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