



Claim Submission Instructions for VNSNY CHOICE Providers

Billing Instructions:

1. Claims should contain the following information:
 - Complete Name, Address, and Telephone Number of the Provider
 - Contact Person
 - Provider ID (assigned by VNSNY CHOICE)
 - Tax Identification Number
 - Authorization Number (3 digits to the right of the member's VNSNY CHOICE ID/Case Number on the order)
 - Date of Service
 - Procedure Code (refer to your contract for list of codes)
 - Modifier for code, if applicable. (Refer to your contract for list of codes)
 - Member ID Number
 - Member Full Name (first, middle and last)
 - Date of Birth
 - Invoice Number (provider's internal number)
 - Units billed
 - Total charges for each service
 - Total dollar amount of the invoices
2. VNSNY CHOICE will reconcile each claim to the services that were authorized and the rates that are outlined in the provider's contract.
3. VNSNY CHOICE adheres to the prompt payment provision of Section 3224-a of the New York State Insurance Law. It is the policy of VNSNY CHOICE to pay providers in accordance to NYS Prompt Pay Laws after the receipt of a "clean" claim for services.
4. Once your claims have been adjudicated, VNSNY CHOICE issues a Remittance Advice with payment informing you of the decision made on the claims submitted. Remittance Advices will also be issued for denied claims, indicating the reason for the denial.
5. If you have any questions about VNSNY CHOICE's billing requirements; please contact your assigned Provider Relations Representative, or call our Provider Service Department at (1-866-783-0222)
6. Any questions about specific claim Please contact at (1-866-783-0222).