

Information Services Division



Revised

**WorkSafeBC Electronic Medical Forms
Vendor Specifications for
MSP Inbound Records**

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Version 1.9**

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Revision History

<i>Version</i>	<i>Date</i>	<i>Description</i>
1.0	Nov 30, 2000	Kent Sheppard
1.1	Dec 1,200	Addition chiropractors' forms
1.2	Dec 14, 2000	
1.3	Jan 09, 2001	Updated to reflect BARR changes
1.4	Feb 21, 2001	Updated to include new fee items & remove "date requested" field (DR26/CH26)
1.5	March 03, 2001	Estimated time before worker will be able to return to the workplace in any capacity: Added '0' for at work
1.6	March 10, 2001	Clarified the mandatory designation for PY48, PY73, DR38b and CH38b Moved summary of revisions to Appendix D (to maintain page numbering)
1.7	March 16,2001	Set value of Billed-Amount (P27) to \$0. on claim records 2,3,and 4 for physicians and chiropractors, and claim records 2 and 3 for physios. Clarified the mandatory designation for PY66 and PY76
1.8	March 22, 2001	Applies to Dr and Chiro forms only. As with revision 1.6, note records 2, 3 and 4 cannot be completely blank. If no information is entered, a default text string must be placed into the field.
1.9	April 20, 2001	Changed default text string for CH26 and DR26. Also updated help text for fields DR02, CH02, DR22, DR23, CH22, CH23, DR30, CH30, DR32, CH32, PY33 and PY 37.

See Appendix D for Summary of Revisions

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1 Introduction

Over the past several months, Workers' Compensation Board of British Columbia (WCB) has reviewed reporting requirements based on the recent agreements with the British Columbia Medical Association (BCMA) and the Physiotherapists Association of British Columbia (PABC). As a result, several new reports have been designed in 'Paper' and 'Electronic' formats. The document describes the new specifications for the electronic transmission of the following reports:

- Physician's First Report (form 8)
- Physician's Progress Report (form 11)
- Chiropractor's First Report (form 8C)
- Chiropractor's Progress Report (form 11C)
- Physiotherapy Plan/Report
- Physiotherapy Plan/Report for Home Visits
- Physiotherapy Plan/Report for Central Nervous System Disorders
- Physiotherapy Requested Report

Based on discussions both within WCB and with a number of medical practitioners, the BCMA and PABC, the new specifications incorporate the following features:

- Based on a multi claim format;
- Combine the form 8's and 11's into one common form, which can be used generically by physicians, chiropractors and hospitals;
- Provide expanded text boxes for clinical information; and,
- Utilization of 'pick lists' to standardize injury/treatment reporting on the physiotherapy forms.

These new specifications are effective April 1, 2001. Although WCB will continue to accept and process the previous 1200 byte and 400 byte records after April 1, 2001, it is our intention to sunset all previous versions of these forms within a reasonable period of time (6 – 12 months).

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2 About this Document

This document is divided into the following sections:

- **Inbound record specifications**
Describes the logical and physical claim structures.
- **Fee item usage**
Identifies the fee item values applicable to the new transactions.
- **Re-transmission of multi claim formatted E-form data**
Describes how to submit corrected or amended form information.
- **Physician's Report specifications**
 - WCB electronic form layouts - This section provides proposed report layouts for the reports. These layouts are guidelines only for data presentation when displaying information online and for hardcopy report formatting.
 - Field Descriptions - This section provides description of the 'form' data elements and a mapping of the form data to the 'Teleplan Record' specification definitions.
 - Teleplan/PC Record definitions.
This section provides a complete Teleplan/PC record definition of each of the four 'claim/note records'.
- **Chiropractor's Report specifications**
 - WCB electronic form layouts - This section provides proposed report layouts for the reports. These layouts are guidelines only for data presentation when displaying information online and for hardcopy report formatting.
 - Field Descriptions - This section provides description of the 'form' data elements and a mapping of the form data to the 'Teleplan Record' specification definitions.
 - Teleplan /PC Record definitions - This section provides a complete Teleplan/PC record definition of each of the four 'claim/note records'.
- **Physiotherapist's Report specifications**
 - WCB electronic form layouts - This section provides proposed report layouts for the reports. These layouts are guidelines only for data presentation when displaying information online and for hardcopy report formatting.
 - Field Descriptions - This section provides description of the 'form' data elements and a mapping of the form data to the 'Teleplan Record' specification definitions.
 - Physiotherapist forms – Phrase Descriptions - This section provides descriptions and samples of the phase building/pick list feature used in completing the physiotherapist clinical information section of the forms.
- **Vendor testing procedures**
Outlines the joint testing arrangements that have been devised by MSP and WCB for Vendor submitted Electronic Medical Forms tests for report submissions.
- **Injury coding**
Table of injury codes to be used in the WCB Claim Injury section.
- **Physiotherapists Phrase coding**
List Tables of Phrase codes to be used in the Physiotherapy Phrase section.
- **Suggested Help text**
This section contains suggested help text for all fields for each type of form.

3 Inbound E-form Record Specifications

For WCB purposes, MSP has advised that the following ASCII values are not valid and to please only use the values presented in the table below titled ‘VALID ASCII character considerations’.

Invalid Characters

- ASCII characters 00 to 1F and 7F to FF are considered **invalid** and may be translated to question marks (?) or blanks. Please do not use.

Valid ASCII character considerations - ASCII to EBCDIC Translation

- The following ASCII characters are VALID for MSP Teleplan records and can be included in any of the free format text fields for the medical report information.

Table 1

20		Space	2A	*	Asterisk
21	!	Exclamation mark	2B	+	Plus
22	“	Double quote	2C	,	Comma
23	#	Pound sign	2D	-	Dash
24	\$	Dollar sign	2E	.	Dot or Period
25	%	Percent sign	2F	/	Slash

ASCII 30 to 39: numerals 0 to 9

26	&	Ampersand	3A	:	Colon
27	‘	Quote – single	3B	;	Semi-colon
28	(	Open bracket	3C	<	Less than
29	)	Closed bracket	3D	=	Equal
			3E	>	Greater than
			3F	?	Question mark
			40	@	at sign

ASCII 41 to 5A uppercase letters A-Z

ASCII 61 to 7A lowercase letters a-z

5B	[	Open square	7B	{	Open brace
5C	\	Back slash	7C	|	Split Bar
5D	]	Close square	7D	}	Close brace
5E	^	Caret	7E	~	Tilde
5F	_	Underscore			
60	`	Grave accent			

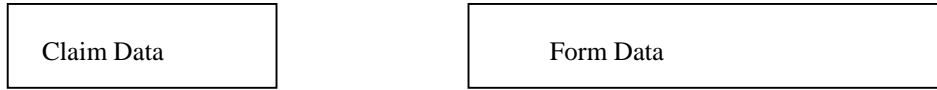
The Workers’ Compensation Board of British Columbia (WCB) uses the 400 byte “note record” layout (N01 for PC Site Vendors) for electronic transmission of form data. In order to allow for additional textual information, WCB is using a sequence of 3 or 4 “claim records” (C02) and 3 or 4 “note records” (N01) to provide (1200 or 1600) bytes for form information

Standard rules still apply to both record types as per the MSP Teleplan Record Specifications document Version 3.0 dated June 1998 (i.e. left justify alphanumeric fields, zero fill numeric fields, etc.). Please be aware that the **“note record” must not be sent as a standalone claim submission.** It must accompany a “Fee for Service” detail “claim record” (C02 for PC sites) for the new WCB specific fee item codes. Existing codes still apply to allow for sites that are still using the 400-byte format.

3.1 Logical E-form Structure

Logical View of Claim + Physician’s, Chiropractors’ and Physiotherapists’ Reports

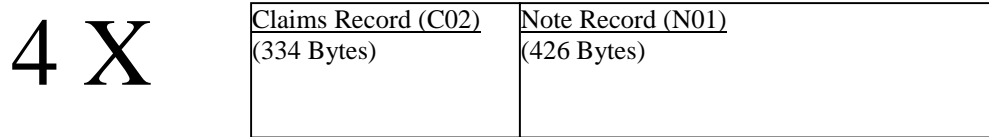
Fig 1.



NB: One Physical MSP Inbound Record = One Claim (C02) + One Note (N01) Record

One Logical Claim is physically implemented as follows:

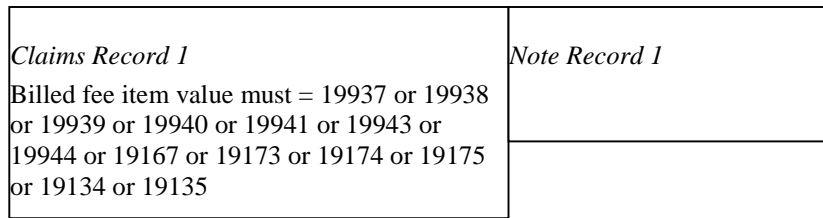
Fig 2.



In other words one Logical Claim = 4X Physical MSP Inbound Records. Illustrated in the following example:

Fig 3.

Claims Record 1 + Note Record 1¹



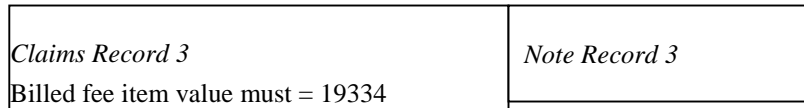
Claims Record 2 + Note Record 2

+



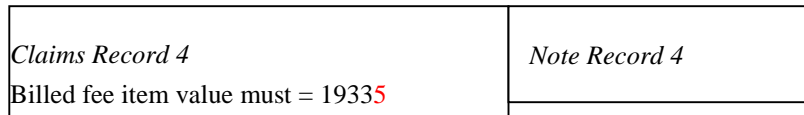
Claims Record 3 + Note Record 3

+



Claims Record 4 + Note Record 4

+



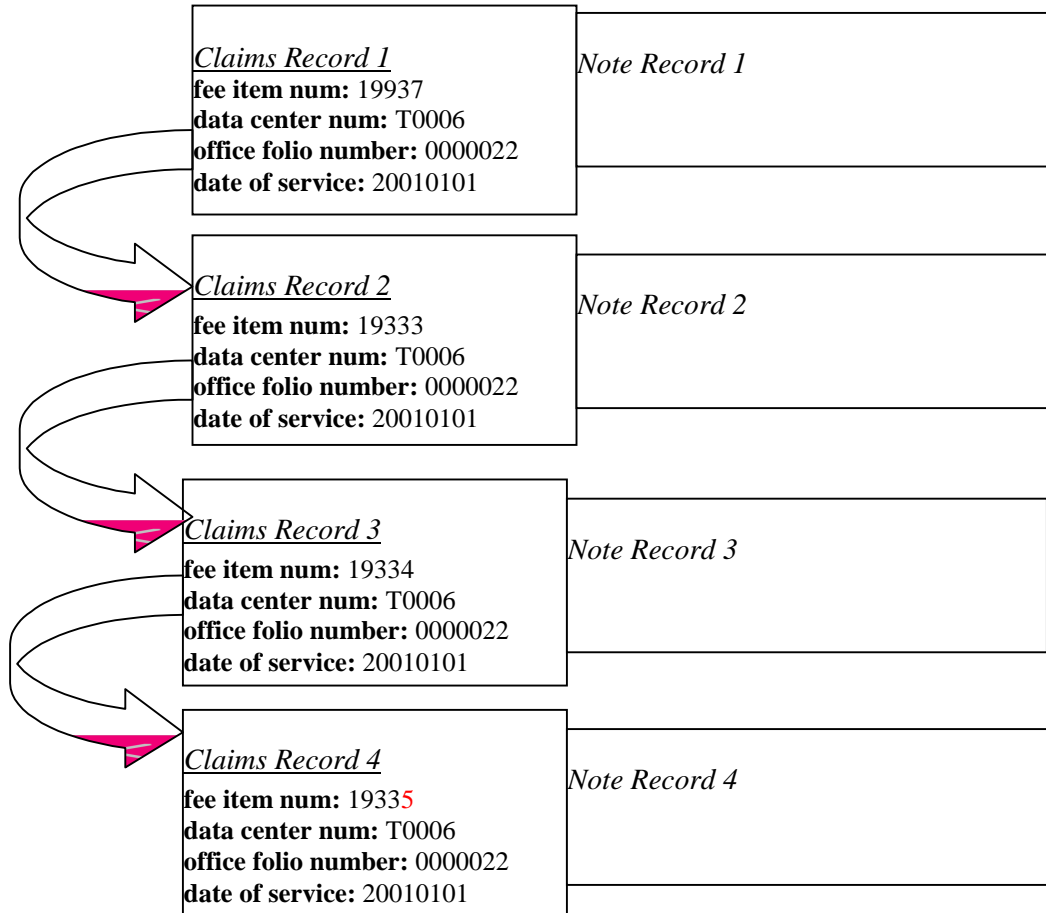
Note: The physiotherapy reports require only 3 Claim/record Note/record pairings

¹ See the section titled Fee Item Usage for a description of the proposed new fee item numbers.

3.2 Physical E-form Structure

Each of the 3 or 4 physical MSP inbound records will be identified and linked together as illustrated in the following example:

Fig 4.



NB: This diagram should be viewed within context of the valid billed fee item values shown in the previous diagram.

NB: In all four “claim records”:

- 1) all the “data centre numbers” must be equal
- 2) all the “office folio numbers” must be equal and unique for each e-form grouping
- 3) all the “dates of service” must be equal.

NB: The ‘data sequence numbers’ will be unique for each claim record. The ‘office folio numbers’ are to be the same for all claim records within the E-form submission.

3.3 Claim Record / Note Record Acknowledgments

The WCB acknowledges claim records with one of three indicators (Accepted/Refused/Pending). This is achieved by assigning the corresponding record type for the records sent back to MSP.

Record Type	Description
'WAI'	For invoices that are accepted
'WR1'	For invoices that are refused
'WU1'	For invoices that are pending (undecided)

Claim Record 1's will be acknowledged with one of the above three indicators.

All Claim Record 2's, 3's and 4's with fee items of 19333, 19934 and 19335, will be acknowledged as being "Accepted" at \$0.00 .

If the WCB invoice processing system rejects a 1200 or 1600 byte E-form, a rejection will only be sent back for the Claim Record 1.

When the form is accepted for payment, only the Claim Record 1 will be acknowledged as "Accepted".

4 Fee Item Usage

The fee item maps to element 'BILLED-FEE-ITEM' (P26) in the Claims Record (C02).

The following fee item values are applicable for the new '1200 byte' logical claims transaction format:

Table 2a: Valid Fee Items for Claims Record 1

Fee Item	Fee Item Description
19937	Physician's First Report (E-Form 8) received within 5 working days of service
19938	Physician's First Report (E-Form 8) received within 6-7 working days of service or WCB request
19939	Requested Physician's First Report (E-Form 8) received within 10 working days
19940	Physician's Progress Report (E-Form 11) received within 5 working days of service or WCB request
19941	Physician's Progress Report (E-Form 11) received within 6-7 working days of service or WCB request
19134	Chiropractor's First Report (E-Form 8C)
19135	Chiropractor's Progress Report (E-Form 11C)
19167	Physiotherapy Requested Form
19173	Physiotherapy Plan/Report for Home Visit
19174	Physiotherapy Plan/Report
19175	Physiotherapy Plan/Report for CNS Disorder
19943	Physician's first report of injury (form 8) 'no charge' fee item (for re-submission purposes)
19944	Physician's progress report (form 11) 'no charge' fee item (for re-submission purposes)
19145	Chiropractor's First Report (E-Form 8C) 'no charge' fee item (for re-submission purposes)
19146	Chiropractor's Progress Report (E-Form 11C) 'no charge' fee item (for re-submission purposes)
19176	Physiotherapy Plan/Report 'no charge' fee item (for re-submission purposes)

Table 2b: Valid Fee Item Values for Claims Record 2

Fee Item	Fee Item Description
19333	E-Form no charge fee item used to transmit the second claim/note record pair for Physicians reports

Table 2c: Valid Fee Item Values for Claims Record 3

Fee Item	Fee Item Description
19334	E-Form no charge fee item used to transmit the third claim/note record pair for Physicians reports

Table 2d: Valid Fee Item Values for Claims Record 4

Fee Item	Fee Item Description
19335	E-Form no charge fee item used to transmit the fourth claim/note record pair for Physicians reports

Table 2e: Valid Fee Item Values for Claims Record 2

Fee Item	Fee Item Description
19337	E-Form no charge fee item used to transmit the second claim/note record pair for Physiotherapist / Chiropractors reports

Table 2f: Valid Fee Item Values for Claims Record 3

Fee Item	Fee Item Description
19338	E-Form no charge fee item used to transmit the third claim/note record pair for Physiotherapist / Chiropractors reports

Table 2g: Valid Fee Item Values for Claims Record 4

Fee Item	Fee Item Description
19339	E-Form no charge fee item used to transmit the fourth claim/note record pair for Chiropractors reports

5 Re-transmission of multi claim E-form data

The WCB and MSP have created several new fee items ('19943', '19944', '19145' (chiro), '19146' (chiro) and '19176' (physio)) to facilitate with the re-transmission of e-form data. These fee items will allow the practitioners to send in corrected or amended form information at any time without an invoice refusal. All invoices for these three fee items will be accepted and handled like a 'no charge referral fee'. This process will assist the practitioners with their account reconciliation.

