

Claim Repricing Requirements

Field Name	Field Num	Format	Field Len	Required	Multiple Values	Field Description	Definition
Claim Type	1.	VarChar	4	Y	Yes	Valid values are: 'HCFA' 'UB82'	This determines the type of claim submitted
Route Code	2.	VarChar	10	Y	Yes	Value will be: Unique routing code for the payor	Route Code assigned to the Payor
Tax ID	3.	VarChar	10	Y	Yes	Value will be: Providers Tax ID number	This is the providers tax identification number
Service Date	4.	smalldatetime		Y	Yes	Value will be: From date when services were first rendered	The onset date when services were provided.
First Name	5.	VarChar	25	Y	Yes	Value will be: First name of attending physician	Providers first name
Last Name	6.	VarChar	25	Y	Yes	Value will be: Last name of attending physician	Providers last name
Organization Name	7.	VarChar	25	Y	Yes	Value will be either: Full name of Provider Or Facility name	Full name of provider or facility performing services
Address	8.	VarChar	25	Y	Yes	Value is the: Address of Provider or Facility	Address of provider or facility performing services
Charges	9.	money		Y	Yes	Value is the: Total charge amount on this claim	Total charges submitted on this claim
Procedure Codes	10.	VarChar	5	Y	Yes	Value is the: Medical procedure code associated with this claim	Medical procedure code for this claim
HCPCS	11.	VarChar	9	Y	Yes	Value is the: Valid HCPCS code for this charge line	HCPCS code for this for this charge line
Units	12.	Int		N	Yes	Value when applicable is: Number of units for this charge line	When used is the number of units for this charge line

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Anesthesia Minutes	13.	Int		N	Yes	Value when applicable is: Number of anesthesia minutes for this charge line	When used is the number of anesthesia minutes for this charge line
Revenue Code	14.	Varchar	4	Y	Yes	Value when applicable is: Revenue code for this charge line	When used is the Revenue code for this charge line
Point of Service - modifier	15.	Varchar	2	N	Yes	Value when applicable is: HCPCS modifier for this charge line	When used is the HCPCS modifier for this charge line

If you have any questions regarding the contents of this document you may contact:

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