General Claims Layout Information and Provider Codes

Home Delivered Meals Providers

Column	Field Name	Description	Field Length	Data Type
A	Provider's Invoice Number	The provider's own invoice number. You can use whatever combination of letters and numbers you wish, either generated by your billing system or manual created, e.g. 20060615A	Up to 20 characters	Text &/or numeric
B	Member ID	VNS Health Member ID for example: V12345678, total of 9 positions, 1st left most position always should equal a "V" (must be upper case) Next right most 8 positions must be numeric.	9 characters	Alpha Numeric
C	Member Last Name	VNS Health member's (patient) last name (Not case sensitive)	Up to 35 characters	Text
D	Member First Name	VNS Health member's (patient) first name (Not case sensitive)	Up to 35 characters	Text
E	DOS	Date of Service(s): the date the provider performed the services.	8 characters	Date format MM/DD/YY
F	TOS	Type of service: Provider must specify MOW.	5 characters	Text
G	Authorization Number	This is a 3-digit number from the VNS Health "Order Processing" Order entry form to the right of the "Agency Name", e.g. 2769659 005. The left group of numbers represent the member's VNS Health Case number ID and to the right, is a 3-digit "sequence number." You must include only the digits to the right. NOTE: An authorization number may remain the same for multiple dates of service for the same member.	3 digits	Numbers