**Section 2510.APPENDIX I Ambulatory Surgical Data Fields Option 2 and Paper Format**

|  |  |  |
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| DATA ELEMENT | ELEMENT DESCRIPTION | REQUIRED FIELD(S) REQUIREMENTS |
|   |  |  |
| 1 |  |  |
|  ID or IHCCCC Assigned 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). |  |  |
|   |  |  |
| 2 |  |  |
|  ID Number |  |  |
|   | stated in the Council's Provider Manual. This field may not contain the |  |
| patient's social security number. |  |  |
|   |  |  |
| 3 |  |  |
|  Date of Birth |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
| 4 |  |  |
|  Sex |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
| 5 |  |  |
|  Zip Code |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
| 5b |  |  |
|  Plus 4 |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
| 6a-6c |  |  |
|  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 of Section 2510.50(g) and the |  |  |
| use of these codes is required where applicable. |  |  |
|   |  |  |
| 7a |  |  |
|  Physician ID Number |  |  |
|   | 's state license number is the required ID number. UPINs are |  |
| allowed for all claims. |  |  |
|   |  |  |
| 7b |  |  |
|  Physician |  |  |
|   | applicable, and if known, the physician's state license number is the |  |
| required ID number. UPINs are allowed for all claims. |  |  |
|   |  |  |
|  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|  |  |  |
| 8a-8f |  |  |
|  Procedure Date |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
|  |  |  |
| 9a-9f |  |  |
|  Procedure Date |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
|  |  |  |
| 10a-10f |  |  |
|   |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
|  |  |  |
| 11a-11f |  |  |
|  Codes |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
| 12a-12f |  |  |
|   |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
| 13 |  |  |
|  of Bill |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
| 14 |  |  |
|  Site ID Number |  |  |
|   | assigned by the Council. |  |
|   |  |  |
| 15 |  |  |
|  of Admission |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
| 16 |  |  |
|  of Admission |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
| 17 |  |  |
|  Status |  |  |
|   | stated in the Council's Provider Manual. |  |
|   |  |  |
| 18 |  |  |
|   |  |  |
|   | stated in the Council's Provider Manual. |  |

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