

Mental Health Provider Types

In keeping with the intent of MSU’s Counseling & Mental Health Services Fund to provide counseling and mental health services by licensed mental health professionals and primary care physicians, MSU approved the use of the following provider types for reimbursement of eligible out-of-pocket expenses.

Eligible Types of Mental Health Providers

<u>Provider Category</u>	<u>Taxonomy</u>	<u>Provider Description</u>	<u>Specialty Description</u>
Professional	1047C0700X	Clinical Social Worker (LICSW, LCSW, LMSW)	
Professional	106H00000X	Marriage And Family Therapist (LMFT)	
Professional	101YM0800X	Licensed Professional Counselor (LPC)	Mental Health
Professional	101YM0800X	Licensed Professional Counselor Intern (LPC Intern)	Mental Health
Professional	207Q00000X	Primary Care Physician – M.D.	Family Medicine
Professional	207Q00000X	Primary Care Physician – D.O.	Family Medicine
Professional	2084P0800X	Physician – M.D.	Psychiatry
Professional	2084P0800X	Physician – D.O.	Psychiatry
Professional	103T00000X	Psychologist	
Professional	363A00000X	Physician Assistant	Mental Health
Professional	103T00000X	Limited Licensed Psychologist (LLP)	
Professional	363LP0808X	Advanced Registered Nurse Practitioner	Psychiatry
Professional	163WP0808X	Psychiatric Nurse	

Eligible Facility Types

<u>Provider Category</u>	<u>Taxonomy</u>	<u>Provider Description</u>
Institutional	282N00000X	Acute Care Hospital
Institutional	283Q00000X	Psychiatric Hospital
Institutional	323P00000X	Psychiatric Residential Treatment Facility

Eligible reimbursement for survivors must be for out-of-pocket expenses related to:

- Outpatient counseling and mental health services (including telehealth);
- Group therapy;
 - Extended family therapy (including fiancée and domestic partners*);
- Inpatient hospitalization with a mental health diagnosis;
- Residential treatment with a mental health diagnosis;
- Medical procedures for related physical injuries (as approved by a mental health provider or primary care physician in writing);
- Pharmacy services, from a list of eligible medications, prescribed by a licensed medical professional for

management of a mental health diagnosis.

Eligible reimbursement for spouses and/or parents/legal guardians must be for out-of-pocket expenses related to:

- Outpatient counseling and mental health services (including telehealth);
- Group therapy, which is applicable to individuals with or without insurance coverage and who are related to a survivor.

Services potentially eligible for reimbursement for survivors:

- Partial hospitalization with a mental health diagnosis, which may be submitted for consideration.
- Holistic treatments related to mental health that are not explicitly specified under the current Fund Guidelines, (e.g., somatic yoga therapy, acupuncture, etc.) as approved by a mental health provider or primary care physician in writing, which may be submitted for consideration of eligibility.

Services not eligible for reimbursement include, but are not limited to:

- Partial hospitalization that is **not** related to the treatment of mental health, or for medical procedures for related physical injuries that are **not** approved by a licensed mental health professional or primary care physician in writing;
- Hospitalization for conditions **other than** mental health treatment, or for medical procedures for related physical injuries that are **not** approved by a licensed mental health professional or primary care physician in writing.

* Domestic partners should either provide a letter attesting that they are in a domestic partnership or, if their state of principal residence recognizes domestic partnerships, provide a copy of a completed Declaration of Domestic Partnership (or equivalent form) for their state. Domestic partners (as part of a domestic partnership) are defined as two persons who:

1. Are in a consensual relationship of mutual support, caring and commitment;
2. Share the common necessities of life, including a principal residence;
3. Are not related by blood in a manner that would bar marriage in their state of principal residence;
4. Are not married or in any other domestic partnership; and
5. Are at least 18 years of age and otherwise competent to enter into a contract.

Provisions of the MSU Counseling & Mental Health Services Fund:

- All services must be provided by a licensed mental health professional;
 - **Exceptions for survivors:**
 - Medical procedures for related physical injuries (as approved by a mental health provider or primary care physician in writing) and visits with a primary care physician as it relates to treatment or medication maintenance for mental health;
 - Holistic treatments related to mental health that are not explicitly specified under the current Fund Guidelines, (e.g., somatic yoga therapy, acupuncture, etc.) as approved by a mental health provider or primary care physician in writing, which may be submitted for consideration of eligibility.
- Out-of-pocket expenses include 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.

Services that are not expressly listed as ineligible may be submitted for consideration and are reviewed on a case-by-case basis. If you are not certain if the service you are receiving--or are interested in receiving--is eligible, please contact JND Legal Administration.



For questions regarding your claim, 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.