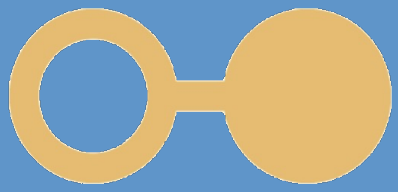
Mississippi

Telehealth Manual



A partnership between

MISSISSIPPI TELEHEALTH ASSOCIATION

MISSISSIPPI RURAL HEALTH ASSOCIATION

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Disclaimer: This manual is intended to provide consultation and guidance for health care and business professionals in Mississippi for telehealth implementation. It is not designed to provide legal or professional advice. Please consult with your professional advisors to ensure accuracy and availability of this information for application and implementation at your facility.

What is telehealth?

Telehealth is a broad term that encompasses several different potential applications of telehealth technology.

Telehealth is widely seen as not just an emerging industry, but a revolutionary component in the health care system. As our physician challenges become more prevalent in Mississippi and access to care continues to be on the forefront, providing additional access to healthcare providers is all the more critical. Telehealth has the opportunity provide this increased access to care in a regulated and controlled fashion, providing the exceptional healthcare that we enjoy while offering new and innovative ways for providers and facilities to expand their footprint.

Telehealth in Mississippi is currently enjoyed by hospitals and clinics, corporations who provide self insured and fully insured health plans, retail establishments, and to the individual consumer in a form of their choosing.

Telehealth in many cases can reproduce the in-person encounter virtually, providing the same level of quality in a faster and more convenient format. It is good for patients, it is good for providers, and it is good for the overall health of Mississippians.

Mississippi laws and regulations for telehealth

Mississippi has clearly defined laws and policies related to the practice of medicine using telehealth platforms. These policies are detailed in an excerpt from the Mississippi Code below:

Miss. Code Ann. § 83-9-351 (2017)

"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.

(2) 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.

(3) A health insurance or employee benefit 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.

(4) A health insurance or employee benefit plan may limit coverage to health care providers in a telemedicine network approved by the plan.

Coverage

Mississippi has no unusual rules for what health services are covered in telemedicine treatment settings. There are specific rules on patient eligibility for home monitoring coverage. Mississippi's rules on remote patient monitoring coverage say an eligible patient must:

- Be diagnosed in the last 18 months with one or more chronic condition, as defined by CMS.
- Have a recent history of costly services, and
- The patient's healthcare provider recommends disease management services via remote patient monitoring.

Billing Codes

Billing codes in Mississippi are straightforward, with the only requirement being a "GQ" modifier for asynchronous (store-and-forward) telemedicine and remote patient monitoring.

Online Prescriptions

Online prescriptions following a telemedicine exam are accepted, alongside traditional phone and fax subscriptions.

Interstate Telemedicine Licensing

A physician who is unlicensed in Mississippi can only practice telemedicine with a patient there if it is a consultation for an in-state physician. Additionally, the in-state, referring physician must meet specific criteria to prove an existing "physician-patient relationship." A physician without a Mississippi license cannot practice direct-to-consumer telemedicine for a patient in the state.

Provider – Patient Relationship

To offer telemedicine in Mississippi, there needs to be a valid physician-patient relationship. An exam need not be in person if the standard of care can be met using

telemedicine. Providers are allowed to establish provider-patient relationship using a telemedicine platform.

Here are a few ways to establish that relationship:

Establishing a diagnosis through the use of a patient history, physical exam, etc.
Ensuring the availability of appropriate follow-up care; and
Maintaining a complete medical record available to patient and other treating health care provider

Reimbursement Rates

Parity laws in Mississippi include the stipulation that telemedicine reimbursement rates must equal in-person visits.

Is telehealth right for your organization?

There is no clear and easy way to determine if telehealth is right for you. Any provider, facility, or business will need to evaluate their own needs and offerings to determine if providing telehealth is an appropriate method of meeting a need.

