**Section 2510.APPENDIX F Ambulatory Surgical Magnetic Media Record Format Option 1/UB92 Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HEADER RECORD** | | | | | | |
| DATA  ELEMENT | DATA ELEMENT  DESCRIPTION | POSITION | | LENGTH | PICTURE | FORMAT |
| FROM | TO |
|  |  |  |  |  |  |  |
| 1 | MEDICAID ID OR IHCCCC | 1 | 12 | 12 | A |  |
|  | ASSIGNED NUMBER |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2 | PROVIDER NAME | 13 | 52 | 40 | A | LEFT JUSTIFY, |
|  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  |
| 3 | PROVIDER STREET | 53 | 92 | 40 | A | LEFT JUSTIFY, |
|  | ADDRESS |  |  |  |  | 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 | 180 | 181 | 2 | N | RIGHT JUSTIFY, |
|  |  |  |  |  |  | ZERO FILL LEFT |
|  |  |  |  |  |  |  |
| 11 | FILLER | 182 | 800 | 619 | A | BLANK FILL |
|  | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AMBULATORY SURGICAL MAGNETIC MEDIA RECORD FORMAT OPTION 1/UB92 FORM**  **LOGICAL RECORD** | | | | | | | | |
| DATA | DATA ELEMENT | UB92 | POSITION | |  |  |  |
| ELEMENT | DESCRIPTION | ITEM | FROM | TO | LENGTH | PICTURE | FORMAT |
|  |  |  |  |  |  |  |  |
| 1 | PATIENT DATE OF BIRTH | 14 | 1 | 8 | 8 | N | MMDDCCYY |
|  |  |  |  |  |  |  |  |
| 2 | PATIENT SEX | 15 | 9 | 9 | 1 | A |  |
|  |  |  |  |  |  |  |  |
| 3a | PATIENT ZIP CODE | 13 | 10 | 14 | 5 | N | UNKNOWN=00000 |
|  |  |  |  |  |  |  | FOREIGN=99999 |
|  |  |  |  |  |  |  |  |
| 3b | ZIP PLUS 4 | 13 | 15 | 18 | 4 | A | OPTIONAL, |
|  |  |  |  |  |  |  | BLANK FILL IF NO |
|  |  |  |  |  |  |  | NUMBER |
|  |  |  |  |  |  |  |  |
| 4a | 1ST INDIVIDUAL PAYER |  |  |  |  |  |  |
|  | ID NUMBER | 50a | 19 | 27 | 9 | A | LEFT JUSTIFY, |
|  |  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  |  |
| 4b | 2ND INDIVIDUAL PAYER |  |  |  |  |  | LEFT JUSTIFY, |
|  | ID NUMBER | 50b | 28 | 36 | 9 | A | SPACE FILL RIGHT |
|  |  |  |  |  |  |  |  |
| 4c | 3RD INDIVIDUAL PAYER |  |  |  |  |  | LEFT JUSTIFY, |
|  | ID NUMBER | 50c | 37 | 45 | 9 | A | SPACE FILL RIGHT |
|  |  |  |  |  |  |  |  |
| 5 | DATE OF ADMISSION | 17 | 46 | 51 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 6 | SOURCE OF ADMISSION | 20 | 52 | 52 | 1 | N |  |
|  |  |  |  |  |  |  |  |
| 7 | E OF ADMISSION | 19 | 53 | 53 | 1 | N |  |
|  |  |  |  |  |  |  |  |
| 8a | TYPE OF BILL | 4 | 54 | 56 | 3 | N |  |
|  |  |  |  |  |  |  |  |
| 8b | DISCHARGE DATE | 6 | 57 | 62 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 9a | PRINCIPAL DIAGNOSIS | 67 | 63 | 68 | 6 | A | LEFT JUSTIFY, |
|  |  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  | NO DECIMAL |
|  |  |  |  |  |  |  |  |
| 9b | 1ST OTHER DIAGNOSIS | 68 | 69 | 74 | 6 | A | LEFT JUSTIFY, |
|  |  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  | NO DECIMAL |
|  |  |  |  |  |  |  |  |
| 9c | 2ND OTHER DIAGNOSIS | 69 | 75 | 80 | 6 | A | LEFT JUSTIFY, |
|  |  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  | NO DECIMAL |
|  |  |  |  |  |  |  |  |
| 9d | 3RD OTHER DIAGNOSIS | 70 | 81 | 86 | 6 | A | LEFT JUSTIFY, |
|  |  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  | NO DECIMAL |