6 Physician's Report Specifications

This section provides two representations of the proposed report layouts for the combined Physicians First and Progress reports. The first representation Fig # 5 (Workers' Compensation Board of British Columbia – Physician's Report) illustrates the new format, as it would appear on a paper form. The second, Fig #6 (Physician's Report with Corresponding MSP Record Labels) identifies all of the required data elements with field labels. These layouts are only guidelines for data presentation when displaying information online and for hardcopy report formatting, they do not define all the requirements for a 'paper' form submission.

The screen layouts for data capture should not be constrained by these examples. These example 'report layouts' should provide additional insight as to the nature and context in which the data is being captured. This may be helpful when determining the appropriate choice of labeling and grouping of fields for online data presentation and capture.

The field labels in Fig #6 (Physician's Report with Corresponding MSP Record Labels) have been assigned appropriately for reference purposes. These fields have been mapped to fields in the Claims records (C02) and to the fields in the different Note records (N01). The field labels will be useful in determining where each data element for the form is mapped within the sequence of the 4 X (C02) + 4 X (N01) records.

There are various data elements displayed on Fig #5 (Workers' Compensation Board of British Columbia – Physician's Report) that are labeled but do not map to a corresponding Teleplan/PC record specification. These elements relate to information which would be required on a 'Paper' version of a form but can be derived by the WCB for the purposes of the 'electronic' versions.

Listed after Table # 3 (Physician's Report Data Elements) are four complete Teleplan/PC "Claim Record" and "Note Record" definitions for each of the four MSP claims which are to be transmitted as part of a Physician's E-form.

NB: For a Physician's report the WCB must receive all four note claim records and note records for the E-form submission to be considered to be complete.

Workers' Compensation Board of British Columbia – Physician's Report

Fig #5.

* Indicates a mandatory field.

Physician's First Report or The worker's condition or treatment has changed (If the worker's condition or treatment has changed, please, describe changes in the Clinical Information area)

Demographic Information:

*Employer's Name	WCB Claim Number			
	*Worker's Last Name			
Operating Location Address	*First Name	Middle Initial	*Gender	*DOB
	*Worker's Mailing Address			
Employer's Telephone Number	Telephone Number			
*Date of Injury (yyyy/mm/dd)	*Date of Service (yyyy/mm/dd)			
	*Worker's PHN from Health Card			

*Are you the worker's regular physician? Yes No *If Yes, how long has the worker been your patient?* 0-6 months 7-12 months > 12 months
 Who rendered the first treatment? _____

Prior/Other Problems Affecting Injury, Recovery and Disability

Injury Codes and Descriptions

*Diagnosis:
 Injury Codes: *ICD9:
 *BP/Side:
 *NOI:

*From injury or since last report, has the worker been disabled from work? Yes No *If Yes, as of what date?* ___/___/___(yyyy/mm/dd)

***Clinical Information**

What happened?
 Subjective Symptoms
 Examination
 Investigations
 Treatment, Meds
 Specialist Consult?

Return to Work Planning

*Is the worker now medically capable of working full duties, full time? Yes No
 If No: What are the current physical and/or psychological restrictions?

Estimated time before the worker will be able to return to the workplace in any capacity. At work 1-6 days 7-13 days 14-20 days >20 days
 If appropriate, is the worker now ready for a rehabilitation program? Yes No *If Yes, Select 'Work Conditioning Program' or Other*
 Do you wish to consult with WCB physician or nurse advisor? Yes No
 If possible, please estimate date of Maximal Medical Recovery (yyyy/mm/dd) ___/___/___ (Full recovery or best possible recovery)

Further Correspondence to Follow: Yes No (2nd electronic form or paper)

Physician Information:

*Payee Number Payee Name Payee Address Payee Telephone Number	*Practitioner Number Practitioner Name
--	---

Physician's Report with Corresponding MSP Record Labels

Fig #6.

Physicians First Report **(DR01)** or The worker's condition or treatment has changed **(DR02)** (If the worker's condition or treatment has changed, please, describe changes in the Clinical Information area)

Demographic Information:

*** Indicates a mandatory field.**

*Employer's Name (DR03)	WCB Claim Number (DR08)			
	*Worker's Last Name (DR09)			
*Operating Location Address (DR04),(DR05)	*First Name (DR10)	Middle Initial (DR11)	*Gender (DR12)	*DOB yyyy/mm/dd (DR13)
	*Worker's Mailing Address (DR14), (DR15),(DR16)			
Employer's Telephone Number (DR06), (DR07)	Telephone Number (DR17), (DR18)			
*Date of Injury (yyyy/mm/dd) (DR20)	*Worker's PHN from Health Card (DR19)			

*Are you the worker's regular physician? Yes No **(DR22)**

If Yes, how long has the worker been your patient? 0-6 months 7-12 months > 12 months **(DR23)**

Who rendered the first treatment? _____ **(DR25)**

Prior/Other Problems Affecting Injury, Recovery and Disability

(DR26)

Injury Codes and Descriptions ***Date of Service (yyyy/mm/dd) ___/___/___ (DR21)**

*Diagnosis: (DR28) Injury Codes: *ICD9: (DR34) *BP/Side: (DR30), (DR31) *NOI: (DR32)
--

*From injury or since last report, has the worker been disabled from work? Yes No **(DR36)** If Yes, as of what date? (if known) ___/___/___(yyyy/mm/dd) **(DR37)**

***Clinical Information**

What happened?
Subjective Symptoms
Examination
Investigations
Treatment, Meds

(DR38a), (DR38b)

Return to Work Planning

*Is the worker now medically capable of working full duties, full time? Yes No (DR40) If No: What are the current physical and/or psychological restrictions? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px 0;">(DR41)</div> Estimated time before the worker will be able to return to the workplace. At work 1-6 days 7-13 days 14-20 days >20 days (DR42) If appropriate, is the worker now ready for a rehabilitation program? Yes No (DR43) If Yes, Select 'WCP' or Other (DR44) Do you wish to consult with WCB physician or nurse advisor? Yes No (DR45) If possible, please estimate date of Maximal Medical Recovery (yyyy/mm/dd) ___/___/___ (Full recovery or best possible recovery) (DR46)
--

Further Correspondence to Follow: Yes No (2nd electronic form or paper) **(DR47)**

Physician Information:

*Payee Number (DR50)	*Practitioner Number (DR51)
-----------------------------	------------------------------------

Table #3. Physician's Report Data Elements

Form Field Label	Claim/Note Record #	MSP Record	MSP SEQ	DATA ELEMENT NAME	Mandatory	WCB Specific
DR01	1 of 4	N01	P22	WCB-Form8-Criteria		Yes
DR02	1 of 4	N01	P22	WCB-Form11-Criteria		Yes
DR03	1 of 4	N01	P22	WCB-Employer-Name	Yes	Yes
DR04	1 of 4	N01	P22	WCB-Work-Location	Yes	Yes
DR05	1 of 4	N01	P22	WCB-Employer-City		Yes
DR06	1 of 4	N01	P22	WCB-Employer-Phone-Area-CD		Yes
DR07	1 of 4	N01	P22	WCB-Employer-Phone-Num		Yes
DR08	1 of 4	C02	P120	WCB-Claim-Number		Yes
DR09	1 of 4	C02	P110	OIN-SURNAME	Yes	No
DR10	1 of 4	C02	P106	OIN-FIRST-NAME	Yes	No
DR11	1 of 4	C02	P108	OIN-SECOND-NAME-INITIAL		No
DR12	1 of 4	C02	P112	OIN-SEX-CODE	Yes	No
DR13	1 of 4	C02	P104	OIN-BIRTHDATE	Yes	No
DR14	1 of 4	N01	P22	WCB-Workers-Address1	Yes	Yes
DR15	1 of 4	N01	P22	WCB-Worker-City	Yes	Yes
DR16	1 of 4	N01	P22	WCB-Worker-PC		Yes
DR17	1 of 4	N01	P22	WCB-Worker-Phone-Area-CD		Yes
DR18	1 of 4	N01	P22	WCB-Worker-Phone-Num		Yes
DR19	1 of 4	C02	P14	MSP-REGISTRATION	Yes	No
DR20	1 of 4	C02	P114	WCB-Date-of-Injury	Yes	Yes
DR21	1 of 4	C02	P30	SERVICE-DATE	Yes	No
DR22	1 of 4	N01	P22	WCB-Regular-Practitioner	Yes	Yes
DR23	1 of 4	N01	P22	WCB-Patient-Duration	Yes if DR22 = 'Y'	Yes
Row removed						Yes
DR25	1 of 4	N01	P22	WCB-Who-Rendered-First-Srvc		Yes
DR26	2 of 4	N01	P22	WCB-Prior-Problems	Yes	Yes
DR28	1 of 4	N01	P22	WCB-Alpha-Injury-Description	Yes	Yes
DR30	1 of 4	C02	P116	WCB-Area-of-Injury	Yes	Yes
DR31	1 of 4	C02	P116	WCB-Anatomical-Position	Yes	Yes
DR32	1 of 4	C02	P118	WCB-Nature-of-Injury	Yes	Yes
DR34	1 of 4	C02	P36	DIAGNOSTIC-CODE-1	Yes	No
DR36	1 of 4	N01	P22	WCB-Disabled-From-Work	Yes	Yes
DR37	1 of 4	N01	P22	WCB-Disability-Date		Yes
DR38a	3 of 4	N01	P22	WCB-Clinical-info-part-1	Yes	Yes
DR38b	4 of 4	N01	P22	WCB-Clinical-info-part-2	Yes	Yes
DR40	1 of 4	N01	P22	WCB-Full-Duties	Yes	Yes
DR41	2 of 4	N01	P22	WCB-Restrictions	Yes if DR40 = 'N'	Yes
DR42	1 of 4	N01	P22	WCB-Estimated-time-off	Yes if DR40 = 'N'	Yes
DR43	1 of 4	N01	P22	WCB-Rehab-Ready		Yes
DR44	1 of 4	N01	P22	WCB-Rehab-Program	Yes if DR43 = 'Y'	Yes
DR45	1 of 4	N01	P22	WCB-Consult-with-WCB		Yes
DR46	1 of 4	N01	P22	WCB-MMR-Date		Yes

Form Field Label	Claim/Note Record #	MSP Record	MSP SEQ	DATA ELEMENT NAME	Mandatory	WCB Specific
DR47	1 of 4	N01	P22	WCB-Additional-Info		Yes
DR50	1 of 4	C02	P06	PAYEE-NUM	Yes	No
DR51	1 of 4	C02	P08	PRACTITIONER-NUM	Yes	No
DR57	1 of 4	N01	P22	WCB-Vendor-Spec-Version	Yes	Yes

6.1 Physician's 1600-byte E-form layout

6.1.1 Physician's 1600-byte E-form layout Claim/Note Record # 1 of 4

NB: All of 'Data Element Names' on the C02 record printed in bold type are used for linking this C02 record with the 2nd 3rd and 4th C02 records which make up the e-form submission or as E-form data. ²

Physician's 1600-byte E-form layout - Claim/Note Record # 1 of 4 M.S.P. Basic Portion of C02 – part 1 of 2				DESCRIPTION
SEQ	DATA ELEMENT NAME	SIZE	TYPE	
P00	REC-CODE-IN	3	X(3)	This field identifies specific type of Inbound records. - 'C02' for Claims
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau. Value is assigned by M.S.P.
P04	DATA-CENTRE-SEQNUM	7	9(7)	A unique sequential number assigned to each record before transmission to the M.S.P. Host site by each Data Centre. – Each Data Centre originally starts at 0000001 and then increments by 1 all records until they reach 9999999 at which time you can start again at 1. (Any record that is not sequentially higher by 1 than the last record will cause a transmission failure.) This number is the prime system Record Key match between a Data Centre and M.S.P. Systems. - Data Centre and Sequence Number fields together make the unique key for MSP.
P06	PAYEE-NUM	5	X(5)	Identifies the Payee for this claim. <u>Form Field #DR50</u>
P08	PRACTITIONER-NUM	5	X(5)	Identifies the Practitioner who has provided the service to the patient. <u>Form Field #DR51</u>
P14	MSP-REGISTRATION :MSP PHN	10	9(10)	Key field to M.S.P. Subscriber Registration Database. (right justify) This PHN is for B.C. residents only. - PHN is 10 digits, always a '(' in the first position, (use MOD-11 Check Digit). Note: Override Rules when using Other Insurer Portion for these patients. - Always default to ZEROS for Other Insurers. - If patient is a non-resident from a province with Other Insurer agreement with M.S.P. then insert Zeros in this field; See Fields P100 – P122 at end of claim record. or - If B.C. Pay Patient Opted out, or - If B.C. W.C.B. then the same rules apply as reciprocal claims.
P16	NAME-VERIFY	4	X(4)	2 Initials or initial and space followed by the first 2 chars. Of patient's surname.

² All C02 and N01 record definitions were source from the Ministry of Health and Ministry Responsible for Seniors 'Medical Service Plan of British Columbia' 'Electronic Medical Claims System Year 2000 Inbound & Outbound Record Specification Version 3.0 June, 1998 Specification Document'.

Physician's 1600-byte E-form layout - **Claim/Note Record # 1 of 4**
M.S.P. Basic Portion of C02 – **part 1 of 2**

P18	DEPENDENT-NUM	2	9(2)	ZEROS if Other Insurer Claim, see P14 Valid value required, 00 or 66 for BC residents only. - If PHN used in P14 field then Dep num is ZEROS except for non-registered newborns where the value '66'. - Use Mother's PHN for claims until newborn is issued their own PHN - ZEROS if Other Insurer claim, see P14
P20	BILLED-SRV-UNITS	3	9(3)	Must be numeric, equal to or greater than 001.
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Fee Item Service Clarification Codes. Allows further identification to process or enhance Fee Item payment. As required various SCC codes will be assigned by M.S.P. to enhance claims processing: - Default is ZEROS 1) Geographical Location codes examples '01' is location 1 '10' is location 10 '19' is location 19
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	FUTURE USE: TO BE ANNOUNCED Allows further identification to process or enhance Fee Item payment. - Default is ZEROS otherwise Left Justify code as shown with 'BLANK' fill as needed. 1) An example of Anatomical Area Codes 'L' Left 'R' Right 'B' Bilateral
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Extra to consultation or other visit or to procedure if no consultation or visit charged as per fee schedule. Codes are: '0' - (Zero) Default 'E' - Evening (call placed between 1800 hrs. and 2300 hrs. and service rendered between 1800 hrs. and 0800 hrs.) ... 'W' - Saturday, Sunday or Statutory Holiday...(call placed between 0800 hrs and 1800 hrs.) Note: Claim must state time called and time service rendered. M.S.P. can issue new codes at any time.
P25	NEW PROGRAM INDICATOR	2	X(2)	M.S.P. may issue new codes at any time. This field identifies new services such as Hep C. i.e. 01 = Hepatitis C 02 = Screen Mammography Codes are: '00' (Zeros) Default
P26	BILLED-FEE-ITEM	5	X(5)	Valid M.S.P. Fee for Service item,

Physician's 1600-byte E-form layout - **Claim/Note Record # 1 of 4**
M.S.P. Basic Portion of C02 – **part 1 of 2**

