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