

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

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