				<p>'19937' Physician's First Report received within 5 days (< or = 5 days) of service or WCB request.</p> <p>'19938' Physician's First Report received within 6 - 7 days ((> or = 6 days) and (< 8 days)) of service or WCB request.</p> <p>'19939' Physician's First Report formally requested some time after the patient was initially seen by the physician and where a form 8 was initially not required.</p> <p>'19943' Physician's First Report re-submission with a 'no charge' zero \$ fee value.</p> <p>'19940' Physician's progress report received within 5 days (< or = 5 days) of service or WCB request.</p> <p>'19941' Physician's progress report received within 6 - 7 days ((> or = 6 days) and (< 8 days)) of service or WCB request.</p> <p>'19944' Physician's progress report re-submission with a 'no charge' zero \$ fee value.</p> <p>Note: M.S.P. may issue alpha/numeric fee item codes in future.</p>
P27	BILLED-AMOUNT	7	9(5)V99	<p>Valid Fee for Service items Value. From the M.S.P. Fee Schedule - a numeric field</p>
P28	PAYMENT MODE	1	X(1)	<p>M.S.P. Alternative Payment Options - '0' Default is Zero for regular M.S.P. Claims FFS Submission.</p> <hr/> <p>WARNING! USE ('E' VALUE) ONLY WHEN THE PAYEE IS REGISTERED WITH M.S.P. ALTERNATIVE PAYMENT SECTION FOR BILLING ENCOUNTER.</p> <hr/> <p>- 'E' Payee submits medical service for recording by M.S.P. with valid Fee Item code but a ZERO Billed Amount. M.S.P. will process and return a Payment amount of ZERO. All other normal edits apply.</p>
P30	SERVICE-DATE	8	9(8)	<p>Date service was performed. Valid date less than or equal to submission date (CCYYMMDD). <u>Form Field #DR21</u></p>
P32	SERVICE-TO-DAY	2	9(2)	<p>To identify the last day of Hospital service in a month. - Default is ZEROS. -</p>
P34	SUBMISSION-CODE	1	X(1)	<p>This code identifies type of submission for</p>

Physician's 1600-byte E-form layout - **Claim/Note Record # 1 of 4**
M.S.P. Basic Portion of **C02 – part 1 of 2**

				<p>M.S.P. Claims Processing purposes.</p> <ul style="list-style-type: none"> - 'W' Claim not accepted by Workers' Compensation Board - 'W' Claim determined to be W.C.B.'s You must submit as Insurer 'WC', see P100
P35	EXTENDED SUBMISSION CODE	1	X(1)	<p>FUTURE USE, to be announced i.e.: A=Aged, D=Duplicates</p> <ul style="list-style-type: none"> - Default is blanks.
P36	DIAGNOSTIC-CODE-1	5	X(5)	<p>Mandatory field, CURRENT USE is ICD9 Codes.</p> <ul style="list-style-type: none"> - ICD9 left justify code and BLANK fill remaining spaces. DO NOT OMIT leading zeros. i.e.: 010 is '010 ' - M.S.P. minimal ICD9 submission code requirement is for the 1st 3 ICD9 characters followed by 2 blanks or a 4 character ICD9 followed by 1 blank or full 5 character ICD9 code. <p>Note: Only numerics / A-Z characters per ICD9 Book or M.S.P. special characters like '.', '/' '- ' are valid. (i.e. V104.4 is V104, 102.51 is 10251, 0100 is '0100 ')</p> <p>Note: ICD10 Codes are planned to be introduced in the future and will be announced at that time. ICD10 code will be Alpha/Numeric and its length is five characters. <u>Form Field #DR34</u></p>
P37	DIAGNOSTIC-CODE-2	5	X(5)	<p>FUTURE USE, to be announced, if more than one diagnostics apply to this service, fill in the second diagnostic code</p> <ul style="list-style-type: none"> - default is blanks
P38	DIAGNOSTIC-CODE-3	5	X(5)	<p>FUTURE USE, to be announced, if more than two diagnostics apply to this service, fill in the third diagnostic code</p> <ul style="list-style-type: none"> - default is blanks
P39	DIAGNOSTIC EXPANSION	15	X(15)	<p>FUTURE USE</p> <ul style="list-style-type: none"> - default is blanks
P40	SERVICE-LOCATION-CD	1	X(1)	<p>To identify location of service, this is a mandatory field. Current codes are: 'R' – Patient's residence 'O' – Physician's office 'C' – Continuing Care Facility 'H' – Hospital 'I' – Hospital Inpatient 'E' – Hospital Emergency Depart. Or Diagnostic & Treatment Centre</p>

Physician's 1600-byte E-form layout - **Claim/Note Record # 1 of 4**
M.S.P. Basic Portion of C02 – **part 1 of 2**

				<p>'P' – Outpatient 'D' – Diagnostic Facility 'S' – Future Use 'Z' – None of the above e.g. Accident site or in an ambulance M.S.P. can allocate more codes in the future as needed.</p>
P41	REF-PRACT-1-CD	1	X(1)	<p>Indicator that patient was referred BY or TO. Another practitioner identified by P42. - Code is a 'B' or 'T'. - Default is zero.</p>
P42	REF-PRACT-1	5	X(5)	<p>Zeros or valid practitioner's number. First practitioner that is referred BY or To. Relates to P41.</p>
P44	REF-PRACT-2-CD	1	X(1)	<p>Indicator that patient was referred BY or TO. Another practitioner identified by P46 (Second referral). - Code is a 'B' or 'T'. - Default is zero.</p>
P46	REF-PRACT-2	5	X(5)	<p>Zeros or valid practitioner's number. Second practitioner that is referred BY or To. Relates to P44.</p>
P47	TIME-CALL-RECVD-SRV	4	9(4)	<p>FUTURE USE: Time a Call was received by service provider. (HHMM 24 hour clock). - default is Zeros</p>
P48	SERVICE-TIME-START	4	9(4)	<p>Req'd for emergency visits/called start time/or anesthesia start time. M.S.P. can require as policy demands. (HHMM 24 hour clock). Note: Provision of different times for identical claims can prevent refusal of these claims. - default is Zeros</p>
P50	SERVICE-TIME-FINISH	4	9(4)	<p>Rendered/Finish Service time. (HHMM 24 hour clock). - default is Zeros</p>
P52	BIRTH-DATE	8	9(8)	<p>Birth Date of unregistered NEWBORNS is mandatory (CCYYMMDD), optional for other patients - default is Zeros</p>
P54	OFFICE-FOLIO-NUMBER	7	9(7)	<p>Office Claim(Folio) number from Data Centre - Mandatory field - Must be unique for each form submission - All four claim records which make up the form transmission must have the same 'Office Folio Number'</p>
P56	CORRESPONDENCE-CODE	1	X(1)	<p>Indicates correspondence supports this claim.</p>

Physician's 1600-byte E-form layout - **Claim/Note Record # 1 of 4**
M.S.P. Basic Portion of C02 – **part 1 of 2**

				<ul style="list-style-type: none"> - 'C' = paper correspondence following - - 'N' = Note Record following this claim record (Ref. Record type N01.) - 'B' = both - Default is Zero. <p>This code does not relate to P58.</p>
P58	CLAIM-SHORT-COMMENT	20	X(20)	<p>For short explanatory comment. I.e. Alternate to use of the Note (Record type N01) submission method, which allows up to 400 characters to support narrative communication to M.S.P. Do not use both fields</p> <ul style="list-style-type: none"> - Default is blanks. <p>Warning! > Do not use this field unless you want M.S.P. staff to manually review your claim. Can delay payment.</p>
P60	MVA-CLAIM-CODE	1	X(1)	<p>Required to indicate if treatment was for an injury as a result of a motor vehicle accident.</p> <ul style="list-style-type: none"> - a 'Y' is MVA - default is 'N' for not MVA
P62	ICBC-CLAIM-NUM	8	X(8)	<p>Required for all ICBC M.S.P. claims See Mod 7 check digit section</p> <ul style="list-style-type: none"> - Default is Zeros.
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	<p>Used when this claim relates to a previously submitted claim for info or M.S.P.'s DEBIT REQUEST RECORD system computer search of a previous submission to Debit. This is a group data element and must contain the following three data elements.</p> <ul style="list-style-type: none"> - DEFAULT is Zeros for non-use. ➤ 1st is the DATA-CENTRE-NUM i.e. record to Debited (e.g. T1234) ➤ 2nd is the DATA-CENTRE-SEQNUM i.e. record to be Debited (e.g. 1234567) ➤ 3rd is the DATE-RECEIVED-MSP i.e. record to be Debited (e.g. 19970628) (CCYYMMDD) date sent to M.S.P. or Zeros or an approximate date.
P70	FACILITY-NUM	5	X(5)	<p>Main Facility Number, assigned by M.S.P.</p> <ul style="list-style-type: none"> - Default is Zeros.
P72	FACILITY-SUB-NUM	5	X(5)	<p>Sub Facility Number, assigned by M.S.P.</p> <ul style="list-style-type: none"> - Default is Zeros.
P80	FILLER-CLAIM-C02-RCD	58	X(58)	<p>Future use.</p> <ul style="list-style-type: none"> - Default is BLANKS <p>This is the last field of the regular claim data, part 1 of 2</p>

Physician's 1600-byte E-form layout - **Claim/Note Record # 1 of 4**
M.S.P. Basic Portion of **C02 – part 2 of 2**

P100	OIN-INSURER-CODE	2	X(2)	The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C. The Province/Location of Health Provider of Patient 'WC' = Workers' Compensation Board of B.C.
P102	OIN-REGISTRATION-NUM	12	X(12)	Registration number of patients. - Must be Right Justified as each insurer has various lengths and Left Zero filled. E.g. 000012345678 Warning!! PROVINCIAL INSURER CODES Some provinces supply a Department Number with their Registration number Code Dependant number to the right of the Registration number. I.e. pos. 11 – 12 BC PAY PATIENT & WCB CLAIMS must use the BC CareCard PHN number, has a '9nnnnnnnn' in position 1 – 10. ➤ use zeros in position 11 – 12 or '66' when Mothers PHN is used for a newborn in Pay Patient claims.
P104	OIN-BIRTHDATE	8	9(8)	<u>Form Field #DR19</u> Birth date of Patient receiving service CCYYMMDD, a mandatory numeric field <u>Form Field #DR13</u> Note: DD can be zeros if not known
P106	OIN-FIRST-NAME	12	X(12)	Full Patient First name <u>Form Field #DR10</u>
P108	OIN-SECOND-NAME-INITIAL	1	X(1)	Second name, initial only or blank <u>Form Field #DR11</u>
P110	OIN-SURNAME	18	X(18)	Full patient surname <u>Form Field #DR09</u>
P112	OIN-SEX-CODE	1	X(1)	'M' or 'F' <u>Form Field #DR12</u>
P114	OIN-ADDRESS-1 WCB-Date-of-Injury	25	X(25)	Redefined for WCB specific data. 1) 'W.C.B. specific' Claims date of Injury. Field format is CCYYMMDD. <u>Form Field #DR20</u>
P116	OIN-ADDRESS-2 WCB-Area-of-Injury WCB-Anatomical-Position	25	X(25)	Redefined for WCB specific data. 1) 'W.C.B. specific' WCB provides table values Area of Injury code is 'XXXXX' See Appendix A, "Injury Codes 80/80 List" <u>Form Field #DR30</u> 2) 'W.C.B. specific' WCB Anatomical Position Code 'XX' followed by Blanks. See Appendix A, "Injury Codes 80/80 List" <u>Form Field #DR31</u>

Physician's 1600-byte E-form layout - Claim/Note Record # 1 of 4			
M.S.P. Basic Portion of C02 – part 2 of 2			
P118	OIN-ADDRESS-3 WCB-Nature-of-Injury	25	X(25)
P120	OIN-ADDRESS-4 WCB-Claim-Number	25	X(25)
P122	OIN-POSTAL_CODE	6	X(6)

Redefined for WCB specific data.
 1) WCB provides table values Nature of Injury code is 'XXXXXX'
 See Appendix A, "Injury Codes 80/80 List"
Form Field #DR32
 Redefined for WCB specific data.
 1) WCB Claim Number normally NNNNNNNN, no check digit provide as known, W.C.B. edits
Form Field #DR08

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Physician's 1600-byte E-form layout – **Claim/Note Record # 1 of 4**
M.S.P. Basic Portion of **N01 – part 1 of 1**

P01	NOTE-BASIC-IN	25	X(25)	The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08). First – REC-CODE-IN (3) must be 'N01' Second – DATA-CENTRE-NUM (5) Third – DATA-CENTRE-SEQNUM (7) Fourth – PAYEE-NUM (5) Fifth – PRACTITIONER-NUM (5)
P20	NOTE-DATA-TYPE	1	X(1)	Classification of note types. - 'W' = W.C.B Electronic Form Further note codes to be assigned as required.
P22	NOTE-DATE-LINE			REDEFINED FOR WCB SPECIFIC DATA.
	WCB-Vendor-Spec-Version	4	X(4)	1) Mandatory field 'WCB Specific' Value -'00D1' Form Field #DR57
	WCB-Regular-Practitioner	1	X(1)	2) 'W.C.B. specific' Yes/No Response to Question: Are you the worker's regular physician? 'Y' for Yes, 'N' for No Form Field #DR22
	Filler	8	X(8)	Filler
	WCB-Full-Duties	1	X(1)	3) 'W.C.B. specific' Yes/No Response to Question: Is worker medically capable of working full duties, full time? 'Y' for Yes, 'N' for No. Form Field #DR40
	WCB-Rehab-Program	1	X(1)	4) 'W.C.B. specific' Type of Rehab Program Recommended: 'C' for 'Work Conditioning', 'O' for other. Form Field #DR44
	WCB-Estimated-time-off	1	X(1)	5) 'W.C.B. specific' Estimated time before worker will be able to return to the workplace in any capacity: '0' for at work, '1' for 1-6 days, '2' for 7-13 days '3' for 14-20 days '9' for greater than 20 days. Form Field #DR42
	WCB-Disabled-From-Work	1	X(1)	6) 'W.C.B. specific' Yes/No Response to Question: From injury or since last report, has the worker been disabled from work? 'Y' for Yes, 'N' for No. Form Field #DR36

Physician's 1600-byte E-form layout – **Claim/Note Record # 1 of 4**
M.S.P. Basic Portion of **N01 – part 1 of 1**

WCB-Additional-Info	1	X(1)	7) 'W.C.B. specific' If additional information is to follow on a subsequent forms or by paper correspondence. 'Y' for Yes, 'N' for No. <u>Form Field #DR47</u>
WCB-MMR-Date	8	X(8)	8) 'W.C.B. specific' Estimated date of Maximal Medical Recovery. Field format is CCYYMMDD. <u>Form Field #DR46</u>
WCB-Disability-Date	8	X(8)	9) 'W.C.B. specific' Date the Worker became Disabled. Field format is CCYYMMDD. <u>Form Field #DR37</u>
WCB-Patient-Duration	1	X(1)	10) 'W.C.B. specific' The amount of time the worker has been this Physician's patient: Required field if answer to WCB-Regular-Practitioner, Form Field #DR22 is 'Y' - yes. Values: '1' for 0-6 months, '2' for 7-12 months '9' for greater than 1 year. <u>Form Field #DR23</u>
WCB-Who-Rendered-First-Srvc	25	X(25)	11) 'W.C.B. specific' Response to Question: Who rendered the first treatment? <u>Form Field #DR25</u>
WCB-Alpha-Injury-Description	120	X(120)	12) 'W.C.B. specific' Alpha description of the primary injury <u>Form Field #DR28</u>
WCB-Consult-with-WCB	1	X(1)	13) 'W.C.B. specific' Yes/No Response to Question: Do you wish to consult with WCB physician or nurse advisor? 'Y' for Yes, 'N' for No. <u>Form Field #DR45</u>
WCB-Rehab-Ready	1	X(1)	14) 'W.C.B. specific' Yes/No Response to Question: If appropriate, is the worker now ready for a rehabilitation program? 'Y' for Yes, 'N' for No. <u>Form Field #DR43</u>
WCB-Worker-Phone-Area-CD	3	X(3)	15) 'W.C.B. specific' Worker 's Phone Area Code <u>Form Field #DR17</u>
WCB-Worker-Phone-Num	7	X(7)	16) 'W.C.B. specific' Worker's Phone Number <u>Form Field #DR18</u>
WCB-Workers-Address1	25	X(25)	17) 'W.C.B. specific' Workers' address <u>Form Field #DR14</u>
WCB-Worker-City	20	X(20)	18) 'W.C.B. specific' Workers' City address. <u>Form Field #Dr15</u>
WCB-Worker-PC	6	X(6)	19) 'W.C.B. specific' Workers' address. Postal Code <u>Form Field DR16</u>
WCB-Employer-Phone-Area-CD	3	X(3)	20) 'W.C.B. specific' Employer 's Area code <u>Form Field #DR06</u>