This manual will go into the specific details regarding telehealth in a variety of settings. After reading, we suggest that a facility conduct an analysis of its healthcare offering, the health market in its geographic area, and the cost and logistics associated with creating and sustaining a telehealth program. Although many have seen great success utilizing telehealth as part of their healthcare delivery system, it's a choice that is up to the individual facility.

After conducting an internal study, it is advised that a provider champion work to create a telehealth team. This team may include providers, information technology, health information management, and staff. Everyone must be working together and understanding the mission and focus behind a telehealth program for maximum results.

By doing this, you will be able to determine if a telehealth program is right for you.

Hospitals and Clinics (hub and spoke model)

One of the earliest and most common forms of telehealth today is what is referred to as the "hub and spoke model" of delivering telehealth between healthcare facilities. This may take place from hospital-to-hospital or hospital-to-clinic.

The hub and spoke model is designed to allow a smaller facility to gain access to specialty care or a specific provider where otherwise unavailable. Popular programs in this model include teleER, telestroke, teletrauma, and others. Additionally, telepsych is a very popular option that works well into the clinical setting for novel form of integrated care.

In Mississippi, the hub and spoke model of telehealth satisfies all laws and regulations regarding billing for telehealth with public and private insurance. The distance site in this model (hub) must be a hospital, with the host site (spoke) being either another hospital or a clinic. Clinic-to-clinic or clinic-to-home methods of telehealth are not currently billable for any form of insurance, although they are allowed in the form of cash payments (see Direct Primary Care / Cash Payments)

Employee Health

A growing trend in Mississippi is the utilization of telehealth by self insured and fully insured businesses and corporations.

Telehealth services hired by employers and health plans are increasingly utilized to help provide quality care for employees and to reduce absenteeism and increase at-work productivity. Like retail clinics, these services—which offer remote audio and/or video consultations with physicians on mobile devices or desktop computers—handle the kinds of minor acute problems that are most widely seen in clinics inside of businesses.

Two models are generally seen with corporate telehealth. The simplest version is a computer and camera setup OR individual employee subscription to a third party telehealth service. When employees are sick, they will utilize the telehealth option on their own at no cost to them. All costs are covered by the business as part of their health package.

A second and more invested option is an integration of telehealth with a primary care clinic. A nurse or physician will be on staff to assist with on-site diagnostic, triage, and acute care needs, and telehealth will be used to provide additional levels of care.

Telehealth is largely seen as a bargain investment for small and large businesses who wish to provide their employees with high quality care while increasing productivity at work.

Remote Patient Monitoring

Remote patient monitoring is described as the collection of health and medical data from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support. This type of service allows a provider to continue to track healthcare data for a patient once released to home or a care facility, reducing readmission rates.

Remote patient monitoring has seen substantial success in chronic disease improvement for high risk patients. By monitoring a patient's diagnostic levels in real-time, a facility can better treat patients and provide case management services for quicker medication or lifestyle adjustment.

Options for remote patient monitoring include in house and third part services. A facility may invest in the technology required to provide RPM services, but this investment is often more than a facility is willing or able to pay. In this case, several third party vendors may be utilized for providing this service.

Although vendor contracts will vary, most will provide the RPM service for a 50% fee against the revenue generated. Information on billing and reimbursement may be found in that respective section of this manual.

Direct Primary Care / Cash Payments

Physicians in private practice may undertake virtual visits with patients on their own. So long as the physician is able to replicate a visit as it would be in an in-person setting, they are licensed in the State of Mississippi, and they are able to provide consultation in a HIPAA compliant-manner, telehealth may take place.

This may constitute one of the greatest areas of opportunity for telehealth expansion in Mississippi. A clinic or hospital wishing to grow their network may advertise cash payments for telehealth services, and they may grow a client base anywhere in the state. A form or direct primary care (otherwise known as concierge medicine), insurance is not used but rather a cash-in-hand form of payment.

