

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 services must be provided by a licensed mental health professional;
- 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 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>
90785+	Interactive complexity
90791	Psychiatric Diagnostic Evaluation without medical services
90792	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
ss90834	Psychotherapy, 45 minutes with patient
90836+	Psychotherapy, 45 minutes w/patient, when performed with an evaluation & management service
90837	Psychotherapy, 60 minutes with patient
90838+	Psychotherapy, 60 minutes w/patient, when performed with an evaluation & management service
90839	Psychotherapy for crisis; first 60 minutes
90840+	Psychotherapy for crisis; each additional 30 minutes
90846	Family psychotherapy 50 minutes without the patient present



90847	Family psychotherapy (conjoint) 50 minutes with the patient present
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than multiple-family group)
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery & management
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery & management, per session
90869	Therapeutic repetitive TMS treatment; subsequent motor threshold re-determination with delivery & management
90875	Individual Psychophysiological Therapy w/biofeedback, face-to-face w/patient, approximately 20-30 min
90876	Individual Psychophysiological Therapy w/biofeedback, face-to-face w/patient, approximately 45-50 min
90901	Biofeedback training, any modality
96130	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
96131+	Each additional hour
96136	Psych/neuropsych test admin/scoring by physician or other qualified health care prof, 2 or more tests, any method, first 30 min
96137+	Each additional 30 minutes
96138	Psychological or neuropsychological test administration & scoring by technician, two or more tests, any method, first 30 minutes
96139+	Each additional 30 minutes
96146	Psychological or neuropsychological test admin, w/single automated instrument via electronic platform, w/automated result only
99201	New patient, Brief Service
99202	New patient, Limited Service
99203	New patient, Intermediate Service, low complexity
99204	New Patient, Extended Service, moderate complexity
99205	New Patient, Comprehensive Service, high complexity
99211	Established Patient, Brief Service
99212	Established Patient, Limited Service
99213	Established patient, Intermediate Service, low complexity
99214	Established Patient, Extended Service, moderate complexity
99215	Established Patient, Comprehensive Service, high complexity
0905	Intensive Outpatient Psychiatric Service
S9480a	Intensive Outpatient Psychiatric Services, per diem