|  |  |  |  |  |  |  |  |
| 9e | 4TH OTHER DIAGNOSIS | 71 | 87 | 92 | 6 | A | LEFT JUSTIFY, |
|  |  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  | NO DECIMAL |
|  |  |  |  |  |  |  |  |
| 9f | 5TH OTHER DIAGNOSIS | 72 | 93 | 98 | 6 | A | LEFT JUSTIFY, |
|  |  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  | NO DECIMAL |
|  |  |  |  |  |  |  |  |
| 9g | 6TH OTHER DIAGNOSIS | 73 | 99 | 104 | 6 | A | LEFT JUSIFY, |
|  |  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  | NO DECIMAL |
|  |  |  |  |  |  |  |  |
| 9h | 7TH OTHER DIAGNOSIS | 74 | 105 | 110 | 6 | A | LEFT JUSTIFY, |
|  |  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  | NO DECIMAL |
|  |  |  |  |  |  |  |  |
| 9i | 8TH OTHER DIAGNOSIS | 75 | 111 | 116 | 6 | A | LEFT JUSTIFY, |
|  |  |  |  |  |  |  | SPACE FILL RIGHT |
|  |  |  |  |  |  |  | NO DECIMAL |
|  |  |  |  |  |  |  |  |
| 10a | PROCEDURE CODING | 79 | 117 | 117 | 1 | N | USE 9 FOR ICD-9- |
|  | METHOD USED |  |  |  |  |  | CM PROC. USE 8 |
|  |  |  |  |  |  |  | FOR CPT PROC |
|  |  |  |  |  |  |  |  |
| 10b | PRINCIPAL PROCEDURE | 80 | 118 | 124 | 7 | A | ICD-9-CM:99V99b: |
|  |  |  |  |  |  |  | CPT:9999999:LEFT |
|  |  |  |  |  |  |  | JUSTIFY,SPACE |
|  |  |  |  |  |  |  | FILL RIGHT. NO |
|  |  |  |  |  |  |  | DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 10c | PRINCIPAL PROCED DATE | 80 | 125 | 130 | 6 | N | MMDDYY |
|  |  |  |  |  |  |  |  |
| 11 | PATIENT STATUS | 22 | 131 | 132 | 2 | N | RIGHT JUSTIFY, |
|  |  |  |  |  |  |  | ZERO FILL LEFT |
|  |  |  |  |  |  |  |  |
| 12a | 1ST OTHER PROCEDURE | 81a | 133 | 139 | 7 | A | ICD-9-CM:99V99b: |
|  |  |  |  |  |  |  | CPT9999999: LEFT |
|  |  |  |  |  |  |  | JUSTIFY, SPACE |
|  |  |  |  |  |  |  | FILL RIGHT. NO |
|  |  |  |  |  |  |  | DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  |  |
| 12b | 1ST OTHER PROCED DATE | 81a | 140 | 145 | 6 | N | MMDDYY |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 12c | 2ND OTHER PROCEDURE | 81b | 146 | 152 | 7 | A | | ICD-9-CM:999V99b: |
|  |  |  |  |  |  |  | | CPT: 9999999: LEFT |
|  |  |  |  |  |  |  | | JUSTIFY, SPACE |
|  |  |  |  |  |  |  | | FILL RIGHT. NO |
|  |  |  |  |  |  |  | | DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  | |  |
| 12d | 2ND OTHER PROCED DATE | 81b | 153 | 158 | 6 | N | | MMDDYY |
|  |  |  |  |  |  |  | |  |
| 12e | 3RD OTHER PROCEDURE | 81c | 159 | 165 | 7 | A | | ICD-9-CM:99V99b: |
|  |  |  |  |  |  |  | | CPT:9999999: LEFT |
|  |  |  |  |  |  |  | | JUSTIFY, SPACE |
|  |  |  |  |  |  |  | | FILL RIGHT. NO |
|  |  |  |  |  |  |  | | DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  | |  |
| 12f | 3RD OTHER PROCED DATE | 81c | 166 | 171 | 6 | N | | MMDDYY |
|  |  |  |  |  |  |  | |  |
| 12g | 4TH OTHER PROCEDURE | 81d | 172 | 178 | 7 | A | | ICD-9-CM:99V99b: |
|  |  |  |  |  |  |  | | CPT:9999999: LEFT |
|  |  |  |  |  |  |  | | JUSTIFY, SPACE |
|  |  |  |  |  |  |  | | FILL RIGHT. NO |
|  |  |  |  |  |  |  | | DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  | |  |
