



New York State Psychiatric Association, Inc.

Area II Council of the American Psychiatric Association
400 Garden City Plaza, Garden City, New York 11530 • (516) 542-0077

INSTRUCTIONS FOR COMPLETING OUTPATIENT PHYSICIAN FEES REQUEST FORMS

As part of our efforts to enforce federal mental health parity laws, the New York State Psychiatric Association has prepared two forms for individuals to submit to their health insurance plans to request information about the fees paid for outpatient services including services used in the treatment of mental illness. NYSPA spearheaded successful efforts to secure mental health parity in New York. The American Psychiatric Association was a key advocate for enactment of federal law mandating health insurance parity for the treatment of mental illness. Once state and federal parity laws were passed and became effective, our efforts now must switch to parity enforcement.

One of the most important concerns in parity enforcement is ensuring non-discriminatory reimbursement for the treatment of mental illness. If health plans provide lower fees for the treatment of mental illness than paid for other illnesses and conditions, patients seeking treatment for mental illness must pay more for care than patients would have to pay for any other illness or condition. This form of discrimination also impacts psychiatrists who receive lower reimbursement for treatment than other physicians providing treatment for patients with other illnesses and conditions.

The two NYSPA forms are designed to request information to find out if health plans are in fact discriminating in the fees paid for the treatment of mental illness.

Any person with health insurance can make a request for fee information. You do not have to be receiving, have received or be seeking future treatment for mental illness in order make this request for fee information. Also, these forms can be used throughout the United States since the request is based on federal law and regulations applicable everywhere in the United States.

The requests do not require you to provide any personal medical information and will not result in the disclosure of any information about your past treatment history. The only information you must provide is your name and address and health plan identification information, for example, your plan number, group number, member ID number – nothing else.

There are two forms – one for in-network physician services and one for out-of-network physician services. Most people get their health insurance from their employer as a job benefit. These plans typically include an in-network plan that provides coverage when you get treatment from a physician who has enrolled as a participating provider in the health plan's network and who is paid directly by the health plan according to its in-network fee schedule. Patients may have to pay a co-insurance amount as well.

Some health plans also provide benefits for care provided by a physician who is not enrolled as a participating provider and in that case, the patient pays the physician and receives reimbursement

from the health plan according to the health plan's fee schedule for out-of-network services. Not all health plans include coverage for care received from an out-of-network physician and in this case, the patient will have to pay the physician in full.

Almost all employer-sponsored health plans are subject to federal laws that require the health plan to provide you with the information in the Request Forms. Page 3 of the Request Forms cites the statutes, rules and regulations that require health plans to provide the information. Medicare managed care plans (i.e., Medicare Advantage) and Medicaid managed care plans are also required to provide the information as well as coverage obtained through the Affordable Care Act. (For more information on your disclosure rights, get a copy of the following publication: Substance Abuse and Mental Health Services Administration “Consumer Guide to Disclosure Rights: Making the Most of Your Mental Health and Substance Use Benefits” 2016. The guide can be downloaded free of charge at <http://store.samhsa.gov>.)

The Request Forms ask for fee information about two categories of services. First, we ask the health plan to provide fee information about eight office visit codes – 99202, 99203, 99204 and 99205 and 99212, 99213, 99214 and 99215. These five digit numbers represent various CPT[®] codes. The American Medical Association publishes a manual entitled “Common Procedural Terminology” that assigns unique five digit numbers to over 7,700 medical services and procedures. CPT[®] codes 99202-99205 are office visit codes for a new patient and CPT[®] codes 99212-99215 are office visits codes for a follow-up office visit. These eight codes are the most frequently used service codes by physicians providing outpatient care and treatment. If you know that you only have in-network coverage, then only send the in-network Request Form. If you have both in-network and out-of-network coverage, then send both Request Forms. If you are not sure, then send both.

Table A in the Request Form asks the health plan to insert in the chart the fees paid for these eight outpatient visit codes. There are multiple columns because health plans have different methods for determining its fees, for example, a fee schedule, a percentage of the average physician charge for that service in the locality, a percentage of the Medicare fees for the same services or another method. The Request Form asks the health plan to insert the data in the correct column.

Table B asks the health plan to provide the same information for the same outpatient eight services, but only when these services are provided to treat a mental illness or provided by a psychiatrist. If the fees in Table B are lower than the fees in Table A, then this may be evidence of discrimination. If you are receiving care from an out-of-network provider, this discrimination may be costing you money.

Table C asks the health plan to provide fee information (in the same format as Table A and Table B) for four outpatient psychiatric services – 90792, a first visit to a psychiatrist, and 90833, 90836 and 90838 – the 30, 45 and 60 minute psychotherapy sessions respectively. Again, this information, when compared to information in Table A, can reveal that the psychiatric service code fees are too low when compared to the office visit codes and thereby, may be evidence of discrimination.

The forms are easy to complete. Print your name and your address. You should use the address where your health plan sends you information about your claims or coverage. Then, add the name of your health plan, your health plan number, group number (if applicable) and your individual member/beneficiary number. All this information can be found on your health plan membership card that you show to your physician's office staff to verify that you have coverage. You should then sign and date the Request Form at the end and mail the request to your health plan at the address you use to send request for payment or questions about the plan. We suggest that you send the Request Form by certified mail, return receipt requested to have proof of delivery and of course, keep a copy of the completed Request Form.

When you get your response, NYSPA would like to receive a copy so that we can begin the process of collating and analyzing the information to see if there is a pattern of discriminatory reimbursement. Unless we can review responses received from health plans, we will be unable to identify and pursue any evidence of discrimination.

If your health plan refuses to provide the information, we need to know that as well. A complaint can be filed with both state and federal agencies based upon the failure of the health plan to comply with the request for fee information. The Health Form has a section for the health plan to indicate its refusal to provide the information and provide its explanation.

Please send a copy of the response from your health plan to:

New York State Psychiatric Association, Inc.
400 Garden City Plaza, Suite 202
Garden City, NY 11530

or by fax to 516-542-0094 or scan and email to centraloffice@nyspsych.org

If you have any questions, call us at 516-542-0077.

Let's work together to make sure that health insurance parity for the treatment of mental illness becomes a reality for everyone.

Prepared by Seth P. Stein, Esq., NYSPA Executive Director and General Counsel

The Request Forms and these Instructions may not be reproduced or distributed for a fee without the specific, written authorization of NYSPA.

© New York State Psychiatric Association, Inc. 2017
CPT® is registered trademark of the American Medical Association