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July 15, 2013

Anthony L. Pelonero, M.D., CPE
Medical Director, Behavioral Health Care
Anthem Blue Cross and Blue Shield of Virginia
Mail Drop VA4005-R004
Richmond, VA 23230

Dear Dr. Pelonero:

As per your request, I am forwarding records regarding Ms. [REDACTED] about whom we recently spoke by telephone. I have included a copy of my intake note and my latest progress note. I am also including as per your request a copy of Anthem's voucher sheet.

As you may be aware, I did a dual residency in both psychiatry and internal medicine and am often referred difficult and time consuming patients with complex mixes of psychiatric symptoms or illnesses and significant medical problems including heart, liver or kidney transplants, dialysis, cancer chemotherapy, Lupus, etc. I see Ms. [REDACTED] for one hour appointments and as per the AMA's CPT coding instructions, I typically bill a 90836 and a 99213 combination code (one could argue that due to her medical complexity, I should be billing a 99214).

Alternatively, I could bill a 99215 since I see her for more than 53 minutes and "counseling and coordination of care" constitutes more than 50 percent of my service time.

Unfortunately, Anthem sees fit to "allow" only \$49.96 for this hour of service, \$19.96 from Anthem and \$30.00 from the patient. They are reimbursing the 99213 code but are denying the accompanying 90836 code in its entirety, saying that the diagnosis and procedure codes are not "compatible." The diagnosis codes used are directly from the DSM-IV and similar codes are in the DSM-5. Thus, they are by definition psychiatric diagnosis codes used with psychiatric procedure codes.

As noted, I could alternatively use procedure code 99215, but it is my understanding that Anthem continues in violation of the Mental Health Parity Law by paying psychiatrists a reimbursement rate for that code which is substantially less than the rate paid to all other physicians providing cognitively based medical services and using E&M codes.

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Page 2 of 2

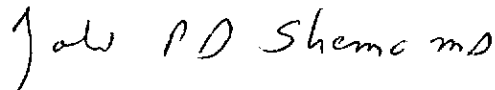
All this being said, I am requesting that Anthem cease its discriminatory practices and in this particular case:

- accept that all DSM-IV and/or DSM-5 diagnostic codes represent disorders or conditions that are validly treated by the medical specialty of Psychiatry so that the combination of a medical psychotherapy and E&M code can be used, and
- reimburse psychiatrist using E&M codes at parity with other physicians using the same codes – as does Medicare.

Finally, I was a bit dismayed by your May 13, 2013 reply to my earlier inquiry in which you mentioned that the recent coding changes were “unprecedented” and that your system had “issues that required correction.” Anthem had the same forewarnings about the coding changes as did everyone else in the world. Every practitioner and every healthcare facility in the country had to have workable systems in place by January 1, 2013 to accommodate these new codes or face financial ruin. Only the insurance entities make profit from delay. One, therefore, might suspect that delay is their business plan.

I await your reply both as an individual practitioner and as Chairman of the Managed Care Liaison Committee of the Psychiatric Society of Virginia.

Sincerely,



John P. D. Shemo, M.D., DLFAPA
Medical Director
Psychiatric Alliance of the Blue Ridge
Associate Clinical Professor
University of Virginia
Chairman, Managed Care Liaison Committee
Psychiatric Society of Virginia