Some third party services that provide direct primary care are subscription-based, where the consumer will pay a set amount per month and receive limited or unlimited visits. Other options include payments for each telehealth session.

Independent Kiosks

Another growing service for telehealth is through kiosk services. Kiosk services may include or exclude insurance options depending on the specific service. Often

kiosk services are found in either pharmacies, high traffic community areas, or large businesses with high demand.

Independent kiosks are categorized separately in this manual, but their method of service and delivery could be found in any of the above mentioned categories.

There are multiple videos and examples of kiosk-driven telehealth online that show the dynamic opportunity and technology integrated into these entities.

Store and Forward Services

Store-and-forward telehealth services, otherwise known as asynchronous telehealth, is the transmission of recorded health history data (for example, pre-recorded videos and digital images such as x-rays, EKGs, EEGs, and photos) through a secure electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction.

As compared to a real-time visit, this service provides access to data after it has been collected, and involves communication tools such as secure email.

Private payers, Mississippi Medicaid and employee benefit plans are required to provide coverage at the same level as in-person consultation for store-and-forward telemedicine services.

Telehealth Technologies

Any technology that is used to store, share, or analyze health information can be referred to as "health information technology" or healthIT. This broad category includes things like practice management systems and online patient portals. Telehealth, or telemedicine, is a group of technologies within health IT that is used to provide clinical care, health information, or health education at a distance. Telehealth technology includes both software and hardware.

Here are examples of types of telehealth technologies:

Audio/video cart
Many hospitals and early adopters of telehealth have purchased and are using all-inclusive carts that come complete with monitors, high-definition webcams, and select diagnostic equipment to allow the provider on the "other end" of the encounter to receive biometric readings. These carts come in a variety of styles and setups, and cost can vary depending on what is included. These are typically a higher-cost setup used for high numbers of users in an in-patient setting.

Computer and Webcam
A more simple setup for delivering telehealth is use of a desktop or laptop computer with a high-definition webcam. This cost-effective setup does not often come with biometric equipment, but this equipment can often connect via Bluetooth or radio frequency to the equipment as needed. This setup is more often used in outpatient or business settings with lower volume.

Kiosk
Telehealth delivered in retail establishments, public areas, businesses, and sometimes in healthcare settings are often performed using kiosks. These kiosks range in size and scope of service, but often can read all biometric data for a patient and are directly or indirectly connected with a pharmacy or pharmaceutical distribution for select prescriptions.

Telephone
Telehealth can be delivered in Mississippi in a manner as simple as a landline or cell phone connection without video capability.

Software
Telehealth software can be complex or simple depending on the preference of the facility and provider. An essential component of all software is that it must be HIPAA compliant on all ends of the telehealth encounter. Software generally connects a patient with a provider through either an audio or audio/video manner through a secure connection. Software designed specifically for telehealth will also usually include recording options, availability to input data from the provider's interface, and will many times link directly with a providers electronic health record.

It is recommended that anyone considering or using telehealth research and consider what types of telehealth technology will best assist them in the delivery of quality healthcare for their patients.

Telehealth and HIPAA

The HIPAA guidelines on telemedicine affect any medical professional or healthcare organization that provides a remote service to patients in their homes or in community centers. Communicating health information at distance is also important if medical professionals and healthcare organizations want to comply with the HIPAA guidelines on telemedicine. This element of the HIPAA guidelines on telemedicine is contained within the HIPAA Security Rule and stipulates:

- Only authorized users should have access to ePHI (electronic protected health information)
- A system of secure communication should be implemented to protect the integrity of ePHI.

A system of monitoring communications containing ePHI should be implemented to prevent accidental or malicious breaches.

Unsecure channels of communication such as SMS, Skype, and email should not be used for communicating ePHI at distance.

Finally, according to the HIPAA guidelines on telemedicine, any system of communicating ePHI at distance must have a system in place so that communications can be monitored and remotely deleted if necessary.