| 12h | 4TH OTHER PROCED DATE | 81d | 179 | 184 | 6 | N | | MMDDYY |
|  |  |  |  |  |  |  | |  |
| 12i | 5TH OTHER PROCEDURE | 81e | 185 | 191 | 7 | A | | ICD-9-CM:99V99b: |
|  |  |  |  |  |  |  | | CPT:9999999: LEFT |
|  |  |  |  |  |  |  | | JUSTIFY, SPACE |
|  |  |  |  |  |  |  | | FILL RIGHT. NO |
|  |  |  |  |  |  |  | | DECIMAL OR HYPHEN |
|  |  |  |  |  |  |  | |  |
| 12j | 5TH OTHER PROCED DATE | 81e | 192 | 197 | 6 | | N | MMDDYY | |
|  |  |  |  |  |  | |  |  | |
| 13a | 1ST FILLER | 42a | 198 | 201 | 4 | | A | Space or Zero | |
|  |  |  |  |  |  | |  | fill | |
|  |  |  |  |  |  | |  |  | |
| 14a | FILLER | 46a | 202 | 208 | 7 | | A | Space or Zero | |
|  |  |  |  |  |  | |  | fill | |
|  |  |  |  |  |  | |  |  | |
| 15a | FILLER |  | 209 | 218 | 10 | | A | BLANK FILL | |
|  |  |  |  |  |  | |  |  | |
| 13b | 2ND FILLER | 42b | 219 | 222 | 4 | | A | Space or Zero | |
|  |  |  |  |  |  | |  | fill | |
|  |  |  |  |  |  | |  |  | |
| 14b | FILLER | 46b | 223 | 229 | 7 | | A | Space or Zero | |
|  |  |  |  |  |  | |  | fill | |
|  |  |  |  |  |  | |  |  | |
| 15b | FILLER |  | 230 | 239 | 10 | | A | BLANK FILL | |
|  |  |  |  |  |  | |  |  | |
| 13c | 3RD FILLER | 42c | 240 | 243 | 4 | | A | Space or Zero | |
|  |  |  |  |  |  | |  | fill | |
|  |  |  |  |  |  | |  |  | |
| 14c | FILLER | 46c | 244 | 250 | 7 | | A | Space or Zero | |
|  |  |  |  |  |  | |  | fill | |
|  |  |  |  |  |  | |  |  | |
| 15c | FILLER |  | 251 | 260 | 10 | | A | BLANK FILL | |
|  |  |  |  |  |  | |  |  | |
| 13d | 4TH FILLER | 42d | 261 | 264 | 4 | | A | Space of Zero | |
|  |  |  |  |  |  | |  | fill | |
|  |  |  |  |  |  | |  |  | |
| 14d | FILLER | 46d | 265 | 271 | 7 | | A | Space or Zero | |
|  |  |  |  |  |  | |  | fill | |
|  |  |  |  |  |  | |  |  | |
| 15d | FILLER |  | 272 | 281 | 10 | | A | BLANK FILL | |
|  |  |  |  |  |  | |  |  | |
| 13e | 5TH FILLER | 42e | 282 | 285 | 4 | | A | Space or Zero | |
|  |  |  |  |  |  | |  | fill | |
|  |  |  |  |  |  | |  |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 14e | | FILLER | 46e | 286 | 292 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15e | | FILLER |  | 293 | 302 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13f | | 6TH FILLER | 42f | 303 | 306 | 4 | A | Space of Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14f | | FILLER | 46f | 307 | 313 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15f | | FILLER |  | 314 | 323 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13g | | 7TH FILLER | 42g | 324 | 327 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14g | | FILLER | 46g | 328 | 334 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15g | | FILLER |  | 335 | 344 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13h | | 8TH FILLER | 42h | 345 | 348 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14h | | FILLER | 46h | 349 | 355 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15h | | FILLER |  | 356 | 365 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13i | | 9TH FILLER | 42i | 366 | 369 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14i | | FILLER | 46i | 370 | 376 | 7 | A | Space of Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15i | | FILLER |  | 377 | 386 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13j | | 10TH FILLER | 42j | 387 | 390 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14j | | FILLER | 46j | 391 | 397 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15j | | FILLER |  | 398 | 407 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13k | | 11TH FILLER | 42k | 408 | 411 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14k | | FILLER | 46k | 412 | 418 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15k | | FILLER |  | 419 | 428 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13l | | 12TH FILLER | 421 | 429 | 432 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14l | | FILLER | 461 | 433 | 439 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15l | | FILLER |  | 440 | 449 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13m | | 13TH FILLER | 42m | 450 | 453 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14m | | FILLER | 46m | 454 | 460 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15m | | FILLER |  | 461 | 470 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13n | | 14TH FILLER | 42n | 471 | 474 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14n | | FILLER | 46n | 475 | 481 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15n | | FILLER |  | 482 | 491 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13o | | 15TH FILLER | 42o | 492 | 495 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14o | | FILLER | 46o | 496 | 502 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15o | | FILLER |  | 503 | 512 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13p | | 16TH FILLER | 42p | 513 | 516 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14p | | FILLER | 46p | 517 | 523 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15p | | FILLER |  | 524 | 533 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13q | | 17TH FILLER | 42q | 534 | 537 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14q | | FILLER | 46q | 538 | 544 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15q | | FILLER |  | 545 | 554 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13r | | 18TH FILLER | 42r | 555 | 558 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14r | | FILLER | 46r | 559 | 565 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15r | | FILLER |  | 566 | 575 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13s | | 19TH FILLER | 42s | 576 | 579 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14s | | FILLER | 46s | 580 | 586 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15s | | FILLER |  | 587 | 596 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13t | | 20TH FILLER | 42t | 597 | 600 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14t | | FILLER | 46t | 601 | 607 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15t | | FILLER |  | 608 | 617 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13u | | 21ST FILLER | 42u | 618 | 621 | 4 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 14u | | FILLER | 64u | 622 | 628 | 7 | A | Space or Zero |
