

Emergency Telehealth Policy Frequently Asked Questions (FAQs)



What is required regarding Telehealth documentation?

Services provided via Telehealth must follow the same documentation requirements as if the service was rendered face-to-face. The medical record must clearly indicate the service was rendered via Telehealth. The beneficiary must give either verbal or written consent to receive telehealth services and the provider must document this in the medical record. Please refer to the Division of Medicaid (DOM) Administrative Code Part 200: General Provider Information, Rule 1.3: Maintenance of Records found on DOM's public website <https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-200.pdf>.

How do I code Telehealth visits?

Providers should bill the appropriate code for services rendered as if rendered in person. Providers billing level 4 and 5 visits through Telehealth should ensure the documentation supports the time and complexity required for these visits. The Division of Medicaid will monitor all utilization of services rendered through Telehealth for medical appropriateness and conduct post-payment reviews, with even more focus on level 4 and 5 visits. All professional claims for services rendered using audio and visual telehealth components, should be billed with a GT modifier and place of service 02. Services rendered via Telehealth must be in accordance with the qualified healthcare professional's scope-of-practice, license, medical certification or Mississippi Department of Mental Health (MDMH) 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.

Is a real-time visual component necessary?

DOM's Emergency Administrative Code Filing for Part 225, Rule 1.7: Procedures during States of Emergency expands Telehealth services to include use of telephonic audio that does not include video. The full text for this emergency filing is found on DOM's public website <https://medicaid.ms.gov/providers/administrative-code/emergency-administrative-code-filings/>.

Will Rural Health Clinics (RHCS) and Federally Qualified Health Centers (FQHCs) receive their Prospective Payment System (PPS) rate payment for services rendered via Telehealth?

RHCs and FQHCs are approved as temporary distant site providers and will be reimbursed their PPS rate for services which meet the definition of an encounter rendered via Telehealth with both a video and audio component. Services rendered via Telehealth with only an audio component will receive the fee-for-service payment listed in DOM's Emergency Telehealth policy.

Can Occupational, Physical and Speech Therapy be rendered via Telehealth?

DOM's Emergency Telehealth Policy allows occupational, physical and speech therapists to render therapy services, as distant site providers, to established patients.

Can a personal cell phone be used for Telehealth services?

DOM's Emergency Administrative Code Filing for Part 225, Rule 1.7: Procedures during States of Emergency allows beneficiaries to use their personal telephonic land line, cellular device, computer, tablet, or other web-enabled device.

How are audio only codes timed for billing purposes?

The audio only telephone codes are reported based on time and providers must bill and document based on the actual time the qualified healthcare professional spends rendering the service.

When does the Temporary Telehealth Policy expire?

The Temporary Telehealth Policy has been extended and will expire on May 31, 2020. Providers are encouraged to monitor DOM's Coronavirus Updates webpage for changes in guidance related to COVID-19.