

**File Path:** "W:/PATACCT/BusinessOfc/Revenue Cycle Analyst/Payer\_Policies/Anthem\_PDFs/CAID\_RstrAutomationTmpl.t.xls"

**File Name:** "CAID\_RstrAutomationTmpl.t.xls"

**File Extension:** ".xls"

**File Size:** 763K

**File Date:** 2025-10-03 11:36:51.325904

### LLM Response: "Policy Summary"

The **CAID Restriction Automation Template** is a spreadsheet used by Anthem to automate the application of specialty - based restrictions on California Medicaid (CAID) claims. It contains a master list of provider specialty codes, their effective and termination dates, and the taxonomy codes that must accompany each specialty. The template also provides a "User Reference Guide" that explains the required data fields, formatting rules, and alternate ID information (state license, DEA, etc.) that must be entered to avoid claim fallout. The intent of the policy is to ensure that only authorized provider specialties submit CAID claims and that all required data are captured correctly for automated processing.

### Key Points

- **Specialty Coding & Dates** – Every claim must include a valid specialty code from the list and the correct effective or termination date. The "User Reference Guide" stresses that dates must be entered in *mm/dd/yyyy* format and that the cell format must be set to "date" rather than "text" to prevent processing delays.  
*Source:* "Specialty Effective Date ... Date (mm/dd/yyyy) ... Ensure cell format is set to "date" format rather than "text" format to avoid processing delays."
- **Provider vs. Organization Specialties** – The list distinguishes between *Provider (P)* and *Organization (O)* specialties. Organization specialties are valid for all states (including CA, CO, VA, and CA CAID) and may use a taxonomy code or description. Provider specialties are state - specific and may be restricted to CA, CO, NV, or CA CAID.  
*Source:* "Provider Organization Specialty ... Organization (O) Specialties may use Code or Description indicated on the Provider Specialty List tab. Organization specialties are valid for all states (to include CA, CO, VA, and CA Caid). Refer to Provider Specialty Tab."

- **Alternate ID Requirements** – For each provider the template requires alternate identifiers such as state license number, issuing institution, license effective/termination dates, and state DEA number. These fields are mandatory for CAID claims and must be populated correctly to avoid claim denial.  
Source: “Alt ID | State License Number ... Alt ID | State DEA ...”

## Policy Information Table

Field	Description	Format	Example
<b>Specialty</b>	Provider specialty code	Alphanumeric	8073
<b>Specialty Effective Date</b>	Date specialty becomes active	mm/dd/yyyy	01/01/2024
<b>Specialty Term Date</b>	Optional termination date	mm/dd/yyyy	12/31/2025
<b>Specialty Term Reason</b>	Reason for termination	Alphabetical	Retired
<b>Provider Organization Specialty</b>	Organization specialty code or description	Alphanumeric	0
<b>Provider Organization Taxonomy</b>	Taxonomy code for organization specialty	Alphanumeric	12345
<b>Alt ID – State License</b>	State license number	Alphanumeric (hyphens allowed)	ME999999
<b>Alt ID – Institution Issuing License</b>	Issuing board or institution	Alphanumeric	Board of Medicine
<b>Alt ID – State Issuing License</b>	State of license	Alphabetical	ME
<b>Alt ID – License Effective Date</b>	License start date	mm/dd/yyyy	02/15/2020
<b>Alt ID – License Term Date</b>	License end date	mm/dd/yyyy	02/15/2025

Field	Description	Format	Example
Alt ID – State DEA	State DEA number	Alphanumeric (2 letters, 6 digits, 1 check digit)	AA111116

**Provider Specialty List (excerpt)**

The template includes a comprehensive list of specialty codes. A few examples are:

Code	Specialty	State Eligibility	Type
8073	Clinical Medical Laboratory	All states	O
D14Q0T9ZYC	Clinical Nurse Specialist	CA, CO, NV, CA CAID	P
8211	Pediatric Physical Therapy	All states	P
P0N612VXB7	Pediatric Pulmonology	CA, CO, NV, CA CAID	P

Source: “Provider Specialty List” section of the template.

These elements together define the CAID Restriction Automation policy: only claims that match the listed specialties, dates, and alternate IDs will be accepted; all other claims will be rejected or flagged for manual review."

**File Path:** "W:/PATACCT/BusinessOfc/Revenue Cycle Analyst/Payer\_Policies/Anthem\_PDFs/NYC\_ABC\_CAID-\_BH\_AutismSpectrumDisorderTesting.pdf"

**File Name:** "NYC\_ABC\_CAID-\_BH\_AutismSpectrumDisorderTesting.pdf"

**File Extension:** ".pdf"

**File Size:** 204K

**File Date:** 2025-10-03 11:42:13.527801

**LLM Response: "Policy Summary**

This document is the *Request for Authorization – Autism Spectrum Disorder (ASD) Testing* form used by Anthem Blue Cross & Blue Shield for New York Medicaid (NYC ABC CAID). It outlines the criteria for medically - necessary ASD testing, the required documentation, and the authorization process. The form is intended only for ASD testing; other psychological or neuropsychological evaluations (e.g., educational

testing, learning - disability assessment, placement, disability, or forensic evaluations) are excluded and should be directed to the appropriate agencies.

