

Connecticut Psychiatric Society

*District Branch
American Psychiatric
Association, Inc.*

Statement in support of Proposed Bill 47 – An Act Concerning Health Care Provider Contracts

Insurance and Real Estate Committee

February 5, 2009

The members of the Connecticut Psychiatric Society would like to take this opportunity to thank the Committee for hearing Proposed Bill 47. We urge you to pass Proposed Bill 47.

All physicians in this state experience problems when billing for service, however this is especially true for psychiatrists who are regularly subjected to the downcoding and bundling of claims. Unlike other physicians, psychiatrists and their patients are not allowed to use certain codes. The codes that we are allowed to use are reimbursed at a lower level and it is common practice for coding for evaluation and management to be prohibited despite fulfilling all requirements. In addition, certain HMOs don't honor all codes. For example, it is not uncommon for HMOs to reject claims for CPT code 90805- med management and 20-30 minutes of psychotherapy. Instead, they insist that psychiatrists downcode and use 90862- med check (usually a 15 min visit). We do see patients for 20 and for 30 minutes and using 90805 is legitimate. The examples are endless.

HMOs routinely reduce a service level, combine two codes for two distinct and separate services, or change the code entirely. Psychiatrists and other physicians need the protections of Proposed Bill 47.

**For more information, please call:
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