|  | |  |  |  |  |  |  | fill |
|  | |  |  |  |  |  |  |  |
| 15u | | FILLER |  | 629 | 638 | 10 | A | BLANK FILL |
|  | |  |  |  |  |  |  |  |
| 13v | | 22ND FILLER | 42v | 639 | 642 | 4 | A | Space or Zero |
|  |  | |  |  |  |  |  | fill |
|  |  | |  |  |  |  |  |  |
| 14v | FILLER | | 46v | 643 | 649 | 7 | A | Space or Zero |
|  |  | |  |  |  |  |  | fill |
|  |  | |  |  |  |  |  |  |
| 15v | FILLER | |  | 650 | 659 | 10 | A | BLANK FILL |
|  |  | |  |  |  |  |  |  |
| 13w | 23RD FILLER | | 42w | 660 | 663 | 4 | A | Space or Zero |
|  |  | |  |  |  |  |  | fill |
|  |  | |  |  |  |  |  |  |
| 14w | FILLER | | 46w | 664 | 670 | 7 | A | Space or Zero |
|  |  | |  |  |  |  |  | fill |
|  |  | |  |  |  |  |  |  |
| 15w | FILLER | |  | 671 | 680 | 10 | A | BLANK FILL |
|  |  | |  |  |  |  |  |  |
| 16 | ATTENDING PHYSICIAN | | 82 | 681 | 690 | 10 | A | LEFT JUSTIFY, |
|  | ID NUMBER | |  |  |  |  |  | SPACE FILL RIGHT |
|  |  | |  |  |  |  |  |  |
| 17 | MEDICAID ID OR IHCCCC | | 5 | 691 | 702 | 12 | A |  |
|  | ASSIGNED NUMBER | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
| 18 | PATIENT ID NUMBER | | 3 | 703 | 722 | 20 | A | LEFT JUSTIFY, |
|  |  | |  |  |  |  |  | SPACE FILL RIGHT |
|  |  | |  |  |  |  |  |  |
| 19a | 1ST INSUR GRP NUMBER | | 62a | 723 | 739 | 17 | A | LEFT JUSTIFY, |
|  |  | |  |  |  |  |  | SPACE FILL RIGHT |
|  |  | |  |  |  |  |  |  |
| 19b | 2ND INSUR GRP NUMBER | | 62b | 740 | 756 | 17 | A | LEFT, JUSTIFY, |
|  |  | |  |  |  |  |  | SPACE FILL RIGHT |
|  |  | |  |  |  |  |  |  |
| 19c | 3RD INSUR GRP NUMBER | | 62c | 757 | 773 | 17 | A | LEFT JUSTIFY, |
|  |  | |  |  |  |  |  | SPACE FILL RIGHT |
|  |  | |  |  |  |  |  |  |
| 20a | OTHER PHYSICAN | | 83a | 774 | 783 | 10 | A | LEFT JUSTFIY, |
|  | ID NUMBER | |  |  |  |  |  | SPACE FILL RIGHT |
|  |  | |  |  |  |  |  |  |
| 20b | OTHER PHYSICAN | | 83b | 784 | 793 | 10 | A | LEFT JUSTIFY, |
|  |  | |  |  |  |  |  | SPACE FILL RIGHT |
|  |  | |  |  |  |  |  |  |
| 21 | SURGICAL SITE ID | |  | 794 | 795 | 2 | N | RIGHT JUSTIFY, |
|  |  | |  |  |  |  |  | ZERO FILL LEFT |
|  |  | |  |  |  |  |  |  |
| 22 | FILLER | |  | 796 | 800 | 5 | A | BLANK FILLER |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| **AMBULATORY SURGICAL MAGNETIC MEDIA RECORD FORMAT OPTION 1/UB92 FORM** | | | | | | |
|  | | | | | | |
| **TRAILER RECORD** | | | | | | |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATA | | DATA ELEMENT | POSITION | |  |  |  |
| ELEMENT | | DESCRIPTION | FROM | TO | LENGTH | PICTURE | FORMAT |
|  | |  |  |  |  |  |  |
| 1 | MEDICAID ID NUMBER | | 1 | 12 | 12 | A |  |
|  | or IHCCCC | |  |  |  |  |  |
|  | ASSIGNED NUMBER | |  |  |  |  |  |
|  |  | |  |  |  |  |  |
| 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 | | 18 | 19 | 2 | N | RIGHT JUSTIFY, |
|  |  | |  |  |  |  | ZERO FILL LEFT |
|  |  | |  |  |  |  |  |
| 4 | FILLER | | 20 | 800 | 781 | A | BLANK FILL |

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