**Section 2510.APPENDIX G Ambulatory Surgical Data Fields Option l/UB92 Form and Paper Format**

|  |  |  |
| --- | --- | --- |
| DATA ELEMENT | ELEMENT DESCRIPTION | REQUIRED FIELD(S) REQUIREMENTS |
|  |  |  |
| 1 |  |  |
| Date of Birth |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 2 |  |  |
| Sex |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 3a-3b |  |  |
| Zip Code |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 4a-4c |  |  |
| Payer ID Number |  |  |
|  | Department of Insurance numbers are required for commercial |  |
| insurers. The three digit Blue Cross codes that are in the Council's Provider |  |  |
| Manual are required for Blue Cross plans. Self-administered plans will be |  |  |
| assigned a number upon request, as provided in Section |  |  |
| 2510.50(g) |  |  |
| and the use of these codes is required where applicable. |  |  |
|  |  |  |
| 5 |  |  |
| of Admission |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 6 |  |  |
| of Admission |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 7 |  |  |
| of Admission |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 8a |  |  |
| of Bill |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 8b |  |  |
| Date |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 9a-9i |  |  |
| Diagnosis and Up to Eight Other Diagnosis Codes |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 10a |  |  |
| Procedure Coding |  |  |
|  | stated in the Council's Provider Manual. |  |
| Used |  |  |
|  |  |  |
| 10b |  |  |
| Procedure |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 10c |  |  |
| Procedure Date |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 11 |  |  |
| Status |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 12a-12j |  |  |
| Procedures and Dates |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 13a-13w |  |  |
|  |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 14a-14w |  |  |
|  |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 15a-15w |  |  |
|  |  |  |
|  | stated in the Council's Provider Manual. |  |
|  |  |  |
| 16 |  |  |
| Physician ID Number |  |  |
|  | 's state license number is the required ID number. UPINs are |  |
| allowed for all claims. |  |  |
|  |  |  |
| 17 |  |  |
| ID Number |  |  |
|  | Medicaid number is the required provider ID number. Providers not |  |
| participating in Medicaid will be assigned an ID number, as provided in |  |  |
| Section 2510.50(f). |  |  |
|  |  |  |
| 18 |  |  |
| ID Number |  |  |
|  | stated in the Council's Provider Manual. This field may not contain the |  |
| patient's social security number. |  |  |
|  |  |  |
| 19a-19c |  |  |
| Group Number |  |  |
|  | stated in the Council's Provider Manual. Required where applicable. |  |
|  |  |  |
| 20a-20b |  |  |
| Physician ID Number |  |  |
|  | applicable, and if known, the physician's state license number is the |  |
| required ID number. If the other physician does not have a valid license |  |  |
| number, enter the Chief of Service's ID number. UPINs are allowed for all |  |  |
| claims. |  |  |
|  |  |  |
| 21 |  |  |
| Site ID Number |  |  |
|  | two-digit number identifies the outpatient surgical site location. This |  |
| ID along with the type of bill will be used to identify outpatient claims |  |  |
| . |  |  |
|  |  |  |
| 22 |  |  |
|  |  |  |
|  | stated in the Council's Provider Manual. |  |

(Source: Amended at 25 Ill. Reg. 2017, effective January 19, 2001)