**Section 2510.APPENDIX H Ambulatory Surgical Magnetic Media Record Format Option 2/1500 Form**

**HEADER RECORD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATA ELEMENT | DATA ELEMENT DESCRIPTION | POSITION | | LENGTH | PICTURE | FORMAT |
| FROM | TO |
|  |  |  |  |  |  |  |
| 1 | MEDICAID ID OR IHCCCC ASSIGNED NUMBER | 1 | 12 | 12 | A |  |
|  |  |  |  |  |  |  |
| 2 | PROVIDER NAME | 13 | 52 | 40 | A | LEFT JUSTIFY, SPACE FILL RIGHT |
|  |  |  |  |  |  |  |
| 3 | PROVIDER STREET ADDRESS | 53 | 92 | 40 | A | LEFT JUSTIFY, SPACE FILL RIGHT |
|  |  |  |  |  |  |  |
| 4 | PROVIDER CITY | 93 | 112 | 20 | A | LEFT JUSTIFY, SPACE FILL RIGHT |
|  |  |  |  |  |  |  |
| 5 | PROVIDER ZIP CODE | 113 | 117 | 5 | A |  |
|  |  |  |  |  |  |  |
| 6 | CONTACT PERSON | 118 | 157 | 40 | A | LEFT JUSTIFY, SPACE FILL RIGHT |
|  |  |  |  |  |  |  |
| 7 | TELEPHONE NUMBER | 158 | 167 | 10 | A | XXXXXXXXXX |
|  |  |  |  |  |  |  |
| 8 | PERIOD COVERED FIRST DAY | 168 | 173 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |
| 9 | LAST DAY | 174 | 179 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |
| 10 | SURGICAL SITE ID IHCCCC ASSIGNED | 180 | 181 | 2 | N | RIGHT JUSTIFY, ZERO FILL LEFT |
|  |  |  |  |  |  |  |
| 11 | FILLER | 182 | 300 | 119 | A | BLANK FILL |