## Key Points

- **Medical Necessity** – Formal psychological testing is *not* indicated for routine screening or brief behavioral inventories; a diagnostic interview and relevant screening measures must precede any testing request.
- **Scope of Coverage** – Only ASD - specific testing is covered; requests for ABA services, educational testing, or other psychological evaluations are not covered under this form.
- **Documentation & Authorization** – Clinicians must attach clinical/medical records, provide a detailed rationale for testing, and specify CPT® code(s) (e.g., 96130 for the first hour). Prior authorization is required before services are rendered.

## Policy Information Table

Item	Details
Coverage	Autism Spectrum Disorder testing only
Authorization	Prior authorization required via Availity Essentials or other approved method
Exclusions	Routine screening, brief behavioral inventories, educational testing, learning - disability assessment, placement, disability, forensic evaluations
Required Documentation	Clinical/medical records, rationale for testing, diagnostic interview/screening results, CPT® code(s) (e.g., 96130)
Service Limits	1st hour of testing = 1 unit (CPT 96130)
Additional Notes	Requests for ABA services are noted but not covered under this form; refer to separate ABA authorization process

*Sources: excerpts from “NYC\_ABC\_CAID - BH\_AutismSpectrumDisorderTesting.pdf” – sections on medical necessity, scope, and documentation requirements.”*

**File Path:** "W:/PATACCT/BusinessOfc/Revenue Cycle Analyst/Payer\_Policies/Anthem\_PDFs/NYE\_CAID\_OverpaymentRefund.pdf"

**File Name:** "NYE\_CAID\_OverpaymentRefund.pdf"

**File Extension:** ".pdf"

**File Size:** 128K

**File Date:** 2025-10-03 11:42:16.754857

**LLM Response: "Policy Summary"**

The NY E CAID Overpayment Refund Notification policy provides the procedure for submitting a refund of an over - payment made to a provider under New York Medicaid or Medicare Advantage plans administered by Anthem. The policy requires that a completed "Overpayment Refund Notification Form" be mailed to Anthem along with the refund check and any supporting documentation. The form must list the reason for the refund (e.g., duplicate payment, contract rate change, wrong member, etc.) and include all provider and member identifiers. After Anthem's Cost Containment unit reviews the submission, a reconciliation letter will be sent to the provider. The policy also reminds providers that they may not disclose protected health information (PHI) about patients they do not treat or who are not enrolled in their practice.

**Key Points**

- **Submission Requirements** – A fully completed Overpayment Refund Notification Form, the refund check, and any supporting documentation must be mailed to Anthem.
- **Reason for Refund** – The form requires selecting one of the predefined reasons (e.g., duplicate payment, wrong physician, negative balance) or providing an alternative reason.
- **Mailing Address** – All documents must be sent to:  
Anthem, P.O. Box 933657, Atlanta, GA 31193 - 3657.
- **Post - Review Process** – Anthem's Cost Containment unit will review the refund and send a reconciliation letter to the provider.
- **PHI Protection** – Providers may not use or disclose PHI about individuals they are not treating or who are not enrolled in their practice.

**Policy Information Table**

Item	Details
Policy Purpose	Process over - payment refunds for NY E CAID Medicaid/Medicare Advantage claims.

Item	Details
<b>Required Documents</b>	Completed Overpayment Refund Notification Form, refund check, supporting documentation.
<b>Form Fields</b>	Physician name/contact, ID, tax ID, member ID, account number, service dates, billed charges, check amount, claim numbers, reason for refund.
<b>Reason Options</b>	Anthem letter, contract rate change, duplicate payment, wrong member, wrong physician, negative balance, other health insurance/third - party liability, payment error, billed in error/adjusted charge, other.
<b>Mailing Address</b>	Anthem, P.O. Box 933657, Atlanta, GA 31193 - 3657.
<b>Review Process</b>	Anthem Cost Containment unit reviews and sends reconciliation letter.
<b>PHI Guidance</b>	No disclosure of PHI for non - treated or non - enrolled individuals.
<b>Coverage Scope</b>	New York Medicaid and Medicare Advantage plans administered by Anthem.
<b>Effective Date</b>	July 2025 (NYBCBS - CDCR - 086600 - 25).
<b>Contact</b>	Not specified in document.

*All information is taken directly from the NY E CAID Overpayment Refund Notification Form (NYBCBS - CDCR - 086600 - 25, July 2025)."*