

## Outpatient Services

Reimbursement requests may be submitted for eligible out-of-pocket expenses related to outpatient counseling and mental health services (including telehealth), made available by a defined group of mental health provider types.

Eligible services include diagnostic evaluation, individual psychotherapy, family or group psychotherapy, psychological or neuropsychological test administration and scoring, psychotherapy for crisis, and transcranial magnetic stimulation (TMS).

Survivors with insurance will supply a copy of Explanation of Benefits (EOB) from all insurance companies that covered outpatient services for the survivor's reimbursement request, along with a completed Reimbursement Form.

Survivors who do not have insurance will supply a paid invoice or superbill from the mental health provider, along with a completed Reimbursement Form.

Provisions of the MSU Counseling & Mental Health Services Fund:

- All mental health services must be provided by a licensed mental health professional;
  - **Exception:** medical procedures for related physical injuries (as approved by a mental health provider in writing);
- Reimbursement is limited to out-of-pocket expenses, including deductibles, co-pays or co-insurance;
- All available insurance coverage must be exhausted to qualify for reimbursement;
- The Fund is the payor of last resort.

Eligible outpatient counseling and mental health services are listed below.

For questions related to outpatient services reimbursement, contact JND Legal Administration at [info@MSUHealingFund.com](mailto:info@MSUHealingFund.com) or call toll-free 1-877-250-6408, Monday-Friday between the hours of 8:30 a.m. and 5:00 p.m., Pacific.

### Eligible Outpatient Counseling & Mental Health Services

<u>Service Code</u>	<u>Description</u>
<b>90785+</b>	Interactive complexity
<b>90791</b>	Psychiatric Diagnostic Evaluation without medical services
<b>90792</b>	Psychiatric Diagnostic Evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
90833+	Psychotherapy, 30 minutes w/patient, when performed with an evaluation & management service
<b>ss90834</b>	Psychotherapy, 45 minutes with patient
<b>90836+</b>	Psychotherapy, 45 minutes w/patient, when performed with an evaluation & management service
<b>90837</b>	Psychotherapy, 60 minutes with patient
<b>90838+</b>	Psychotherapy, 60 minutes w/patient, when performed with an evaluation & management service
<b>90839</b>	Psychotherapy for crisis; first 60 minutes

<b>90840+</b>	Psychotherapy for crisis; each additional 30 minutes
<b>90846</b>	Family psychotherapy 50 minutes without the patient present
<b>90847</b>	Family psychotherapy (conjoint) 50 minutes with the patient present
<b>90849</b>	Multiple-family group psychotherapy
<b>90853</b>	Group psychotherapy (other than multiple-family group)
<b>90867</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery & management
<b>90868</b>	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery & management, per session
<b>90869</b>	Therapeutic repetitive TMS treatment; subsequent motor threshold re-determination with delivery & management
<b>90875</b>	Individual Psychophysiological Therapy w/biofeedback, face-to-face w/patient, approximately 20-30 min
<b>90876</b>	Individual Psychophysiological Therapy w/biofeedback, face-to-face w/patient, approximately 45-50 min
<b>90901</b>	Biofeedback training, any modality
<b>96130</b>	Psych testing eval services by physician or other qualified health care prof, including integration of patient data, interpretation of standardized test results & clinical data, clinical decision making, treatment planning/report, interactive feedback to patient, family or caregiver, when performed; first hour
<b>96131+</b>	Each additional hour
<b>96136</b>	Psych/neuropsych test admin/scoring by physician or other qualified health care prof, 2 or more tests, any method, first 30 min
<b>96137+</b>	Each additional 30 minutes
<b>96138</b>	Psychological or neuropsychological test administration & scoring by technician, two or more tests, any method, first 30 minutes
<b>96139+</b>	Each additional 30 minutes
<b>96146</b>	Psychological or neuropsychological test admin, w/single automated instrument via electronic platform, w/automated result only
<b>99201</b>	New patient, Brief Service
<b>99202</b>	New patient, Limited Service
<b>99203</b>	New patient, Intermediate Service, low complexity
<b>99204</b>	New Patient, Extended Service, moderate complexity
<b>99205</b>	New Patient, Comprehensive Service, high complexity
<b>99211</b>	Established Patient, Brief Service
<b>99212</b>	Established Patient, Limited Service
<b>99213</b>	Established patient, Intermediate Service, low complexity
<b>99214</b>	Established Patient, Extended Service, moderate complexity
<b>99215</b>	Established Patient, Comprehensive Service, high complexity
<b>0905</b>	Intensive Outpatient Psychiatric Service
<b>S9480a</b>	Intensive Outpatient Psychiatric Services, per diem