

By: Senator(s) Michel

To: Insurance

SENATE BILL NO. 2631  
(As Passed the Senate)

1 AN ACT TO AMEND SECTION 83-9-351, MISSISSIPPI CODE OF 1972,  
2 TO REVISE THE DEFINITION OF THE TERM "TELEMEDICINE" AS USED IN THE  
3 STATUTE REQUIRING HEALTH INSURANCE PLANS TO PROVIDE COVERAGE FOR  
4 TELEMEDICINE SERVICES; TO REQUIRE HEALTH INSURANCE AND EMPLOYEE  
5 BENEFIT PLANS TO REIMBURSE PROVIDERS FOR TELEMEDICINE SERVICES  
6 USING THE PROPER MEDICAL CODES; TO PROVIDE THAT REIMBURSEMENT OF  
7 EXPENSES FOR COVERED HEALTH CARE SERVICES PROVIDED DURING A  
8 TELEMEDICINE ENCOUNTER MUST BE ESTABLISHED THROUGH NEGOTIATIONS IN  
9 THE SAME MANNER AS THE HEALTH INSURANCE ENTITY ESTABLISHES  
10 REIMBURSEMENT OF EXPENSES FOR COVERED HEALTH CARE SERVICES  
11 DELIVERED BY IN-PERSON MEANS; AND FOR RELATED PURPOSES.

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

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

15 83-9-351. (1) As used in this section:

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



23           (b) "Health insurance plan" means any health insurance  
24 policy or health benefit plan offered by a health insurer, and  
25 includes the State and School Employees Health Insurance Plan and  
26 any other public health care assistance program offered or  
27 administered by the state or any political subdivision or  
28 instrumentality of the state. The term does not include policies  
29 or plans providing coverage for specified disease or other limited  
30 benefit coverage.

31           (c) "Health insurer" means any health insurance  
32 company, nonprofit hospital and medical service corporation,  
33 health maintenance organization, preferred provider organization,  
34 managed care organization, pharmacy benefit manager, and, to the  
35 extent permitted under federal law, any administrator of an  
36 insured, self-insured or publicly funded health care benefit plan  
37 offered by public and private entities, and other parties that are  
38 by statute, contract, or agreement, legally responsible for  
39 payment of a claim for a health care item or service.

40           (d) "Telemedicine" means the delivery of health care  
41 services such as diagnosis, consultation, or treatment through the  
42 use of \* \* \* HIPAA-compliant telecommunications systems, including  
43 information, electronic, and communication technologies, remote  
44 monitoring technologies and store-and-forward transfers.  
45 Nonstore-and-forward and nonremote patient monitoring telemedicine  
46 must be "real-time" audiovisual, except that audio-only  
47 interactions are allowed when (i) audio-video interactions are



48 technologically unavailable, and (ii) audio-only interactions are  
49 considered medically appropriate for the corresponding health care  
50 services being delivered. An audio-only interaction is also  
51 allowed when conducted in conjunction with a store-and-forward  
52 transfer when the store-and-forward transfer is directly related  
53 to the patient condition presented.

54 (2) All health insurance and employee benefit plans in this  
55 state must provide coverage for telemedicine services to the same  
56 extent that the services would be covered if they were provided  
57 through in-person consultation.

58 (3) A health insurance or employee benefit plan may charge a  
59 deductible, co-payment, or coinsurance for a health care service  
60 provided through telemedicine so long as it does not exceed the  
61 deductible, co-payment, or coinsurance applicable to an in-person  
62 consultation.

63 \* \* \*

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

69 ( \* \* \*5) In a claim for the services provided, the  
70 appropriate procedure code for the covered services shall be  
71 included with the appropriate modifier indicating interactive  
72 communication was used. \* \* \* Health insurance and employee



73 benefit plans shall reimburse providers for telemedicine services  
74 using the proper medical codes. Reimbursement of expenses for  
75 covered health care services provided during a telemedicine  
76 encounter must be established through negotiations conducted by  
77 the health insurance entity with the provider in the same manner  
78 as the health insurance entity establishes reimbursement of  
79 expenses for covered health care services that are delivered by  
80 in-person means.

81 ( \* \* \*6) The originating site is eligible to receive a  
82 facility fee, but facility fees are not payable to the distant  
83 site. Health insurance and employee benefit plans shall not limit  
84 coverage to provider-to-provider consultations only. \* \* \*  
85 Telemedicine consultations between a patient and a provider are to  
86 be covered to the same extent as the services would be covered if  
87 provided through in-person consultations. Patients in a  
88 patient-to-provider consultation shall not be entitled to receive  
89 a facility fee.

90 **SECTION 2.** This act shall take effect and be in force from  
91 and after July 1, 2021.