**AMBULATORY SURGICAL MAGNETIC MEDIA RECORD FORMAT OPTION 2/1500 FORM**

**LOGICAL RECORD**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATA ELEMENT | DATA ELEMENT DESCRIPTION | 1500 ITEM | POSITION | | LENGTH | PICTURE | FORMAT |
| FROM | TO |
|  |  |  |  |  |  |  |  |
| 1 | MEDICAID ID OR IHCCCC ASSIGNED NUMBER | 25 | 1 | 12 | 12 | A |  |
|  |  |  |  |  |  |  |  |
| 2 | PATIENT ID NUMBER | 26 | 13 | 32 | 20 | A | LEFT JUSTIFY, SPACE FILL RIGHT |
|  |  |  |  |  |  |  |  |
| 3 | PATIENT DATE OF BIRTH | 3a | 33 | 40 | 8 | N | MMDDCCYY |
|  |  |  |  |  |  |  |  |
| 4 | PATIENT SEX | 3b | 41 | 41 | 1 | A | M=MALE, F=FEMALE |
|  |  |  |  |  |  |  |  |
| 5 | PATIENT ZIP CODE | 5 | 42 | 46 | 5 | N | UNKNOWN=00000 FOREIGN=99999 |
|  |  |  |  |  |  |  |  |
| 5b | ZIP PLUS 4 | 5 | 47 | 50 | 4 | A | OPTIONAL, BLANK FILL IF NO NUMBER |
|  |  |  |  |  |  |  |  |
| 6 | 1ST INDIVIDUAL PAYER ID NUMBER | 1 | 51 | 59 | 9 | A | LEFT JUSTIFY, SPACE FILL RIGHT |
|  |  |  |  |  |  |  |  |
| 6a | 2ND INDIVIDUAL PAYER ID NUMBER | 1 | 60 | 68 | 9 | A | LEFT JUSTIFY, SPACE FILL RIGHT |
|  |  |  |  |  |  |  |  |
| 7a | ATTENDING PHYSICIAN | 33 | 69 | 78 | 10 | A | LEFT JUSTIFY, SPACE FILL RIGHT |
|  |  |  |  |  |  |  |  |
| 7b | REFER PHYSICIAN | 17a | 79 | 88 | 10 | A | LEFT JUSTIFY, SPACE FILL RIGHT |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 8a | 1ST FROM PROCED DATE | 24a | 89 | 94 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 9a | 1ST THRU PROCED DATE | 24a | 95 | 100 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 10a | 1ST PROCEDURE | 24d | 101 | 107 | 7 | A | LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 11a | 1ST DIAGNOSIS CODE | 24e | 108 | 113 | 6 | A | NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 12a | 1ST Filler | 24g | 114 | 120 | 7 | A | Space Filled |
|  |  |  |  |  |  |  |  |
| 8b | 2ND FROM PROCED DATE | 24a | 121 | 126 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 9b | 2ND THRU PROCED DATE | 24a | 127 | 132 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 10b | 2ND PROCEDURE | 24d | 133 | 139 | 7 | A | LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 11b | 2ND DIAGNOSIS CODE | 24e | 140 | 145 | 6 | A | NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 12b | 2ND Filler | 24g | 146 | 152 | 7 | A | Space Filled |
|  |  |  |  |  |  |  |  |
| 8c | 3RD FROM PROCED DATE | 24a | 153 | 158 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 9c | 3RD THRU PROCED DATE | 24a | 159 | 164 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 10c | 3RD PROCEDURE | 24d | 165 | 171 | 7 | A | LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 11c | 3RD DIAGNOSIS CODE | 24e | 172 | 177 | 3 | A | NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 12c | 3RD Filler | 24g | 178 | 184 | 7 | A | Space Filled |
|  |  |  |  |  |  |  |  |
| 8d | 4TH FROM PROCEDURE DATE | 24a | 185 | 190 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 9d | 4TH THRU PROCEDURE DATE | 24a | 191 | 196 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 10d | 4TH PROCEDURE | 24d | 197 | 203 | 7 | A | LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 11d | 4TH DIAGNOSIS CODE | 24e | 204 | 209 | 6 | A | NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 12d | 4TH Filler | 24g | 210 | 216 | 7 | A | Space Filled |
|  |  |  |  |  |  |  |  |
| 8e | 5TH FROM PROCED DATE | 24a | 217 | 222 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 9e | 5TH THRU PROCED DATE | 24a | 223 | 228 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 10e | 5TH PROCEDURE | 24d | 229 | 235 | 7 | A | LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 11e | 5TH DIAGNOSIS CODE | 24e | 236 | 241 | 6 | A | NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 12e | 5TH Filler | 24g | 242 | 248 | 7 | A | Space Filled |
|  |  |  |  |  |  |  |  |
| 8f | 6TH FROM PROCED DATE | 24a | 249 | 254 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 9f | 6TH THRU PROCED DATE | 24a | 255 | 260 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 10f | 6TH PROCEDURE | 24d | 261 | 267 | 7 | A | LEFT JUSTIFY, SPACE FILL RIGHT. NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 11f | 6TH DIAGNOSIS CODE | 24e | 268 | 273 | 6 | A | NO DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 12f | 6TH Filler | 24g | 274 | 280 | 7 | A | Space Filled |
|  |  |  |  |  |  |  |  |
| 13 | TYPE OF BILL |  | 281 | 283 | 3 | N | RIGHT JUSTIFY, ZERO FILL LEFT |
|  |  |  |  |  |  |  |  |
| 14 | SURGICAL SITE ID IHCCCC ASSIGNED |  | 284 | 285 | 2 | N |  |
|  |  |  |  |  |  |  |  |
| 15 | TYPE OF ADMISSION |  | 286 | 286 | 1 | A |  |
|  |  |  |  |  |  |  |  |
| 16 | SOURCE OF ADMISSION |  | 287 | 287 | 1 | A |  |
|  |  |  |  |  |  |  |  |
| 17 | DISCHARGE STATUS |  | 288 | 289 | 2 | A | RIGHT JUSTIFY, ZERO FILL LEFT |
|  |  |  |  |  |  |  |  |
| 18 | FILLER |  | 290 | 300 | ~~4~~ | A |  |

**AMBULATORY SURGICAL MAGNETIC MEDIA RECORD FORMAT OPTION 2/1500 FORM**

**TRAILER RECORD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATA ELEMENT | DATA ELEMENT DESCRIPTION | POSITION | | LENGTH | PICTURE | FORMAT |
| FROM | TO |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 1 | MEDICAID ID NUMBER (OR IHCCCC ASSIGNED NUMBER) | 1 | 12 | 12 | A |  |
|  |  |  |  |  |  |  |
| 2 | NUMBER OF RECORDS LOGICAL RECORDS IN THE FILE EXCLUDING THE HEADER AND TRAILER RECORDS | 13 | 17 | 5 | N | RIGHT JUSTIFY, ZERO FILL LEFT |
|  |  |  |  |  |  |  |
| 3 | SURGICAL SITE ID (IHCCCC ASSIGNED) | 18 | 19 | 2 | N | RIGHT JUSTIFY, ZERO FILL LEFT |
|  |  |  |  |  |  |  |
| 4 | FILLER | 20 | 300 | 281 | A | BLANK FILL |

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