Physician's 1600-byte E-form layout – **Claim/Note Record # 1 of 4**
M.S.P. Basic Portion of **N01 – part 1 of 1**

WCB-Employer-Phone-Num	7	X(7)	21) 'W.C.B. specific' Employer's Phone Number <u>Form Field #DR07</u>
WCB-Employer-Name	25	X(25)	22) 'W.C.B. specific' Employer's name. <u>Form Field #DR03</u>
WCB-Work-Location	25	X(25)	23) 'W.C.B. specific' Employer address/description of the location where the worker is employed <u>Form Field #DR04</u>
WCB-Employer-City	25	X(25)	24) 'W.C.B. specific' Employer's City address. <u>Form Field #DR05</u>
WCB-Form8-Criteria	1	X(1)	25) 'W.C.B. specific' 'Y' for Yes, or blank if a submitting a progress report <u>Form Field #DR01</u>
WCB-Form11-Criteria	1	X(1)	26) 'W.C.B. specific' 'Y' for Yes, or blank if submitting a first report <u>Form Field #DR02</u>
Filler	70	X(70)	<u>Future use</u>

N01	Element Count:	3
	And Record Size Total:	426

6.1.2 Physician's 1600-byte E-form layout Claim/Note Record # 2 of 4

NB: All of 'Data Elements Names' on the C02 record printed in bold type are used for linking this C02 record with the 1st 3rd and 4th C02 records which make up the e-form submission

Physician's 1600-byte E-form layout - Claim/Note Record # 2 of 4				
M.S.P. Basic Portion of C02 – part 1 of 2				
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	Same as Claim Record #1 of 4
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau. Value is assigned by M.S.P.
P04	DATA-CENTRE-SEQNUM	7	9(7)	Same as Claim Record #1 of 4
P06	PAYEE-NUM	5	X(5)	Same as Claim Record #1 of 4
P08	PRACTITIONER-NUM	5	X(5)	Same as Claim Record #1 of 4
P14	MSP-REGISTRATION :MSP PHN	10	9(10)	Same as Claim Record #1 of 4
P16	NAME-VERIFY	4	X(4)	Same as Claim Record #1 of 4
P18	DEPENDENT-NUM	2	9(2)	Same as Claim Record #1 of 4
P20	BILLED-SRV-UNITS	3	9(3)	Same as Claim Record #1 of 4
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Same as Claim Record #1 of 4
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	Same as Claim Record #1 of 4
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Same as Claim Record #1 of 4
P25	NEW PROGRAM INDICATOR	2	X(2)	Same as Claim Record #1 of 4
P26	BILLED-FEE-ITEM	5	X(5)	Valid M.S.P. Fee for Service item, '19333' Zero dollar fee item (used to transmit the 2 nd E-form invoice from the group of four) Note: M.S.P. may issue alpha/numeric fee item codes in future.
P27	BILLED-AMOUNT	7	9(5)V99	Set = \$0.
P28	PAYMENT MODE	1	X(1)	Same as Claim Record #1 of 4
P30	SERVICE-DATE	8	9(8)	Date service was performed. Valid date less than or equal to submission date (CCYYMMDD). <u>Form Field #DR21</u>
P32	SERVICE-TO-DAY	2	9(2)	Same as Claim Record #1 of 4
P34	SUBMISSION-CODE	1	X(1)	Same as Claim Record #1 of 4
P35	EXTENDED SUBMISSION CODE	1	X(1)	Same as Claim Record #1 of 4
P36	DIAGNOSTIC-CODE-1	5	X(5)	Same as Claim Record #1 of 4
P37	DIAGNOSTIC-CODE-2	5	X(5)	Same as Claim Record #1 of 4
P38	DIAGNOSTIC-CODE-3	5	X(5)	Same as Claim Record #1 of 4
P39	DIAGNOSTIC EXPANSION	15	X(15)	Same as Claim Record #1 of 4
P40	SERVICE-LOCATION-CD	1	X(1)	Same as Claim Record #1 of 4
P41	REF-PRACT-1-CD	1	X(1)	Same as Claim Record #1 of 4

Physician's 1600-byte E-form layout - **Claim/Note Record # 2 of 4**
M.S.P. Basic Portion of **C02 – part 1 of 2**

P42	REF-PRACT-1	5	X(5)	Same as Claim Record #1 of 4
P44	REF-PRACT-2-CD	1	X(1)	Same as Claim Record #1 of 4
P46	REF-PRACT-2	5	X(5)	Same as Claim Record #1 of 4
P47	TIME-CALL-RECVD-SRV	4	9(4)	Same as Claim Record #1 of 4
P48	SERVICE-TIME-START	4	9(4)	Same as Claim Record #1 of 4
P50	SERVICE-TIME-FINISH	4	9(4)	Same as Claim Record #1 of 4
P52	BIRTH-DATE	8	9(8)	Same as Claim Record #1 of 4
P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim(Folio) number from Data Centre <ul style="list-style-type: none"> - Mandatory field - Must be unique for each form submission - All four claim records which make up the form transmission must have the same 'Office Folio Number'
P56	CORRESPONDENCE-CODE	1	X(1)	Same as Claim Record #1 of 4
P58	CLAIM-SHORT-COMMENT	20	X(20)	Same as Claim Record #1 of 4
P60	MVA-CLAIM-CODE	1	X(1)	Same as Claim Record #1 of 4
P62	ICBC-CLAIM-NUM	8	X(8)	Same as Claim Record #1 of 4
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	Same as Claim Record #1 of 4
P70	FACILITY-NUM	5	X(5)	Same as Claim Record #1 of 4
P72	FACILITY-SUB-NUM	5	X(5)	Same as Claim Record #1 of 4
P80	FILLER-CLAIM-C02-RCD	58	X(58)	Same as Claim Record #1 of 4

Physician's 1600-byte E-form layout - Claim/Note Record # 2 of 4 M.S.P. Basic Portion of C02 – part 2 of 2			
P100	OIN-INSURER-CODE	2	X(2)
P102	OIN-REGISTRATION-NUM	12	X(12)
P104	OIN-BIRTHDATE	8	9(8)
P106	OIN-FIRST-NAME	12	X(12)
P108	OIN-SECOND-NAME-INITIAL	1	X(1)
P110	OIN-SURNAME	18	X(18)
P112	OIN-SEX-CODE	1	X(1)
P114	OIN-ADDRESS-1	25	X(25)
	WCB-Date-of-Injury		
P116	OIN-ADDRESS-2	25	X(25)
	WCB-Area-of-Injury		
	WCB-Anatomical-Position		
P118	OIN-ADDRESS-3	25	X(25)
	WCB-Nature-of-Injury		
P120	OIN-ADDRESS-4	25	X(25)
	WCB-Claim-Number		
P122	OIN-POSTAL_CODE	6	X(6)

The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C.
The Province/Location of Health Provider of Patient
- 'WC' = B.C. Workers' Compensation Board
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4
Redefined for WCB specific data.
Same as Claim Record #1 of 4
Redefined for WCB specific data.
'Same as Claim Record #1 of 4
'Same as Claim Record #1 of 4
Redefined for WCB specific data.
Same as Claim Record #1 of 4
Redefined for WCB specific data.
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Physician's 1600-byte E-form layout - **Claim/Note Record # 2 of 4**
M.S.P. Basic Portion of **N01 – part 1 of 1**

P01	NOTE-BASIC-IN	25	X(25)	The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08). First - REC-CODE-IN (3) must be 'N01' Second - DATA-CENTRE-NUM (5) Third - DATA-CENTRE-SEQNUM (7) Fourth - PAYEE-NUM (5) Fifth - PRACTITIONER-NUM (5)
P20	NOTE-DATA-TYPE	1	X(1)	Classification of note types. - 'W' = W.C.B Electronic Form Further note codes to be assigned as required.
P22	NOTE-DATE-LINE			REDEFINED FOR WCB SPECIFIC DATA.
	WCB-Prior-Problems	160	X(160)	1) 'W.C.B. specific', a description of Prior/Other Problems affecting injury, recovery and disability 2) Mandatory field – if no data entered fill with "Intentionally left blank"
	WCB-Restrictions	240	X(240)	<u>Form Field # DR26</u> 1) 'W.C.B. specific' a description of any current Physical and/or psychological restrictions <u>Form Field # DR41</u>
	<p>*** Warning! *** Ensure that the claim field called 'CORRESPONDENCE-CODE' (P56) is marked with an 'N' or 'B'</p>			

N01	Element Count:	3
	And Record Size Total:	426

6.1.3 Physician's 1600-byte E-form layout Claim/Note Record # 3 of 4

NB: All of 'Data Elements Names' on the C02 record printed in bold type are used for linking this C02 record with the 1st 2nd and 4th C02 records which make up the e-form submission

Physician's 1600-byte E-form layout - Claim/Note Record # 3 of 4				
M.S.P. Basic Portion of C02 – part 1 of 2				
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	Same as Claim Record #1 of 4
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau. Value is assigned by M.S.P.
P04	DATA-CENTRE-SEQNUM	7	9(7)	Same as Claim Record #1 of 4
P06	PAYEE-NUM	5	X(5)	Same as Claim Record #1 of 4
P08	PRACTITIONER-NUM	5	X(5)	Same as Claim Record #1 of 4
P14	MSP-REGISTRATION :MSP PHN	10	9(10)	Same as Claim Record #1 of 4
P16	NAME-VERIFY	4	X(4)	Same as Claim Record #1 of 4
P18	DEPENDENT-NUM	2	9(2)	Same as Claim Record #1 of 4
P20	BILLED-SRV-UNITS	3	9(3)	Same as Claim Record #1 of 4
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Same as Claim Record #1 of 4
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	Same as Claim Record #1 of 4
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Same as Claim Record #1 of 4
P25	NEW PROGRAM INDICATOR	2	X(2)	Same as Claim Record #1 of 4
P26	BILLED-FEE-ITEM	5	X(5)	Valid M.S.P. Fee for Service item, '19334' Zero dollar fee item (used to transmit the 3rd E-form invoice from the group of four) Note: M.S.P. may issue alpha/numeric fee item codes in future.
P27	BILLED-AMOUNT	7	9(5)V99	Set = \$0.
P28	PAYMENT MODE	1	X(1)	Same as Claim Record #1 of 4
P30	SERVICE-DATE	8	9(8)	Date service was performed. Valid date less than or equal to submission date (CCYYMMDD).
P32	SERVICE-TO-DAY	2	9(2)	Same as Claim Record #1 of 4
P34	SUBMISSION-CODE	1	X(1)	Same as Claim Record #1 of 4
P35	EXTENDED SUBMISSION CODE	1	X(1)	Same as Claim Record #1 of 4
P36	DIAGNOSTIC-CODE-1	5	X(5)	Same as Claim Record #1 of 4
P37	DIAGNOSTIC-CODE-2	5	X(5)	Same as Claim Record #1 of 4
P38	DIAGNOSTIC-CODE-3	5	X(5)	Same as Claim Record #1 of 4
P39	DIAGNOSTIC EXPANSION	15	X(15)	Same as Claim Record #1 of 4
P40	SERVICE-LOCATION-CD	1	X(1)	Same as Claim Record #1 of 4
P41	REF-PRACT-1-CD	1	X(1)	Same as Claim Record #1 of 4
P42	REF-PRACT-1	5	X(5)	Same as Claim Record #1 of 4
P44	REF-PRACT-2-CD	1	X(1)	Same as Claim Record #1 of 4

Physician's 1600-byte E-form layout - **Claim/Note Record # 3 of 4**
M.S.P. Basic Portion of **C02 – part 1 of 2**

P46	REF-PRACT-2	5	X(5)	Same as Claim Record #1 of 4
P47	TIME-CALL-RECVD-SRV	4	9(4)	Same as Claim Record #1 of 4
P48	SERVICE-TIME-START	4	9(4)	Same as Claim Record #1 of 4
P50	SERVICE-TIME-FINISH	4	9(4)	Same as Claim Record #1 of 4
P52	BIRTH-DATE	8	9(8)	Same as Claim Record #1 of 4
P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim(Folio) number from Data Centre <ul style="list-style-type: none"> - Mandatory field - Must be unique for each form submission - All four claim records which make up the form transmission must have the same 'Office Folio Number'
P56	CORRESPONDENCE-CODE	1	X(1)	Same as Claim Record #1 of 4
P58	CLAIM-SHORT-COMMENT	20	X(20)	Same as Claim Record #1 of 4
P60	MVA-CLAIM-CODE	1	X(1)	Same as Claim Record #1 of 4
P62	ICBC-CLAIM-NUM	8	X(8)	Same as Claim Record #1 of 4
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	Same as Claim Record #1 of 4
P70	FACILITY-NUM	5	X(5)	Same as Claim Record #1 of 4
P72	FACILITY-SUB-NUM	5	X(5)	Same as Claim Record #1 of 4
P80	FILLER-CLAIM-C02-RCD	58	X(58)	Same as Claim Record #1 of 4

Physician's 1600-byte E-form layout - Claim/Note Record # 3 of 4 M.S.P. Basic Portion of C02 – part 2 of 2			
P100	OIN-INSURER-CODE	2	X(2)
P102	OIN-REGISTRATION-NUM	12	X(12)
P104	OIN-BIRTHDATE	8	9(8)
P106	OIN-FIRST-NAME	12	X(12)
P108	OIN-SECOND-NAME-INITIAL	1	X(1)
P110	OIN-SURNAME	18	X(18)
P112	OIN-SEX-CODE	1	X(1)
P114	OIN-ADDRESS-1	25	X(25)
	WCB-Date-of-Injury		
P116	OIN-ADDRESS-2	25	X(25)
	WCB-Area-of-Injury		
	WCB-Anatomical-Position		
P118	OIN-ADDRESS-3	25	X(25)
	WCB-Nature-of-Injury		
P120	OIN-ADDRESS-4	25	X(25)
	WCB-Claim-Number		
P122	OIN-POSTAL_CODE	6	X(6)

The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C.
The Province/Location of Health Provider of Patient
For Other Insurer Provincial Plan
- 'WC' = B.C. Workers' Compensation Board
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4
Redefined for WCB specific data.
Same as Claim Record #1 of 4
Redefined for WCB specific data.
Same as Claim Record #1 of 4
Same as Claim Record #1 of 4
Redefined for WCB specific data.
Same as Claim Record #1 of 4
Redefined for WCB specific data.
Same as Claim Record #1 of 4

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Physician's 1600-byte E-form layout - Claim/Note Record # 3 of 4 M.S.P. Basic Portion of N01 – part 1 of 1			
P01	NOTE-BASIC-IN	25	X(25)
P20	NOTE-DATA-TYPE	1	X(1)
P22	NOTE-DATE-LINE WCB-Clinical-info-part-1 *** Warning! *** Ensure that the claim field called 'CORRESPONDENCE-CODE' (P56) is marked with an 'N' or 'B'	400	X(400)

The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08).
 First - REC-CODE-IN (3) must be 'N01'
 Second - DATA-CENTRE-NUM (5)
 Third - DATA-CENTRE-SEQNUM (7)
 Fourth - PAYEE-NUM (5)
 Fifth - PRACTITIONER-NUM (5)

Classification of note types.
 - 'W' = W.C.B Electronic Form
 Further note codes to be assigned as required.

Redefined for WCB specific data.
 1) 'WCB Specific' The first 400 bytes of an 800 byte Clinical Information description. Minimum length 40 characters long.

