provider who is eligible to bill DOM for services is allowed to serve as a distant site provider.
- 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. Any service rendered via telehealth should include a GT modifier. 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 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.

Please direct questions to (800) 884-3222.

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 health benefits provided through telemedicine 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.
- 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 telemedicine.

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Temporary Telehealth Service Codes			
Code	Code Description	Z1 Fee on File Medicaid Rate (90%)	Modifier
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	GT
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	GT
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	GT
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	GT
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	GT

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