Many healthcare organizations have elected to use a secure messaging solution to comply with the HIPAA guidelines on telemedicine. Secure messaging solutions offer the same speed and convenience as SMS, Skype or email, but comply with the Security Rule in respect of only allowing authorized users to have access to ePHI, implementing a secure channel of communication, and monitoring activity on the secure channel of communication.

These solutions for communicating ePHI at distance work via easy-to-operate apps that most healthcare professionals will be familiar with, as they have a similar interface to commercially available messaging apps. Each authorized user logs into their app using a centrally-issued username and password. They can then communicate with other authorized users within the covered entity´s private communications network.

All communications – including images, videos and documents – are encrypted to make them unreadable and unusable if a message is intercepted over a public Wi-Fi service, and safeguards exist to prevent ePHI from being communicated outside of a covered entity´s private network – either accidentally or maliciously. All activity on the network is monitored by a cloud-based platform to ensure secure messages policies (also part of the HIPAA Security Rule) are adhered to.

Learn more by reading the HIPAA Journal at www.hipaajournal.com/hipaa-guidelines-on-telemedicine

Billing Insurance for Telehealth Services

Billing Mississippi Medicaid

The originating or spoke-site provider is paid a Mississippi Medicaid telehealth originating site facility fee per completed transmission. The originating site provider may not bill for an encounter or Evaluation and Management (E&M) visit, unless a separately identifiable service is performed. (Q3014 = $31.03 per unit, 2 units are allowed per completed transmission)

The distant or hub-site provider is paid the current applicable Mississippi Medicaid fee for the telehealth service provided. (GT modifier appended to the claims indicates that a service has been provided by telehealth visit)

The Mississippi Medicaid telehealth originating site facility fee (Q3014) was calculated by an actuarial firm using the May 2013 Bureau of Labor Statistics (BLS) mean wage for Nurse Practitioners in MS adjusted by 35% for benefits and 2% for wage growth at half of the rate for 30 minute increments and is effective for services provided on or after January 1, 2015.

Providers eligible to receive the Mississippi Medicaid telehealth originating site facility fee for telehealth services per completed transmission include:

1. Office of a physician or practitioner,
2. Outpatient hospital, including a Critical Access Hospital,
3. Rural Health Clinic
4. Federally Qualified Health Center
5. Community Mental Health/Private Mental Health Center,
6. Therapeutic Group Home,
7. An Indian Health Service Clinic, and
8. A school-based clinic.

The telepresenter must be one (1) of the following for the originating site to receive the originating site facility fee (Q3014):

1. Physicians,
2. Physician Assistants,
3. Nurse Practitioners,
4. Psychologists,
5. Licensed Clinical Social Workers (LCSWs), and
6. Licensed Professional Counselors (LPCs).

The telehealth site billing uses the 780 revenue code with Q3014 CPT code and the reimbursement is approximately $25. The RHC can bill the site fee as the only service or if there was a visit on the same date, can bill the CPT of the visit. The RHC will receive the fee schedule for the site fee and if there is a visit with the CG modifier there is the AIR for the clinic paid in addition. HIM professionals should not bundle the site fee charge with the visit charge on the CG line item.

Billing Medicare

Medicare currently pays for telehealth visits at select sites. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in:

- A county outside of a Metropolitan Statistical Area (MSA)
- A rural Health Professional Shortage Area (HPSA) located in a rural census tract

Entities that participate in a Federal telemedicine demonstration project approved by (or receiving funding from) the Secretary of the U.S. Department of Health & Human Services as of December 31, 2000, qualify as originating sites regardless of geographic location.

The originating sites authorized by law are:

- The offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)

Practitioners at the distant site who may furnish and receive payment for covered telehealth services (subject to State law) are:

- Physicians
- Nurse practitioners (NPs).
- Physician assistants (PAs).
- Nurse-midwives.
- Clinical nurse specialists (CNSs).
- Certified registered nurse anesthetists.
- Clinical psychologists (CPs) and clinical social workers (CSWs). CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare.
- Registered dietitians or nutrition professionals

If the patient has Medicare, the facility would bill the origination site fee to the MAC for a Part B reimbursement using CPT code Q3014 on a 1500 claim form.

