

## Eligible Services

**Eligible** reimbursement must be for out-of-pocket expenses related to outpatient counseling and mental health services with a mental health diagnosis and provided by a licensed mental health professional. Find a list of eligible mental health provider types and diagnosis codes at [www.ndbh.com/MSUCounselingFund](http://www.ndbh.com/MSUCounselingFund).

**Ineligible** expenses include, but are not limited to, inpatient services (such as hospital stays), prescription drugs, referral services (such as the Employee Assistance Program) and therapy/support animals. Requests previously submitted to and reimbursed by the former fund administrator are not eligible.

### Eligible Outpatient Counseling & Mental Health Services

Service Code	Description
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 and management service
90834	Psychotherapy, 45 minutes with patient
90836+	Psychotherapy, 45 minutes w/patient, when performed with an evaluation and management service
90837	Psychotherapy, 60 minutes with patient
90838+	Psychotherapy, 60 minutes w/patient, when performed with an evaluation and 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 and management.
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and 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
96130	Psychologic testing evaluation services by physician or other qualified health care professional, 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	Psychological or neuropsychological test administration & scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes
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

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Service Code	Description
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with 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
S9480	Intensive Outpatient Psychiatric Services, per diem