Form Field #DR38a

N01	Element Count:	3
	And Record Size Total:	426

6.1.4 Physician's 1600-byte E-form layout Claim/Note Record # 4 of 4

NB: All of 'Data Elements Names' on the C02 record printed in bold type are used for linking this C02 record with the 1st 2nd and 3rd C02 records which make up the e-form submission

Physician's 1600-byte E-form layout - Claim/Note Record # 4 of 4				
M.S.P. Basic Portion of C02 – part 1 of 2				
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	Same as Claim Record #1 of 4
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau. Value is assigned by M.S.P.
P04	DATA-CENTRE-SEQNUM	7	9(7)	Same as Claim Record #1 of 4
P06	PAYEE-NUM	5	X(5)	Same as Claim Record #1 of 4
P08	PRACTITIONER-NUM	5	X(5)	Same as Claim Record #1 of 4
P14	MSP-REGISTRATION :MSP PHN	10	9(10)	Same as Claim Record #1 of 4
P16	NAME-VERIFY	4	X(4)	Same as Claim Record #1 of 4
P18	DEPENDENT-NUM	2	9(2)	Same as Claim Record #1 of 4
P20	BILLED-SRV-UNITS	3	9(3)	Same as Claim Record #1 of 4
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Same as Claim Record #1 of 4
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	Same as Claim Record #1 of 4
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Same as Claim Record #1 of 4
P25	NEW PROGRAM INDICATOR	2	X(2)	Same as Claim Record #1 of 4
P26	BILLED-FEE-ITEM	5	X(5)	Valid M.S.P. Fee for Service item, '19335' Zero dollar fee item (used to transmit the 4th E-form invoice from the group of four) Note: M.S.P. may issue alpha/numeric fee item codes in future.
P27	BILLED-AMOUNT	7	9(5)V99	Set = \$0.
P28	PAYMENT MODE	1	X(1)	Same as Claim Record #1 of 4
P30	SERVICE-DATE	8	9(8)	Date service was performed. Valid date less than or equal to submission date (CCYYMMDD).
P32	SERVICE-TO-DAY	2	9(2)	Same as Claim Record #1 of 4
P34	SUBMISSION-CODE	1	X(1)	Same as Claim Record #1 of 4
P35	EXTENDED SUBMISSION CODE	1	X(1)	Same as Claim Record #1 of 4
P36	DIAGNOSTIC-CODE-1	5	X(5)	Same as Claim Record #1 of 4
P37	DIAGNOSTIC-CODE-2	5	X(5)	Same as Claim Record #1 of 4
P38	DIAGNOSTIC-CODE-3	5	X(5)	Same as Claim Record #1 of 4
P39	DIAGNOSTIC EXPANSION	15	X(15)	Same as Claim Record #1 of 4
P40	SERVICE-LOCATION-CD	1	X(1)	Same as Claim Record #1 of 4
P41	REF-PRACT-1-CD	1	X(1)	Same as Claim Record #1 of 4
P42	REF-PRACT-1	5	X(5)	Same as Claim Record #1 of 4
P44	REF-PRACT-2-CD	1	X(1)	Same as Claim Record #1 of 4

Physician's 1600-byte E-form layout - **Claim/Note Record # 4 of 4**

M.S.P. Basic Portion of **C02 – part 1 of 2**

P46	REF-PRACT-2	5	X(5)	Same as Claim Record #1 of 4
P47	TIME-CALL-RECVD-SRV	4	9(4)	Same as Claim Record #1 of 4
P48	SERVICE-TIME-START	4	9(4)	Same as Claim Record #1 of 4
P50	SERVICE-TIME-FINISH	4	9(4)	Same as Claim Record #1 of 4
P52	BIRTH-DATE	8	9(8)	Same as Claim Record #1 of 4
P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim(Folio) number from Data Centre <ul style="list-style-type: none"> - Mandatory field - Must be unique for each form submission - All four claim records which make up the form transmission must have the same 'Office Folio Number'
P56	CORRESPONDENCE-CODE	1	X(1)	Same as Claim Record #1 of 4
P58	CLAIM-SHORT-COMMENT	20	X(20)	Same as Claim Record #1 of 4
P60	MVA-CLAIM-CODE	1	X(1)	Same as Claim Record #1 of 4
P62	ICBC-CLAIM-NUM	8	X(8)	Same as Claim Record #1 of 4
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	Same as Claim Record #1 of 4
P70	FACILITY-NUM	5	X(5)	Same as Claim Record #1 of 4
P72	FACILITY-SUB-NUM	5	X(5)	Same as Claim Record #1 of 4
P80	FILLER-CLAIM-C02-RCD	58	X(58)	Same as Claim Record #1 of 4

Physician's 1600-byte E-form layout - Claim/Note Record # 4 of 4 M.S.P. Basic Portion of C02 – part 2 of 2			
P100	OIN-INSURER-CODE	2	X(2)
P102	OIN-REGISTRATION-NUM	12	X(12)
P104	OIN-BIRTHDATE	8	9(8)
P106	OIN-FIRST-NAME	12	X(12)
P108	OIN-SECOND-NAME-INITIAL	1	X(1)
P110	OIN-SURNAME	18	X(18)
P112	OIN-SEX-CODE	1	X(1)
P114	OIN-ADDRESS-1	25	X(25)
	WCB-Date-of-Injury		
P116	OIN-ADDRESS-2	25	X(25)
	WCB-Area-of-Injury		
	WCB-Anatomical-Position		
P118	OIN-ADDRESS-3	25	X(25)
	WCB-Nature-of-Injury		
P120	OIN-ADDRESS-4	25	X(25)
	WCB-Claim-Number		
P122	OIN-POSTAL_CODE	6	X(6)

The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C. The Province/Location of Health Provider of Patient For Other Insurer Provincial Plan

- 'WC' = B.C. Workers' Compensation Board

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Redefined for WCB specific data.

Same as Claim Record #1 of 4

Redefined for WCB specific data

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Redefined for WCB specific data.

Same as Claim Record #1 of 4

Redefined for WCB specific data.

Same as Claim Record #1 of 4

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Physician's 1600-byte E-form layout - Claim/Note Record # 4 of 4 M.S.P. Basic Portion of N01 – part 1 of 1			
P01	NOTE-BASIC-IN	25	X(25)
P20	NOTE-DATA-TYPE	1	X(1)
P22	NOTE-DATE-LINE WCB-Clinical-info-part-2	400	X(400)
	<p>*** Warning! *** Ensure that the claim field called 'CORRESPONDENCE-CODE' (P56) is marked with an 'N' or 'B'</p>		

The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08).
 First - REC-CODE-IN (3) must be 'N01'
 Second - DATA-CENTRE-NUM (5)
 Third - DATA-CENTRE-SEQNUM (7)
 Fourth - PAYEE-NUM (5)
 Fifth - PRACTITIONER-NUM (5)

Classification of note types.
 - 'W' = W.C.B Electronic Form
 Further note codes to be assigned as required.

Redefined for WCB specific data.
 1) 'WCB Specific' The second 400 bytes of an 800 byte Clinical Information description.
 2) **Mandatory field – if blank fill with "Clinical Information Complete"**
Form Field #DR38b

N01	Element Count:	3
	And Record Size Total:	426

7 Chiropractor's Report specifications

This section provides two representations of the proposed report layouts for the combined Chiropractors' First and Progress reports. The first representation Fig # 7 (Workers' Compensation Board of British Columbia – Chiropractors' Report) illustrates the new format, as it would appear on a paper form. The second, Fig #8 (Chiropractors' Report with Corresponding MSP Record Labels) identifies all of the required data elements with field labels. These layouts are only guidelines for data presentation when displaying information online and for hardcopy report formatting, they do not define all the requirements for a 'paper' form submission.

The screen layouts for data capture should not be constrained by these examples. These example 'report layouts' should provide additional insight as to the nature and context in which the data is being captured. This may be helpful when determining the appropriate choice of labeling and grouping of fields for online data presentation and capture.

The field labels in Fig #8 (Chiropractors' Report with Corresponding MSP Record Labels) have been assigned appropriately for reference purposes. These fields have been mapped to fields in the Claims records (C02) and to the fields in the different Note records (N01). The field labels will be useful in determining where each data element for the forms are mapped to within the sequence of the 4 X (C02) + 4 X (N01) records.

There are various data elements on Fig #7 (Workers' Compensation Board of British Columbia – Chiropractors' Report) that are labeled but do not map to a corresponding Teleplan/PC record specification. These elements relate to information which would be required on a 'Paper' version of a form but can be derived by the WCB for the purposes of the 'electronic' versions.

Listed after Table # 4 (Chiropractors' Report Data Elements) are four complete Teleplan/PC "Claim Record" and "Note Record" definitions for each of the four MSP claims which are to be transmitted as part of an E-form.

NB: For Chiropractic E-form submissions the WCB must receive all four note claim records and note records for the E-form submission to be considered to be complete.

Workers' Compensation Board of British Columbia – Chiropractor's Report

Fig # 7

Chiropractor's First Report or The worker's condition or treatment has changed (If the worker's condition or treatment has changed, please, describe changes in the Clinical Information area)

Demographic Information:

*Employer's Name	WCB Claim Number			
	*Worker's Last Name			
*Operating Location Address	*First Name	Middle Initial	*Gender	*DOB (yyyy/mm/dd)
	*Mailing Address			
Employer's Telephone Number				
*Date of Injury (yyyy/mm/dd)	Telephone Number			
	*Worker's PHN from Health Card			

*Are you the worker's regular Chiropractor? Yes No
 If Yes, how long has the worker been your patient? 0-6 months 7-12 months > 12 months
 Who rendered the first treatment for this injury? _____
 Is the worker receiving other concurrent treatments? Yes No If Yes, select Physiotherapy Massage therapy Other

Prior/Other Problems Affecting Injury, Recovery and Disability

Injury Codes and Descriptions

*Date of Service (yyyy/mm/dd) ____/____/____

*Diagnosis:	
Injury Codes:	*ICD9:
	*BP/Side:
	*NOI:

*From injury or since last report, has the worker been disabled from work? Yes No If Yes, as of what date? (if known) ____/____/____ (yyyy/mm/dd)

***Clinical Information**

What happened?
 Subjective Symptoms
 Examination Findings
 Investigations
 Treatment
 Specialist Consult?

In this box, the chiropractor will describe the followings

- Treatment types (i.e., "techniques" and modalities) being used and frequency
- Presented complains and examination findings
- X-rays used in the investigations

The name and date of specialist consultation

Return to Work Planning

*Is the worker now medically capable of working full duties, full time? Yes No
 If No: What are the current physical and/or psychological restrictions?

Estimated time before the worker will be able to return to the workplace in any capacity. At work 1-6 days 7-13 days 14-20 days >20 days
 If appropriate, is the worker now ready for a rehabilitation program? Yes No If Yes, Select 'Work Conditioning Program' or Other
 Do you wish to consult with Chiro Consultant, WCB physician or nurse advisor? Yes No
 If possible, please estimate date of Maximal Medical Recovery (yyyy/mm/dd) ____/____/____ (Full recovery or best possible recovery)

Further Correspondence to Follow: Yes No (2nd electronic form or paper)

Chiropractor Office Use Only
 Fee Codes: 1 _____
 2 _____

Chiropractor Information:

*Payee Number	*Practitioner Number
Payee Name	Practitioner Name
Payee Address	
Payee Telephone Number	Date Received

* Indicates a mandatory field.

Chiropractors' Report with Corresponding MSP Record Labels

Fig #8

Chiropractor's First Report (CH01) or The worker's condition or treatment has changed (CH02) (If the worker's condition or treatment has changed, please, describe changes in the Clinical Information area)

Demographic Information:

*Employer's Name (CH03)	WCB Claim Number (CH08)			
	*Worker's Last Name (CH09)			
*Operating Location Address (CH04), (CH05)	*First Name (CH10)	Middle Initial (CH11)	*Gender (CH12)	*DOB (CH13)
Employer's Telephone Number (CH06), (CH07)	*Mailing Address (CH14), (CH15), (CH16)			
*Date of Injury (yyyy/mm/dd) (CH20)	Telephone Number (CH17), (CH18)			
	*Worker's PHN from Health Card (CH19)			

*Are you the worker's regular primary practitioner? Yes No **(CH22)**
 If Yes, how long has the worker been your patient? 0-6 months 7-12 months > 12 months **(CH23)**
 Who rendered the first treatment for this injury? _____ **(CH25)**
 Is the worker receiving other concurrent treatments? Yes No If Yes, select Physiotherapy Massage therapy Other **(CH27)**

Prior/Other Problems Affecting Injury, Recovery and Disability
(CH26)

Injury Codes and Descriptions	*Date of Service (yyyy/mm/dd) ___/___/___ (CH21)
*Diagnosis: (CH28)	
Injury Codes: *ICD9: (CH34)	
*BP/Side: (CH31), (CH30)	
*NOI: (CH32)	

*From injury or since last report, has the worker been disabled from work? Yes No **(CH36)** If Yes, as of what date? (if known) **(CH37)**

***Clinical Information**

What happened?
 Subjective Symptoms
 Examination Findings
 Investigations
 Treatment
 Specialist Consult?

(CH38a), (CH38b)
 In this box, the chiropractor will describe the followings

- Treatment types (i.e., "techniques" and modalities) being used and frequency
- Presented complains and examination findings
- X-rays used in the investigations

The name and date of specialist consultation

Return to Work Planning

*Is the worker now medically capable of working full duties, full time? Yes No **(CH40)**
 If No: What are the current physical and/or psychological restrictions?

(CH41)

 Estimated time before the worker will be able to return to the workplace in any capacity. At work 1-6 days 7-13 days 14-20 days >20 days **(CH42)**
 If appropriate, is the worker now ready for a rehabilitation program? Yes No **(CH43)** If Yes, Select 'WCP' or Other **(CH44)**
 Do you wish to consult with Chiropractic Consultant, WCB physician or nurse advisor? Yes No **(CH45)**
 If possible, please estimate date of Maximal Medical Recovery (yyyy/mm/dd) ___/___/___ (Full recovery or best possible recovery) **(CH46)**

Further Correspondence to Follow: Yes No (2nd electronic form or paper) **(CH47)**

Chiropractor Information:

*Payee Number (CH50)	*Practitioner Number (CH51)
-----------------------------	------------------------------------

* Indicates a mandatory field.

Table 4. Chiropractor's Report Data Elements

Form Field Label	Claim/ Note Record#	MSP Record	MSP SEQ	DATA ELEMENT NAME	Mandatory	WCB Specific
CH01	1 of 4	N01	P22	WCB-Form8C-Criteria		Yes
CH02	1 of 4	N01	P22	WCB-Form11C-Criteria		Yes
CH03	1 of 4	N01	P22	WCB-Employer-Name	Yes	Yes
CH04	1 of 4	N01	P22	WCB-Work-Location	Yes	Yes
CH05	1 of 4	N01	P22	WCB-Employer-City	Yes	Yes
CH06	1 of 4	N01	P22	WCB-Employer-Phone-Area-CD		Yes
CH07	1 of 4	N01	P22	WCB-Employer-Phone-Num		Yes
CH08	1 of 4	C02	P120	WCB-Claim-Number		Yes
CH09	1 of 4	C02	P110	OIN-SURNAME	Yes	No
CH10	1 of 4	C02	P106	OIN-FIRST-NAME	Yes	No
CH11	1 of 4	C02	P108	OIN-SECOND-NAME-INITIAL		No
CH12	1 of 4	C02	P112	OIN-SEX-CODE	Yes	No
CH13	1 of 4	C02	P104	OIN-BIRTHDATE	Yes	No
CH14	1 of 4	N01	P22	WCB-Workers-Address1	Yes	Yes
CH15	1 of 4	N01	P22	WCB-Worker-City	Yes	Yes
CH16	1 of 4	N01	P22	WCB-Worker-PC		Yes
CH17	1 of 4	N01	P22	WCB-Worker-Phone-Area-CD		Yes
CH18	1 of 4	N01	P22	WCB-Worker-Phone-Num		Yes
CH19	1 of 4	C02	P14	MSP-REGISTRATION	Yes	No
CH20	1 of 4	C02	P114	WCB-Date-of-Injury	Yes	Yes
CH21	1 of 4	C02	P30	SERVICE-DATE	Yes	No
CH22	1 of 4	N01	P22	WCB-Regular-Practitioner	Yes	Yes
CH23	1 of 4	N01	P22	WCB-Patient-Duration	Yes if CH22='Y'	Yes
Removed Row						Yes
CH25	1 of 4	N01	P22	WCB-Who-Rendered-First-Srvc		Yes
CH26	2 of 4	N01	P22	WCB-Prior-Problems	Yes	Yes
CH27	1 of 4	N01	P22	WCB-Concurrent-Treatment		Yes
CH28	1 of 4	N01	P22	WCB-Alpha-Injury-Description	Yes	Yes
CH30	1 of 4	C02	P116	WCB-Area-of-Injury	Yes	Yes
CH31	1 of 4	C02	P116	WCB-Anatomical-Position	Yes	Yes
CH32	1 of 4	C02	P118	WCB-Nature-of-Injury	Yes	Yes
CH34	1 of 4	C02	P36	DIAGNOSTIC-CODE-1	Yes	No
CH36	1 of 4	N01	P22	WCB-Disabled-From-Work	Yes	Yes
CH37	1 of 4	N01	P22	WCB-Disability-Date		Yes
CH38a	3 of 4	N01	P22	WCB-Clinical-info-part-1	Yes	Yes
CH38b	4 of 4	N01	P22	WCB-Clinical-info-part-2	Yes	Yes
CH40	1 of 4	N01	P22	WCB-Full-Duties	Yes	Yes
CH41	2 of 4	N01	P22	WCB-Restrictions	Yes if CH40 = 'N'	Yes
CH42	1 of 4	N01	P22	WCB-Estimated-time-off	Yes if CH40 = 'N'	Yes
CH43	1 of 4	N01	P22	WCB-Rehab-Ready	Yes if CH43 = 'Y'	Yes
CH44	1 of 4	N01	P22	WCB-Rehab-Program		Yes
CH45	1 of 4	N01	P22	WCB-Consult-with-WCB		Yes
CH46	1 of 4	N01	P22	WCB-MMR-Date		Yes

Form Field Label	Claim/ Note Record#	MSP Record	MSP SEQ	DATA ELEMENT NAME	Mandatory	WCB Specific
CH47	1 of 4	N01	P22	WCB-Additional-Info		Yes
CH50	1 of 4	C02	P06	PAYEE-NUM	Yes	No
CH51	1 of 4	C02	P08	PRACTITIONER-NUM	Yes	No
CH57	1 of 4	N01	P22	WCB-Vendor-Spec-Version	Yes	Yes

7.1 Chiropractors' 1600-byte E-form layout Invoice

7.1.1 Chiropractors' 1600-byte E-form layout Claim/Note Record # 1 of 4

NB: All of 'Data Elements Names' on the C02 record printed in bold type are used for linking this C02 record with the 2nd 3rd and 4th C02 records which make up the e-form submission or as E-form data.

