AN ACT TO AMEND SECTION 83-9-351, MISSISSIPPI CODE OF 1972, TO REVISE THE DEFINITION OF "TELEMEDICINE" AS USED IN THE STATUTE REQUIRING HEALTH INSURANCE PLANS TO PROVIDE COVERAGE FOR TELEMEDICINE SERVICES; TO REQUIRE HEALTH INSURANCE AND EMPLOYEE BENEFIT PLANS TO REIMBURSE PROVIDERS FOR TELEMEDICINE SERVICES USING THE PROPER MEDICAL CODES; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Section 83-9-351, Mississippi Code of 1972, is amended as follows:

83-9-351. (1) As used in this section:

(a) "Employee benefit plan" means any plan, fund or program established or maintained by an employer or by an employee organization, or both, to the extent that such plan, fund or program was established or is maintained for the purpose of providing for its participants or their beneficiaries, through the purchase of insurance or otherwise, medical, surgical, hospital care or other benefits.

(b) "Health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer, and includes the State and School Employees Health Insurance Plan and
any other public health care assistance program offered or
administered by the state or any political subdivision or
instrumentality of the state. The term does not include policies
or plans providing coverage for specified disease or other limited
benefit coverage.
(c) "Health insurer" means any health insurance
company, nonprofit hospital and medical service corporation,
health maintenance organization, preferred provider organization,
managed care organization, pharmacy benefit manager, and, to the
extent permitted under federal law, any administrator of an
insured, self-insured or publicly funded health care benefit plan
offered by public and private entities, and other parties that are
by statute, contract, or agreement, legally responsible for
payment of a claim for a health care item or service.
(d) "Telemedicine" means the delivery of health care
services such as diagnosis, consultation, or treatment through the
use of * * * HIPAA-compliant telecommunication systems, including
information, electronic and communication technologies, remote
patient monitoring services and store-and-forward telemedicine
services. Telemedicine, other than remote patient monitoring
services and store-and-forward telemedicine services, must be
"real-time" audio visual capable. The Commissioner of Insurance
may adopt rules and regulations addressing when "real-time" audio
interactions without visual are allowable, which must be medically
appropriate for the corresponding health care services being delivered.

(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. All health insurance and employee benefit plans in this state must reimburse providers who are out-of-network for telemedicine services under the same reimbursement policies applicable to other out-of-network providers of healthcare services.

(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.

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(* * *4) Nothing in this section shall be construed to prohibit a health insurance or employee benefit plan from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's policy.

(* * *5) In a claim for the services provided, the appropriate procedure code for the covered services shall be included with the appropriate modifier indicating interactive communication was used. Health insurance and employee benefit
plans shall reimburse providers for telemedicine services using
the proper medical codes.

( * * * ) The originating site is eligible to receive a
facility fee, but facility fees are not payable to the distant
site. Health insurance and employee benefit plans shall not limit
coverage to provider-to-provider consultations only. Patients in
a patient-to-provider consultation shall not be entitled to
receive a facility fee.

(7) Nothing in this section shall be interpreted to create
new standards of care for health care services delivered through
the use of telemedicine.

(8) The Commissioner of Insurance may adopt rules and
regulations for the administration of this chapter.

(9) This section shall stand repealed from and after July 1,
2025.

SECTION 2. This act shall take effect and be in force from
and after July 1, 2022.