NEW YORK STATE PSYCHIATRIC ASSOCIATION

PARITY COMPLAINT FORM

Name:

Phone Number:

Email Address:

I. What type of issue have you or your patient been experiencing? [please check all that apply]

CPT Coding and Reimbursement

Health insurer refused payment for an E/M code

Health insurer refused payment for a psychotherapy add-on code

Health insurer refused payment for entire E/M + psychotherapy combination code

Health insurer refused payment for other psychotherapy codes

Health insurer automatically downcoded E/M code

Medical Necessity/Prior Authorization

Health insurer claims that services are not medically necessary and has cut back frequency of covered services

Health insurer refuses to pay for any further psychiatric services

Health insurer has initiated pre-payment review of codes specific to psychiatry

Health insurer has initiated pre-payment review of psychiatrists with an increased utilization of specific codes, even though the codes are not unusual for treatment of psychiatric patients

Despite submission of information requested, psychiatrist continues to remain under pre-payment review for a prolonged period of time and payments continue to be delayed

Health insurer requires prior authorization for psychiatric visits but not for other types of medical services

Other

II. Please describe your issue in greater detail below

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REMINDER: PLEASE DO NOT INCLUDE ANY PATIENT IDENTIFYING INFORMATION ON THIS FORM