Chiropractor's 1600-byte E-form layout - Claim/Note Record # 1 of 4 ³ M.S.P. Basic Portion of C02 – part 1 of 2				
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	- This field identifies specific type of Inbound records - 'C02' for Claims
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau.
P04	DATA-CENTRE-SEQNUM	7	9(7)	A unique sequential number assigned to each record before transmission to the M.S.P. Host site by each Data Centre. – Each Data Centre originally starts at 0000001 and then increments by 1 all records until they reach 9999999 at which time you can start again at 1. (Any record that is not sequentially higher by 1 than the last record will cause a transmission failure.) This number is the prime system Record Key match between a Data Centre and M.S.P. Systems.
P06	PAYEE-NUM	5	X(5)	- Data Centre and Sequence Number fields together make the unique key for MSP. Identifies the Payee for this claim.
P08	PRACTITIONER-NUM	5	X(5)	<u>Form Field #CH50</u> Identifies the Practitioner who has provided the service to the patient.
P14	MSP-REGISTRATION :MSP PHN	10	9(10)	<u>Form Field #CH51</u> Key field to M.S.P. Subscriber Registration Database. (right justify) This PHN is for B.C. residents only. - PHN is 10 digits, always a '9' in the first position, (use MOD-11 Check Digit). Note: Override Rules when using Other Insurer Portion for these patients. - Always default to ZEROS for Other Insurers.

³ All C02 and N01 record definitions were source from the Ministry of Health and Ministry Responsible for Seniors 'Medical Service Plan of British Columbia' 'Electronic Medical Claims System Year 2000 Inbound & Outbound Record Specification Version 3.0 June, 1998 Specification Document'.

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 1 of 4³**
M.S.P. Basic Portion of C02 – **part 1 of 2**

P16	NAME-VERIFY	4	X(4)	<ul style="list-style-type: none"> - If patient is a non-resident from a province with Other Insurer agreement with M.S.P. then insert Zeros in this field; See Fields P100 – P122 at end of claim record. or - If B.C. Pay Patient Opted out, or If B.C. W.C.B. then the same rules apply as reciprocal claims.
P18	DEPENDENT-NUM	2	9(2)	<ul style="list-style-type: none"> - 2 Initials or initial and space followed by the first 2 chars. Of patient's surname. - ZEROS if Other Insurer Claim, see P14
P20	BILLED-SRV-UNITS	3	9(3)	Valid value required, 00 or 66 for BC residents only. <ul style="list-style-type: none"> - If PHN used in P14 field then Dep num is ZEROS except for non-registered newborns where the value is '66'. - Use Mother's PHN for claims until newborn is issued their own PHN - - ZEROS if Other Insurer claim, see P14
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Must be numeric, equal to or greater than 001. <p>Fee Item Service Clarification Codes. Allows further identification to process or enhance Fee Item payment. As required various SCC codes will be assigned by M.S.P. to enhance claims processing:</p> <ul style="list-style-type: none"> - Default is ZEROS 2) Geographical Location codes examples <ul style="list-style-type: none"> '01' is location 1 '10' is location 10 '19' is location 19
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	FUTURE USE: TO BE ANNOUNCED <p>Allows further identification to process or enhance Fee Item payment.</p> <ul style="list-style-type: none"> - Default is ZEROS otherwise Left Justify code as shown with 'BLANK' fill as needed. 2) An example of Anatomical Area Codes <ul style="list-style-type: none"> 'L' Left 'R' Right 'B' Bilateral
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Extra to consultation or other visit or to procedure if no consultation or visit charged as per fee schedule. Codes are: <ul style="list-style-type: none"> '0' (Zero) Default 'E' Evening (call place between 1800 hrs. and 2300 hrs. and service rendered between 1800 hrs. and 0800 hrs.) ... 'W' Saturday, Sunday or Statutory Holiday...(call placed between 0800 hrs and 1800 hrs.)

				<p>Note: Claim must state time called and time service rendered. M.S.P. can issue new codes at any time.</p>
P25	NEW PROGRAM INDICATOR	2	X(2)	<p>M.S.P. may issue new codes at any time. This field identifies new services such as Hep C. i.e. 01 = Hepatitis C 02 = Screen Mammography Codes are: '00' (Zeros) Default</p>
P26	BILLED-FEE-ITEM	5	X(5)	<p>Valid M.S.P. Fee for Service item,</p> <p>'19134' Chiropractors' First Report received within 10 days of service or WCB request. '19135' Chiropractors' Progress Report received within 10 days of service or WCB request. '19145' Chiropractors' First Report received after 10 days of service for \$0.00. '19146' Chiropractors' First Report received after 10 days of service for \$0.00. Note: M.S.P. may issue alpha/numeric fee item codes in future.</p>
P27	BILLED-AMOUNT	7	9(5)V99	<p>Valid Fee for Service items Value. From the M.S.P. Fee Schedule - a numeric field</p>
P28	PAYMENT MODE	1	X(1)	<p>M.S.P. Alternative Payment Options - '0' Default is Zero for regular M.S.P. Claims FFS Submission.</p> <hr/> <p>WARNING! USE ('E' VALUE) ONLY WHEN THE PAYEE IS REGISTERED WITH M.S.P. ALTERNATIVE PAYMENT SECTION FOR BILLING ENCOUNTER.</p> <hr/> <p>- 'E' Payee submits medical service for recording by M.S.P. with valid Fee Item code but a ZERO Billed Amount. M.S.P. will process and return a Payment amount of ZERO. All other normal edits apply.</p>
P30	SERVICE-DATE	8	9(8)	<p>Date service was performed. Valid date less than or equal to submission date (CCYYMMDD). <u>Form Field #CH21</u></p>
P32	SERVICE-TO-DAY	2	9(2)	<p>To identify the last day of Hospital service in a month. - Default is ZEROS.</p>
P34	SUBMISSION-CODE	1	X(1)	<p>This code identifies type of submission for M.S.P. Claims Processing purposes.</p>

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 1 of 4³**
M.S.P. Basic Portion of C02 – **part 1 of 2**

P35	EXTENDED SUBMISSION CODE	1	X(1)	<ul style="list-style-type: none"> - 'W' Claim not accepted by Workers' Compensation Board - 'W' Claim determined to be W.C.B.'s You must submit as Insurer 'WC', see P100 <p>FUTURE USE, to be announced i.e.: A=Aged, D=Duplicates - Default is blanks.</p>
P36	DIAGNOSTIC-CODE-1	5	X(5)	<p>Mandatory field, CURRENT USE is ICD9 Codes.</p> <ul style="list-style-type: none"> - ICD9 left justify code and BLANK fill remaining spaces. DO NOT OMIT leading zeros. i.e.: 010 is '010 ' - M.S.P. minimal ICD9 submission code requirement is for the 1st 3 ICD9 characters followed by 2 blanks or a 4 character ICD9 followed by 1 blank or full 5 character ICD9 code. <p>Note: Only numerics / A-Z characters per ICD9 Book or M.S.P. special characters like ' ' / ' - ' are valid. (i.e. V104.4 is V104, 102.51 is 10251, 0100 is '0100 ')</p> <p>Note: ICD10 Codes are planned to be introduced in the future and will be announced at that time. ICD10 code will be Alpha/Numeric and its length is five characters.</p> <p><u>Form Field # CH34</u></p> <p>FUTURE USE, to be announced, if more than one diagnostics apply to this service, fill in the second diagnostic code</p> <ul style="list-style-type: none"> - default is blanks
P37	DIAGNOSTIC-CODE-2	5	X(5)	<p>FUTURE USE, to be announced, if more than two diagnostics apply to this service, fill in the third diagnostic code</p> <ul style="list-style-type: none"> - default is blanks
P38	DIAGNOSTIC-CODE-3	5	X(5)	<p>FUTURE USE, to be announced, if more than two diagnostics apply to this service, fill in the third diagnostic code</p> <ul style="list-style-type: none"> - default is blanks
P39	DIAGNOSTIC EXPANSION	15	X(15)	<p>FUTURE USE</p> <ul style="list-style-type: none"> - default is blanks
P40	SERVICE-LOCATION-CD	1	X(1)	<p>To identify location of service this is a mandatory field. Current codes are: 'R' – Patient's residence 'O' – Physician's office 'C' – Continuing Care Facility 'H' – Hospital 'I' – Hospital Inpatient 'E' – Hospital Emergency Depart. Or Diagnostic & Treatment Centre 'P' – Outpatient 'D' – Diagnostic Facility 'S' – Future Use</p>

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 1 of 4³**
M.S.P. Basic Portion of C02 – **part 1 of 2**

				'Z' – None of the above e.g. Accident site or in an ambulance M.S.P. can allocate more codes in the future as needed.
P41	REF-PRACT-1-CD	1	X(1)	Indicator that patient was referred BY or TO. Another practitioner identified by P42. - Code is a 'B' or 'T'. - Default is zero.
P42	REF-PRACT-1	5	X(5)	Zeros or valid practitioner's number. First practitioner that is referred BY or To. Relates to P41.
P44	REF-PRACT-2-CD	1	X(1)	Indicator that patient was referred BY or TO. Another practitioner identified by P46 (Second referral). - Code is a 'B' or 'T'. - Default is zero.
P46	REF-PRACT-2	5	X(5)	Zeros or valid practitioner's number. Second practitioner that is referred BY or To. Relates to P44.
P47	TIME-CALL-RECVD-SRV	4	9(4)	FUTURE USE: Time a Call was received by service provider. (HHMM 24 hour clock). - default is Zeros
P48	SERVICE-TIME-START	4	9(4)	Req'd for emergency visits/called start time/or anesthesia start time. M.S.P. can require as policy demands. (HHMM 24 hour clock). Note: Provision of different times for identical claims can prevent refusal of these claims. - default is Zeros
P50	SERVICE-TIME-FINISH	4	9(4)	Rendered/Finish Service time. (HHMM 24-hour clock). - default is Zeros
P52	BIRTH-DATE	8	9(8)	Birth Date of unregistered NEWBORNS is mandatory (CCYYMMDD), optional for other patients - default is Zeros
P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim(Folio) number from Data Centre - Mandatory field - Must be unique for each form submission All four claim records which make up the form transmission must have the same 'Office Folio Number'
P56	CORRESPONDENCE-CODE	1	X(1)	Indicates correspondence supports this claim. - 'C' = paper correspondence following - - 'N' = Note Record following this claim record (Ref. Record type N01.) - 'B' = both - Default is Zero.
P58	CLAIM-SHORT-COMMENT	20	X(20)	This code does not relate to P58. For short explanatory comment. I.e. Alternate to use of the Note (Record type N01) submission method, which allows up to 400 characters to support narrative communication

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 1 of 4**
M.S.P. Basic Portion of C02 – **part 1 of 2**

P60	MVA-CLAIM-CODE	1	X(1)
P62	ICBC-CLAIM-NUM	8	X(8)
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)
P70	FACILITY-NUM	5	X(5)
P72	FACILITY-SUB-NUM	5	X(5)
P80	FILLER-CLAIM-C02-RCD	58	X(58)

to M.S.P. Do not use both fields

- Default is blanks.

Warning! > Do not use this field unless you want M.S.P. staff to manually review your claim. Can delay payment.

Required to indicate if treatment was for an injury as a result of a motor vehicle accident.

- a 'Y' is MVA
- default is 'N' for not MVA

Required for all ICBC M.S.P. claims See Mod 7 check digit section

- Default is Zeros.

Used when this claim relates to a previously submitted claim for info or M.S.P's DEBIT REQUEST RECORD system computer search of a previous submission to Debit. This is a group data element and must contain the following three data elements.

- DEFAULT is Zeros for non-use.

➤ 1st is the DATA-CENTRE-NUM

i.e. record to Debited (e.g. T1234)

➤ 2nd is the DATA-CENTRE-SEQNUM

i.e. record to be Debited (e.g. 1234567)

➤ 3rd is the DATE-RECEIVED-MSP

i.e. record to be Debited (e.g. 19970628)

(CCYYMMDD) date sent to M.S.P. or Zeros or an approximate date.

Main Facility Number, assigned by M.S.P.

- Default is Zeros.

Sub Facility Number, assigned by M.S.P.

- Default is Zeros.

Future use.

- Default is BLANKS

This is the last field of the regular claim data, part 1 of 2

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 1 of 4**
M.S.P. Basic Portion of C02 – **part 2 of 2**

P100	OIN-INSURER-CODE	2	X(2)	The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C. The Province/Location of Health Provider of Patient For Other Insurer Provincial Plan - 'WC' = B.C. Workers' Compensation Board
P102	OIN-REGISTRATION-NUM	12	X(12)	Registration number of patients. - Must be Right Justified as each insurer has various lengths and Left Zero filled. E.g. 000012345678 Warning!! PROVINCIAL INSURER CODES Some provinces supply a Department Number with their Registration number Code Dependant number to the right of the Registration number. I.e. pos. 11 – 12 BC PAY PATIENT & WCB CLAIMS must use the BC CareCard PHN number, has a '9nnnnnnnnn' in position 1 – 10. - use zeros in position 11 – 12 or '66' when Mothers PHN is used for a newborn in Pay Patient claims. <u>Form Field # CH19</u>
P104	OIN-BIRTHDATE	8	9(8)	Birth date of Patient receiving service CCYYMMDD, a mandatory numeric field <u>Form Field # CH13</u> Note: DD can be zeros if not known
P106	OIN-FIRST-NAME	12	X(12)	Full Patient First name <u>Form Field # CH10</u>
P108	OIN-SECOND-NAME-INITIAL	1	X(1)	Second name, initial only or blank <u>Form Field # CH11</u>
P110	OIN-SURNAME	18	X(18)	Full patient surname <u>Form Field # CH09</u>
P112	OIN-SEX-CODE	1	X(1)	'M' or 'F' <u>Form Field # CH12</u>
P114	OIN-ADDRESS-1 WCB-Date-of-Injury	25	X(25)	Redefined for WCB specific data. 'W.C.B. specific' Claims date of Injury. Field format is CCYYMMDD. <u>Form Field #CH20</u>
P116	OIN-ADDRESS-2 WCB-Area-of-Injury	25	X(25)	Redefined for WCB specific data. 'W.C.B. specific' WCB provides table values Area of Injury code is 'XXXXX' See Appendix A "Injury Codes" (80/80 List)

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 1 of 4**
M.S.P. Basic Portion of C02 – **part 2 of 2**

	WCB-Anatomical-Position		
P118	OIN-ADDRESS-3 WCB-Nature-of-Injury	25	X(25)
P120	OIN-ADDRESS-4 WCB-Claim-Number	25	X(25)
P122	OIN-POSTAL_CODE	6	X(6)

Form Field #CH30

'W.C.B. specific' WCB Anatomical Position Code 'XX' followed by Blanks.

See Appendix A "Injury Codes" (80/80 List)

Form Field #CH31

Redefined for WCB specific data.

