



January 25, 2006

642860

Dear Teleplan Vendor:

Subject: Medical Services Plan (MSP) Electronic Medical Claims System -
Location Codes (Claims C02 record, P40 field)
Effective March 1, 2006 and MANDATORY as of October 1, 2006.

The purpose of this letter is to advise you that effective October 1, 2006, the attached revised list of location codes will be MANDATORY and replaces all prior codes. Effective March 1, 2006, and prior to October 1, 2006, we will accept both the current published and attached revised location codes. This attached list replaces the published list in our current specifications known as **Teleplan4 Web Version 4.0 October 2004.**

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P40 SERVICE-LOCATION-CD To identify location of service, a mandatory field.
Commencing March 1, 2006, mandatory October 1, 2006.

NEW CODE	NEW DEFINITION
C	Residential Care/Assisted Living Residence
D	Diagnostic Facility
E	Hospital – Emergency Room (Unscheduled Patient)
I	Hospital – Inpatient
P	Hospital – Outpatient
R	Patient’s Private Home
Z	Other (ie, accident site or in an ambulance etc.)
M	Mental Health Centre
T	Practitioner’s Office – In Publicly Administered Facility
G	Hospital – Day Care (Surgery)
F	Private Medical / Surgical Facility
A	Practitioner’s Office – In Community

The current codes known as **H & S** are retired. They are replaced with new codes/new definitions.

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Four new location codes have been added:

G = Hospital Day-Care (Surgery)

F = Private Medical/Surgical Facility

M = Mental Health Centre

T = Practitioner's Office – In Publicly Administered Facility

One location code **“O” (Office) will change from the letter “O” to “A”** and the definition to **“Practitioner's Office – In Community.”**

The Ministry of Health has requested this change to identify the specific locations where publicly funded (MSP) services are provided and requires it to be operational as quickly as possible. To ensure we provide ample notice the mandatory change date is not until October 1, 2006. All claims will be refused, as of October 1, 2006, that do not contain the expected location codes as described above.

Example:

As of October 1, 2006, claims with Dates of Service October 1, 2006, and greater submitted with old codes will be refused while claims with dates of service less than October 1, 2006, submitted with old location codes will still be accepted.

We would like to thank you for your continued support, and encourage you to work with your clients in this modification to the Location Codes (P40) field.

As always, if you have any questions, please contact our Teleplan Support Centre:

- Victoria: 250 952-2668
- Other areas of B.C. (toll-free): 1 800 663-7206

Sincerely,

Original Signed by

Cindy McMath
Manager, Provider Services
Health Insurance BC

Original Signed by

Nichola Manning
Director
Priority Initiatives, Medical Services Branch

Attachment:

1) New Location Codes and Descriptors

Attachment 1

NEW LOCATION CODES & DESCRIPTORS

- (E) Hospital – Emergency Room (Unscheduled Patient)
- (I) Hospital – Inpatient
- (P) Hospital – Outpatient
- (G) Hospital – Day Care (Surgery)
- (F) Private Medical / Surgical Facility
- (R) Patient’s Private Home
- (A) Practitioner’s Office – In Community
- (T) Practitioner’s Office – In Publicly Administered Facility
- (D) Diagnostic Facility
- (C) Residential Care/Assisted Living Residence
- (M) Mental Health Centre
- (Z) Other (i.e., accident site or in an ambulance etc.)

CATEGORY DESCRIPTORS:

(E) Hospital – Emergency Room (Unscheduled Patient)

Service is provided in a hospital emergency department for a patient who presents for emergent or urgent treatment (Note: Excludes hospital outpatients who receive services on a scheduled basis within an emergency department – see *Hospital Outpatient*).

(I) Hospital (Inpatient)

Service is provided for a patient who is an inpatient of a hospital (Note: Excludes patients located within a designated “extended care unit” within a hospital – see *Residential Care/Assisted Living Residence*).

(P) Hospital – Outpatient

Service is provided in outpatient and/or ambulatory clinics where outpatients receive scheduled services including emergency department, or any other hospital setting where outpatients receive services (Note: Excludes day care surgical patients).

(G) Hospital – Day Care Surgery

Service is provided within a hospital to a patient who is a day care surgery patient (Note: Includes all patients who are in hospital on a day care basis primarily to receive a “procedure.” Excludes scheduled services - see *Hospital – Outpatient*).

(F) Private Medical / Surgical Facility

Service is provided within a private medical/surgical facility accredited by the College of Physicians and Surgeons of BC.

(R) Patient's Private Home

Service is provided in a patient's own home (Note: Includes service provided in a "group homes" where on-site nursing or other health professional support care is not provided, but excludes assisted living residences and other residential facilities – see *Residential Care/Assisted Living Residence*).

(A) Practitioner's Office – In Community

Service is provided in a practitioner's office (Note: Excludes practitioner's offices that are located within a publicly administered health care facility – see *Practitioner's Office – In Publicly Administered Facility*. Includes services provided by a physician, chiropractor, dentist, optometrist, podiatrist, physiotherapist, and massage therapist).

(T) Practitioner's Office – In Publicly Administered Facility

Service is provided in a practitioner's office located within a publicly administered health care facility (e.g., Hospital, Primary Care Centre/Clinic, D&T Centre, etc...).

(D) Diagnostic Facility

Service is provided in a facility that primarily/exclusively provides diagnostic testing and has been granted a Medical Services Commission Certificate of Approval (Note: Excludes diagnostic tests provided in practitioner's office. Also excludes diagnostic services provided in/by hospital and/or D&T centre facilities).

(C) Residential Care/Assisted Living Residence

Service is provided to a patient in a licensed residential care facility or registered assisted living residence (Note: Excludes small "group homes" where no professional health care support/care is available and includes extended care facility within a hospital).

(M) Mental Health Centre

Service is provided in a publicly administered mental health centre to an outpatient (Note: Excludes mental health facilities that are primarily residential in nature – see *Residential Care/Assisted Living*. Includes CRESST Facilities).

(Z) Other (i.e., accident site, etc.)

Service is provided in any other location such as a temporary community or school clinic, ambulance, accident site etc....