The Distant site provider would bill the appropriate office visit code for the level of service provided with the GT modifier on a 1500 claim form and they would receive their normal fee for service.

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

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf

Billing Private Insurance

Generally speaking, billing insurers for telehealth is as easy as submitting the respective diagnostic code and placing a GT modifier on it. Payers need to track the effectiveness of telemedicine visits so they can understand the economics of the benefits relative to reimbursement. That's why in some cases payers require a GT modifier code to indicate a telemedicine visit.

According to CMS, You should submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GT, via interactive audio and video telecommunications systems. By coding and billing the GT modifier with a covered telehealth procedure code, you are certifying that the beneficiary was present at an eligible originating site when you furnished the telehealth service.

Billing for Remote Patient Monitoring

The specifics for billing remote patient monitoring differs for each insurance company. You will need to speak with each individual insurance company and determine the proper method that they prefer for billing for this service.

On a related note, there is a billable code for chronic care management for situations that allow for this level of care: 99490.

Telehealth Reimbursed Codes

The current reimbursement policy requires a telehealth encounter to include specific CPT codes, including the following:

CPT / HCPCS Codes	
99201-99215	Initial outpatient visits
99211-99215	Follow-up outpatient visits
G0425-G0427	Initial telehealth inpatient visits
G0406-G0408	Follow-up inpatient visits
90801	Psychiatrist diagnostic interview examination
90804-90809	Individual psychotherapies
96150-96152	Individual health and behavioral assessment interventions
90862	Pharmacologic management
G0270, 97802, 97803	Individual medical nutrition, therapies
90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961	End of stage renal disease relates services
96116	Neurobehavioral status exams

Specific Information for Rural Health Clinics & Federally Qualified Health Centers

RHCs can ONLY be the originating site, which is where the patient and camera reside. Clinics will bill the telehealth add-on of $23.17 - Q3014 - Rev Cd 780.

Claim Processing Manual – Chapter 9
80 - Telehealth Services (Rev. 3434, Issued: 12-31-15, Effective: 03-31-16, Implementation: 03-31-16)
RHCs and FQHCs may bill the Telehealth originating site facility fee on a RHC or FQHC claim under revenue code 0780 and HCPCS code Q3014. Telehealth services are the only services billed on FQHC claims that are subject to the Part B deductible. Additionally, a FQHC payment code and qualifying visit HCPCS code are not required when the only service reported on the claim is for Telehealth services. RHCs and FQHCs are not authorized to serve as distant practitioners for Telehealth services. For more information on Telehealth services please see Pub 100-04, chapter 12, section 190: http://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/Downloads/clm104c12.pdf

M. Benefit Policy Manual Chapter 13
200 - Telehealth Services (Rev. 220, Issued: 01-15-16, Effective: 02-01-16, Implementation: 02-01-16)
RHCs and FQHCs may serve as an originating site for telehealth services, which is the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. RHCs and FQHCs that serve as an originating site for telehealth services are paid an originating site facility fee. Although FQHC services are not subject to the Medicare deductible, the deductible must be applied when a FQHC bills for the telehealth originating site facility fee, since this is not considered a FQHC service. RHCs and FQHCs are not authorized to serve as a distant site for telehealth consultations, which is the location of the practitioner at the time the telehealth service is furnished, and may not bill or include the cost of a visit on the cost report. This includes telehealth services that are furnished by a RHC or FQHC practitioner who is employed by or under contract with the RHC or FQHC, or a non-RHC or FQHC practitioner furnishing services through a direct or indirect contract. For more information on Medicare telehealth services, see Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, and Pub. 100-04, Medicare Claims Processing Manual, chapter 12.

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