WCB provides table values Nature of Injury code is 'XXXXXX'

See Appendix A "Injury Codes" (80/80 List)

Form Field #CH32

Redefined for WCB specific data.

WCB Claim Number normally NNNNNNNN, no check digit provide as known, W.C.B. edits

Form Field #CH08

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 1 of 4**
M.S.P. Basic Portion of N01 – **part 1 of 1**

P01	NOTE-BASIC-IN	25	X(25)
P20	NOTE-DATA-TYPE	1	X(1)
P22	NOTE-DATE-LINE		
	WCB-Vendor-Spec-Version	4	X(4)
	WCB-Regular-Practitioner	1	X(1)
	Filler	8	X(8)
	WCB-Full-Duties	1	X(1)
	WCB-Rehab-Program	1	X(1)
	WCB-Estimated-time-off	1	X(1)
	WCB-Disabled-From-Work	1	X(1)

The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08).
First - REC-CODE-IN (3) must be 'N01'
Second - DATA-CENTRE-NUM (5)
Third - DATA-CENTRE-SEQNUM (7)
Fourth - PAYEE-NUM (5)
Fifth – PRACTITIONER-NUM (5)
Classification of note types.
- 'W' = W.C.B Electronic Form
Further note codes to be assigned as required.

REDEFINED FOR WCB SPECIFIC DATA.

1) **Mandatory field 'WCB Specific' Value -'00C1'**
Form Field #CH57

2) 'W.C.B. specific' Yes/No Response to Question: Are you the worker's regular physician? .
'Y' for Yes,
'N' for No,
Form Field #CH22

3) Filler.
Form Field #CH24

4) 'W.C.B. specific' Yes/No Response to Question: Is worker medically capable of working full duties, full time?
'Y' for Yes,
'N' for No.
Form Field #CH40

5) 'W.C.B. specific' Type of Rehab Program Recommended:
'C' for 'Work Conditioning',
'O' for other.
Form Field #CH44

6) 'W.C.B. specific' Estimated time before worker will be able to return to the workplace in any capacity:
'0' for at work,
'1' for 1-6 days,
'2' for 7-13 days
'3' for 14-20 days
'9' for greater than 20 days.
Form Field #CH42

7) 'W.C.B. specific' Yes/No Response to Question: From injury or since last report, has the worker been disabled

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 1 of 4**
M.S.P. Basic Portion of N01 – **part 1 of 1**

				from work? 'Y' for Yes, 'N' for No. <u>Form Field #CH36</u>
	WCB-Additional-Info	1	X(1)	8) 'W.C.B. specific' If additional information is to follow on a subsequent forms or by correspondence 'Y' for Yes, 'N' for No. <u>Form Field #CH47</u>
	WCB-MMR-Date	8	X(8)	9) 'W.C.B. specific' Estimated date of Maximal Medical Recovery. Field format is CCYYMMDD. <u>Form Field #CH46</u>
	WCB-Disability-Date	8	X(8)	10) 'W.C.B. specific' Date the Worker became Disabled. Field format is CCYYMMDD. <u>Form Field #CH37</u>
	WCB-Patient-Duration	1	X(1)	11) 'W.C.B. specific' The amount of time the worker has been this Chiropractors' patient: Required field if answer to WCB-Regular-Practitioner, Form Field #CH22 is 'Y' - yes. Values: '1' for 0-6 months, '2' for 7-12 months '9' for greater than 1 year. <u>Form Field #CH23</u>
	WCB-Who-Rendered-First-Srvc	25	X(25)	12) 'W.C.B. specific' Response to Question: Who rendered the first treatment? <u>Form Field #CH25</u>
	WCB-Alpha-Injury-Description	120	X(120)	13) 'W.C.B. specific' Alpha description of the primary injury <u>Form Field #CH28</u>
	WCB-Consult-with-WCB	1	X(1)	14) 'W.C.B. specific' Yes/No Response to Question: Do you wish to consult with WCB physician or nurse advisor? 'Y' for Yes, 'N' for No. <u>Form Field #CH45</u>
	WCB-Rehab-Ready	1	X(1)	15) 'W.C.B. specific' Yes/No Response to Question: If appropriate, is the worker now ready for a rehabilitation program? 'Y' for Yes, 'N' for No. <u>Form Field #CH43</u>
	WCB-Worker-Phone-Area-CD	3	X(3)	16) 'W.C.B. specific' Worker 's Phone Area Code <u>Form Field #CH17</u>
	WCB-Worker-Phone-Num	7	X(7)	17) 'W.C.B. specific' Worker 's Phone Number <u>Form Field #CH18</u>

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 1 of 4**
M.S.P. Basic Portion of N01 – **part 1 of 1**

WCB-Workers-Address1	25	X(25)	18) 'W.C.B. specific' Workers' address <u>Form Field #CH14</u>
WCB-Worker-City	20	X(20)	19) 'W.C.B. specific' Worker's City address. <u>Form Field #CH15</u>
WCB-Worker-PC	6	X(6)	20) W.C.B. specific' Worker's address Postal code. <u>Form Field #CH16</u>
WCB-Employer-Phone-Area-CD	3	X(3)	21) 'W.C.B. specific' Employer's Area code <u>Form Field #CH06</u>
WCB-Employer-Phone-Num	7	X(7)	22) 'W.C.B. specific' Employer's Phone Number <u>Form Field #CH07</u>
WCB-Employer-Name	25	X(25)	23) 'W.C.B. specific' Employer's name. <u>Form Field #CH03</u>
WCB-Work-Location	25	X(25)	24) 'W.C.B. specific' Employer address/description of the location where the injury occurred <u>Form Field #CH04</u>
WCB-Employer-City	25	X(25)	25) 'W.C.B. specific' Employers' City address. <u>Form Field #CH05</u>
WCB-Concurrent-Treatment	1	X(1)	26) 'W.C.B. specific' Response to Question: Is the worker receiving other concurrent treatments 'P' for Yes, Physiotherapy, 'M' for Yes, Massage, 'O' for Yes, Other unspecified treatment, 'N' for No, no other treatment to report. <u>Form Field #CH27</u>
WCB-Form8C-Criteria	1	X(1)	27) 'W.C.B. specific' 'Y' for Yes, or blank if a submitting a progress report <u>Form Field #CH01</u>
WCB-Form11C-Criteria	1	X(1)	28) 'W.C.B. specific' 'Y' for Yes, or blank if a submitting a first report <u>Form Field #CH02</u>
filler	69	X(69)	Future use

N01	Element Count:	3
	And Record Size Total:	426

7.1.2 Chiropractors' 1600-byte E-form layout Claim/Note Record # 2 of 4

NB: All of 'Data Elements Names' on the C02 record printed in bold type are used for linking this C02 record with the 1st 3rd and 4th C02 records which make up the e-form submission

Chiropractor's 1600-byte E-form layout - Claim/Note Record # 2 of 4 M.S.P. Basic Portion of C02 – part 1 of 2				
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	Same as Claim Record #1 of 4
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau. Value is assigned by M.S.P.
P04	DATA-CENTRE-SEQNUM	7	9(7)	Same as Claim Record #1 of 4
P06	PAYEE-NUM	5	X(5)	Same as Claim Record #1 of 4
P08	PRACTITIONER-NUM	5	X(5)	Same as Claim Record #1 of 4
P14	MSP-REGISTRATION :MSP PHN	10	9(10)	Same as Claim Record #1 of 4
P16	NAME-VERIFY	4	X(4)	Same as Claim Record #1 of 4
P18	DEPENDENT-NUM	2	9(2)	Same as Claim Record #1 of 4
P20	BILLED-SRV-UNITS	3	9(3)	Same as Claim Record #1 of 4
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Same as Claim Record #1 of 4
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	Same as Claim Record #1 of 4
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Same as Claim Record #1 of 4
P25	NEW PROGRAM INDICATOR	2	X(2)	Same as Claim Record #1 of 4
P26	BILLED-FEE-ITEM	5	X(5)	Valid M.S.P. Fee for Service item, '19337' Zero dollar fee item (used to transmit the 2 nd E-form invoice from the group of four) Note: M.S.P. may issue alpha/numeric fee item codes in future.
P27	BILLED-AMOUNT	7	9(5)V99	Set = \$0.
P28	PAYMENT MODE	1	X(1)	Same as Claim Record #1 of 4
P30	SERVICE-DATE	8	9(8)	Date service was performed. Valid date less than or equal to submission date (CCYYMMDD).
P32	SERVICE-TO-DAY	2	9(2)	Same as Claim Record #1 of 4
P34	SUBMISSION-CODE	1	X(1)	This code identifies type of submission for M.S.P. Claims Processing purposes. - 'W' Claim not accepted by Workers' Compensation Board - 'W' Claim determined to be W.C.B.'s You must submit as Insurer 'WC', see P100
P35	EXTENDED SUBMISSION CODE	1	X(1)	Same as Claim Record #1 of 4
P36	DIAGNOSTIC-CODE-1	5	X(5)	Same as Claim Record #1 of 4

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 2 of 4**
M.S.P. Basic Portion of C02 – **part 1 of 2**

P37	DIAGNOSTIC-CODE-2	5	X(5)	Same as Claim Record #1 of 4
P38	DIAGNOSTIC-CODE-3	5	X(5)	Same as Claim Record #1 of 4
P39	DIAGNOSTIC EXPANSION	15	X(15)	Same as Claim Record #1 of 4
P40	SERVICE-LOCATION-CD	1	X(1)	Same as Claim Record #1 of 4
P41	REF-PRACT-1-CD	1	X(1)	Same as Claim Record #1 of 4
P42	REF-PRACT-1	5	X(5)	Same as Claim Record #1 of 4
P44	REF-PRACT-2-CD	1	X(1)	Same as Claim Record #1 of 4
P46	REF-PRACT-2	5	X(5)	Same as Claim Record #1 of 4
P47	TIME-CALL-RECVD-SRV	4	9(4)	Same as Claim Record #1 of 4
P48	SERVICE-TIME-START	4	9(4)	Same as Claim Record #1 of 4
P50	SERVICE-TIME-FINISH	4	9(4)	Same as Claim Record #1 of 4
P52	BIRTH-DATE	8	9(8)	Same as Claim Record #1 of 4
P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim(Folio) number from Data Centre <ul style="list-style-type: none"> - Mandatory field - Must be unique for each form submission - All four claim records which make up the form transmission must have the same 'Office Folio Number'
P56	CORRESPONDENCE-CODE	1	X(1)	Same as Claim Record #1 of 4
P58	CLAIM-SHORT-COMMENT	20	X(20)	Same as Claim Record #1 of 4
P60	MVA-CLAIM-CODE	1	X(1)	Same as Claim Record #1 of 4
P62	ICBC-CLAIM-NUM	8	X(8)	Same as Claim Record #1 of 4
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	Same as Claim Record #1 of
P70	FACILITY-NUM	5	X(5)	Same as Claim Record #1 of 4
P72	FACILITY-SUB-NUM	5	X(5)	Same as Claim Record #1 of 4
P80	FILLER-CLAIM-C02-RCD	58	X(58)	Same as Claim Record #1 of 4

Chiropractor's 1600-byte E-form layout - Claim/Note Record # 2 of 4 M.S.P. Basic Portion of C02 – part 2 of 2			
P100	OIN-INSURER-CODE	2	X(2)
P102	OIN-REGISTRATION-NUM	12	X(12)
P104	OIN-BIRTHDATE	8	9(8)
P106	OIN-FIRST-NAME	12	X(12)
P108	OIN-SECOND-NAME-INITIAL	1	X(1)
P110	OIN-SURNAME	18	X(18)
P112	OIN-SEX-CODE	1	X(1)
P114	OIN-ADDRESS-1	25	X(25)
	WCB-Date-of-Injury		
P116	OIN-ADDRESS-2	25	X(25)
	WCB-Area-of-Injury		
	WCB-Anatomical-Position		
P118	OIN-ADDRESS-3	25	X(25)
	WCB-Nature-of-Injury		
P120	OIN-ADDRESS-4	25	X(25)
	WCB-Claim-Number		
P122	OIN-POSTAL_CODE	6	X(6)

The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C. The Province/Location of Health Provider of Patient For Other Insurer Provincial Plan

- 'WC' = B.C. Workers' Compensation Board

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Redefined for WCB specific data.

Same as Claim Record #1 of 4

Redefined for WCB specific data.

Same as Claim Record #1 of 4

Same as Claim Record #1 of 4

Redefined for WCB specific data.

Same as Claim Record #1 of 4

Redefined for WCB specific data.

Same as Claim Record #1 of 4

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 1 of 4**
M.S.P. Basic Portion of N01 – **part 1 of 1**

P01	NOTE-BASIC-IN	25	X(25)	The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08). First - REC-CODE-IN (3) must be 'N01' Second – DATA-CENTRE-NUM (5) Third – DATA-CENTRE-SEQNUM (7) Fourth – PAYEE-NUM (5) Fifth – PRACTITIONER-NUM (5)
P20	NOTE-DATA-TYPE	1	X(1)	Classification of note types. - 'W' = W.C.B Electronic Form Further note codes to be assigned as required.
P22	NOTE-DATE-LINE			REDEFINED FOR WCB SPECIFIC DATA. 1) 'W.C.B. specific', a description of Prior/Other Problems affecting injury, recovery and disability 2) Mandatory field – if no data entered fill with “ Intentionally left blank ” <u>Form Field # CH26</u> 1) 'W.C.B. specific' a description of any current Physical and/or psychological restrictions <u>Form Field # CH41</u>
	WCB-Prior-Problems	160	X(160)	
	WCB-Restrictions	240	X(240)	
	<p>*** Warning! *** Ensure that the claim field called 'CORRESPONDENCE-CODE' (P56) is marked with an 'N' or 'B'</p>			

N01	Element Count:	3
	And Record Size Total:	426

7.1.3 Chiropractors' 1600-byte E-form layout Claim/Note Record # 3 of 4

NB: All of 'Data Elements Names' on the C02 record printed in bold type are used for linking this C02 record with the 1st 2nd and 4th C02 records which make up the e-form submission

Chiropractor's 1600-byte E-form layout - Claim/Note Record # 3 of 4				
M.S.P. Basic Portion of C02 – part 1 of 2				
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	Same as Claim Record #1 of 4
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau. Value is assigned by M.S.P.
P04	DATA-CENTRE-SEQNUM	7	9(7)	Same as Claim Record #1 of 4
P06	PAYEE-NUM	5	X(5)	Same as Claim Record #1 of 4
P08	PRACTITIONER-NUM	5	X(5)	Same as Claim Record #1 of 4
P14	MSP-REGISTRATION :MSP PHN	10	9(10)	Same as Claim Record #1 of 4
P16	NAME-VERIFY	4	X(4)	Same as Claim Record #1 of 4
P18	DEPENDENT-NUM	2	9(2)	Same as Claim Record #1 of 4
P20	BILLED-SRV-UNITS	3	9(3)	Same as Claim Record #1 of 4
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Same as Claim Record #1 of 4
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	Same as Claim Record #1 of 4
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Same as Claim Record #1 of 4
P25	NEW PROGRAM INDICATOR	2	X(2)	Same as Claim Record #1 of 4
P26	BILLED-FEE-ITEM	5	X(5)	Valid M.S.P. Fee for Service item, '19338' Zero dollar fee item (used to transmit the 3rd E-form invoice from the group of four) Note: M.S.P. may issue alpha/numeric fee item codes in future.
P27	BILLED-AMOUNT	7	9(5)V99	Set = \$0.
P28	PAYMENT MODE	1	X(1)	Same as Claim Record #1 of 4
P30	SERVICE-DATE	8	9(8)	Date service was performed. Valid date less than or equal to submission date (CCYYMMDD).
P32	SERVICE-TO-DAY	2	9(2)	Same as Claim Record #1 of 4
P34	SUBMISSION-CODE	1	X(1)	Same as Claim Record #1 of 4
P35	EXTENDED SUBMISSION CODE	1	X(1)	Same as Claim Record #1 of 4
P36	DIAGNOSTIC-CODE-1	5	X(5)	Same as Claim Record #1 of 4
P37	DIAGNOSTIC-CODE-2	5	X(5)	Same as Claim Record #1 of 4
P38	DIAGNOSTIC-CODE-3	5	X(5)	Same as Claim Record #1 of 4
P39	DIAGNOSTIC EXPANSION	15	X(15)	Same as Claim Record #1 of 4
P40	SERVICE-LOCATION-CD	1	X(1)	Same as Claim Record #1 of 4
P41	REF-PRACT-1-CD	1	X(1)	Same as Claim Record #1 of 4
P42	REF-PRACT-1	5	X(5)	Same as Claim Record #1 of 4
P44	REF-PRACT-2-CD	1	X(1)	Same as Claim Record #1 of 4
P46	REF-PRACT-2	5	X(5)	Same as Claim Record #1 of 4

Chiropractor's 1600-byte E-form layout - Claim/Note **Record # 3 of 4**
M.S.P. Basic Portion of C02 – **part 1 of 2**

P47	TIME-CALL-RECVD-SRV	4	9(4)	Same as Claim Record #1 of 4
P48	SERVICE-TIME-START	4	9(4)	Same as Claim Record #1 of 4
P50	SERVICE-TIME-FINISH	4	9(4)	Same as Claim Record #1 of 4
P52	BIRTH-DATE	8	9(8)	Same as Claim Record #1 of 4
P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim(Folio) number from Data Centre <ul style="list-style-type: none"> - Mandatory field - Must be unique for each form submission - All four claim records which make up the form transmission must have the same 'Office Folio Number'
P56	CORRESPONDENCE-CODE	1	X(1)	Same as Claim Record #1 of 4
P58	CLAIM-SHORT-COMMENT	20	X(20)	Same as Claim Record #1 of 4
P60	MVA-CLAIM-CODE	1	X(1)	Same as Claim Record #1 of 4
P62	ICBC-CLAIM-NUM	8	X(8)	Same as Claim Record #1 of 4
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	Same as Claim Record #1 of 4
P70	FACILITY-NUM	5	X(5)	Same as Claim Record #1 of 4
P72	FACILITY-SUB-NUM	5	X(5)	Same as Claim Record #1 of 4
P80	FILLER-CLAIM-C02-RCD	58	X(58)	Same as Claim Record #1 of 4

Chiropractor's 1600-byte E-form layout - **Claim/Note Record # 3 of 4**
M.S.P. Basic Portion of C02 – **part 2 of 2**

P100	OIN-INSURER-CODE	2	X(2)	The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C. The Province/Location of Health Provider of Patient For Other Insurer Provincial Plan - 'WC' = B.C. Workers' Compensation Board
P102	OIN-REGISTRATION-NUM	12	X(12)	Same as Claim Record #1 of 4
P104	OIN-BIRTHDATE	8	9(8)	Same as Claim Record #1 of 4
P106	OIN-FIRST-NAME	12	X(12)	Same as Claim Record #1 of 4
P108	OIN-SECOND-NAME-INITIAL	1	X(1)	Same as Claim Record #1 of 4
P110	OIN-SURNAME	18	X(18)	Same as Claim Record #1 of 4
P112	OIN-SEX-CODE	1	X(1)	'Same as Claim Record #1 of 4
P114	OIN-ADDRESS-1	25	X(25)	Redefined for WCB specific data.
	WCB-Date-of-Injury			Same as Claim Record #1 of 4
P116	OIN-ADDRESS-2	25	X(25)	Redefined for WCB specific data.
	WCB-Area-of-Injury			Same as Claim Record #1 of 4
	WCB-Anatomical-Position			Same as Claim Record #1 of 4
P118	OIN-ADDRESS-3	25	X(25)	Redefined for WCB specific data.
	WCB-Nature-of-Injury			Same as Claim Record #1 of 4
P120	OIN-ADDRESS-4	25	X(25)	Redefined for WCB specific data.
	WCB-Claim-Number			Same as Claim Record #1 of 4
P122	OIN-POSTAL_CODE	6	X(6)	

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Chiropractor's 1600-byte E-form layout - **Claim/Note Record # 3 of 4**
M.S.P. Basic Portion of **N01 – part 1 of 1**

P01	NOTE-BASIC-IN	25	X(25)	The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08). First – REC-CODE-IN (3) must be 'N01' Second - DATA-CENTRE-NUM (5) Third - DATA-CENTRE-SEQNUM (7) Fourth - PAYEE-NUM (5) Fifth - PRACTITIONER-NUM (5)
P20	NOTE-DATA-TYPE	1	X(1)	Classification of note types. - 'W' = W.C.B Electronic Form Further note codes to be assigned as required.
P22	NOTE-DATE-LINE WCB-Clinical-info-part-1	400	X(400)	Redefined for WCB specific data. 2) 'WCB Specific' The first 400 bytes of an 800 byte Clinical Information description. <u>Form Field #CH38a</u>
	<p>*** Warning! *** Ensure that the claim field called 'CORRESPONDENCE-CODE' (P56) is marked with an 'N' or 'B'</p>			

N01	Element Count:	3
	And Record Size Total:	426

7.1.4 Chiropractors' 1600-byte E-form layout Claim/Note Record # 4 of 4

NB: All of 'Data Elements Names' on the C02 record printed in bold type are used for linking this C02 record with the 1st 2nd and 3rd C02 records which make up the E-form submission

Chiropractor's 1600-byte E-form layout - Claim/Note Record # 4 of 4 M.S.P. Basic Portion of C02 – part 1 of 2				
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	Same as Claim Record #1 of 4
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau. Value is assigned by M.S.P.
P04	DATA-CENTRE-SEQNUM	7	9(7)	Same as Claim Record #1 of 4
P06	PAYEE-NUM	5	X(5)	Same as Claim Record #1 of 4
P08	PRACTITIONER-NUM	5	X(5)	Same as Claim Record #1 of 4
P14	MSP-REGISTRATION :MSP PHN	10	9(10)	Same as Claim Record #1 of 4
P16	NAME-VERIFY	4	X(4)	Same as Claim Record #1 of 4
P18	DEPENDENT-NUM	2	9(2)	Same as Claim Record #1 of 4
P20	BILLED-SRV-UNITS	3	9(3)	Same as Claim Record #1 of 4
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Same as Claim Record #1 of 4
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	Same as Claim Record #1 of 4
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Same as Claim Record #1 of 4
P25	NEW PROGRAM INDICATOR	2	X(2)	Same as Claim Record #1 of 4
P26	BILLED-FEE-ITEM	5	X(5)	Valid M.S.P. Fee for Service item, '19339' Zero dollar fee item (used to transmit the 4th E-form invoice from the group of four) Note: M.S.P. may issue alpha/numeric fee item codes in future. Set = \$0.
P27	BILLED-AMOUNT	7	9(5)V99	
P28	PAYMENT MODE	1	X(1)	Same as Claim Record #1 of 4
P30	SERVICE-DATE	8	9(8)	Date service was performed. Valid date less than or equal to submission date (CCYYMMDD).
P32	SERVICE-TO-DAY	2	9(2)	Same as Claim Record #1 of 4
P34	SUBMISSION-CODE	1	X(1)	Same as Claim Record #1 of 4
P35	EXTENDED SUBMISSION CODE	1	X(1)	Same as Claim Record #1 of 4
P36	DIAGNOSTIC-CODE-1	5	X(5)	Same as Claim Record #1 of 4
P37	DIAGNOSTIC-CODE-2	5	X(5)	Same as Claim Record #1 of 4
P38	DIAGNOSTIC-CODE-3	5	X(5)	Same as Claim Record #1 of 4
P39	DIAGNOSTIC EXPANSION	15	X(15)	Same as Claim Record #1 of 4
P40	SERVICE-LOCATION-CD	1	X(1)	Same as Claim Record #1 of 4
P41	REF-PRACT-1-CD	1	X(1)	Same as Claim Record #1 of 4
P42	REF-PRACT-1	5	X(5)	Same as Claim Record #1 of 4
P44	REF-PRACT-2-CD	1	X(1)	Same as Claim Record #1 of 4
P46	REF-PRACT-2	5	X(5)	Same as Claim Record #1 of 4
P47	TIME-CALL-RECVD-SRV	4	9(4)	Same as Claim Record #1 of 4

Chiropractor's 1600-byte E-form layout - **Claim/Note Record # 4 of 4**
M.S.P. Basic Portion of **C02 – part 1 of 2**

P48	SERVICE-TIME-START	4	9(4)	Same as Claim Record #1 of 4
P50	SERVICE-TIME-FINISH	4	9(4)	Same as Claim Record #1 of 4
P52	BIRTH-DATE	8	9(8)	Same as Claim Record #1 of 4
P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim(Folio) number from Data Centre <ul style="list-style-type: none"> - Mandatory field - Must be unique for each form submission - All four claim records which make up the form transmission must have the same 'Office Folio Number'
P56	CORRESPONDENCE-CODE	1	X(1)	Same as Claim Record #1 of 4
P58	CLAIM-SHORT-COMMENT	20	X(20)	Same as Claim Record #1 of 4
P60	MVA-CLAIM-CODE	1	X(1)	Same as Claim Record #1 of 4
P62	ICBC-CLAIM-NUM	8	X(8)	Same as Claim Record #1 of 4
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	Same as Claim Record #1 of 4
P70	FACILITY-NUM	5	X(5)	Same as Claim Record #1 of 4
P72	FACILITY-SUB-NUM	5	X(5)	Same as Claim Record #1 of 4
P80	FILLER-CLAIM-C02-RCD	58	X(58)	Same as Claim Record #1 of 4

Chiropractor's 1600-byte E-form layout - **Claim/Note Record # 4 of 4**
M.S.P. Basic Portion of C02 – **part 2 of 2**

P100	OIN-INSURER-CODE	2	X(2)	The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C. The Province/Location of Health Provider of Patient For Other Insurer Provincial Plan - 'WC' = B.C. Workers' Compensation Board
P102	OIN-REGISTRATION-NUM	12	X(12)	Same as Claim Record #1 of 4
P104	OIN-BIRTHDATE	8	9(8)	Same as Claim Record #1 of 4
P106	OIN-FIRST-NAME	12	X(12)	Same as Claim Record #1 of 4
P108	OIN-SECOND-NAME-INITIAL	1	X(1)	Same as Claim Record #1 of 4
P110	OIN-SURNAME	18	X(18)	Same as Claim Record #1 of 4
P112	OIN-SEX-CODE	1	X(1)	Same as Claim Record #1 of 4
P114	OIN-ADDRESS-1 WCB-Date-of-Injury	25	X(25)	Redefined for WCB specific data. Same as Claim Record #1 of 4
P116	OIN-ADDRESS-2 WCB-Area-of-Injury WCB-Anatomical-Position	25	X(25)	Redefined for WCB specific data. Same as Claim Record #1 of 4 Same as Claim Record #1 of 4
P118	OIN-ADDRESS-3 WCB-Nature-of-Injury	25	X(25)	Redefined for WCB specific data. Same as Claim Record #1 of 4
P120	OIN-ADDRESS-4 WCB-Claim-Number	25	X(25)	Redefined for WCB specific data. Same as Claim Record #1 of 4
P122	OIN-POSTAL_CODE	6	X(6)	

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Chiropractor's 1600-byte E-form layout - Claim/Note Record # 4 of 4 M.S.P. Basic Portion of N01 – part 1 of 1			
P01	NOTE-BASIC-IN	25	X(25)
P20	NOTE-DATA-TYPE	1	X(1)
P22	NOTE-DATE-LINE WCB-Clinical-info-part-2	400	X(400)
	<p>*** Warning! *** Ensure that the claim field called 'CORRESPONDENCE-CODE' (P56) is marked with an 'N' or 'B'</p>		

The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08).
 First – REC-CODE-IN (3) must be 'N01'
 Second - DATA-CENTRE-NUM (5)
 Third - DATA-CENTRE-SEQNUM (7)
 Fourth - PAYEE-NUM (5)
 Fifth – PRACTITIONER-NUM (5)

Classification of note types.
 - 'W' = W.C.B Electronic Form
 Further note codes to be assigned as required.

Redefined for WCB specific data.
 1) 'WCB Specific' The second 400 bytes of an 800 byte Clinical Information description.
 2) **Mandatory field – if blank fill with "Clinical Information Complete"**
Form Field #CH38b

N01	Element Count:	3
	And Record Size Total:	426

8 Physiotherapy Reports -WCB electronic form layouts

This section provides two representations of the proposed report layouts for the combined Physicians First and Progress reports. The first representation Fig # 9 (Workers' Compensation Board of British Columbia – Physiotherapy Report) illustrates the new format, as it would appear on a paper form. The second, Fig #10 (Physiotherapy Report with Corresponding MSP Record Labels) identifies all of the required data elements with field labels. These layouts are only guidelines for data presentation when displaying information online and for hardcopy report formatting, they do not define all the requirements for a 'paper' form submission.

The screen layouts for data capture should not be constrained by these examples. These example 'report layouts' should provide additional insight as to the nature and context in which the data is being captured. This may be helpful when determining the appropriate choice of labeling and grouping of fields for online data presentation and capture.

The field labels in Fig #10 (Physiotherapy Report with Corresponding MSP Record Labels) have been assigned appropriately for reference purposes. These fields have been mapped to fields in the Claims records (C02) and to the fields in the different Note records (N01). The field labels will be useful in determining where each data element for the different forms are mapped to within the sequence of the 3 X (C02) + 3 X (N01) records.

There are various data elements represented on Fig # 9 (Workers' Compensation Board of British Columbia – Physiotherapy Report) which do not map to a corresponding Teleplan/PC record specification. These elements relate to information which would be required on a 'Paper' version of a form but can be derived by the WCB for the purposes of the 'electronic' versions.

Listed after Table # 5 (Physiotherapy Report Data Elements) are three complete Teleplan/PC "Claim Record" and "Note Record" definitions for each of the three MSP claims which are to be transmitted as part of a Physiotherapists' E-form.

NB: For Physiotherapist E-form submissions the WCB must receive all three claim / note records for the E-form submission to be considered to be complete.

Workers' Compensation Board of British Columbia – Physiotherapy Report

Fig #9

* Indicates a mandatory field.

***Report Create Date:**

*Report Name:				
*Physiotherapist Practitioner Number:	*Claim Number:			
Physiotherapist Name:	*Worker's Last Name:			
	*Worker's First Name:	Worker's Middle Initial:	*Worker's Gender:	*Worker's Date of Birth:
*Payee Number:	*PHN:			
Payee Name:	*Worker's Occupation:			
*Clinic Name:	*Physician's Last Name:			
*Clinic Phone Number:				
Clinic Fax Number:	*Physician's First Name:	Physician's Middle Initial:		

Clinical Status

*Date of Injury:	
*Number of Visits to Date:	*Initial Visit Date:
Surgery Date:	Physiotherapy Treatment/Assessment Date:

WCB Claim Injury

Injury Codes: *ICD9:
 *BP/Side:
 *NOI:

Injury Status/Objective Findings

*

Functional Abilities

*

Pre-Existing Conditions

Other Conditions

--

Recommendations

*Recommendation	Number of Weeks of Extended Treatment
-----------------	---------------------------------------

Physiotherapy Treatment Plan

Extension Start Date	Expected Number of Visits
----------------------	---------------------------

Expected Outcomes

Treatment	Expected Date
Return To Work	Expected Date

Comments

--

Physiotherapy Report with Corresponding MSP Record Labels

Fig # 10.

*Report Create Date: :(#PY01)

*Report Name:(#PY02)				
*Physiotherapist Practitioner Number: (#PY05)	*Claim Number: (#PY14)			
	*Worker's Last Name: (#PY15)			
Physiotherapist Name:	*Worker's First Name: (#PY16)	Worker's Middle Initial: (#PY17)	*Worker's Gender: (#PY18)	*Worker's Dt Birth: (#PY19)
*Payee Number: (#PY07)	*PHN (#PY20)			
Payee Name:	*Worker's Occupation: (#PY21)			
*Clinic Name: (#PY09)	*Physician's Last Name: (#PY22)			
*Clinic Phone Number: (#PY10),(#PY11)				
Clinic Fax Number: (#PY12), (#PY13)	*Physician's First Name: (#PY23)	Physician's Middle Initial: (#PY24)		

Clinical Status

	*Date of Injury: (#PY26)
*Number of Visits to Date: (#PY27)	*Initial Visit Date: (#PY28)
Surgery Date: (#PY29)	Physiotherapy Treatment/Assessment Date: (#PY30)
WCB Claim Injury Codes: *BP/Side: (#PY33), (#PY34) *NOI: (#PY37) *ICD9: (#PY39)	

Injury Status/Objective Findings

* Injury Status/Objective Findings 1 (#PY42)
Injury Status/Objective Findings 2 (#PY43)
Injury Status/Objective Findings 3 (#PY45)

Functional Abilities

*Functional ability type 1 (#PY48), (#PY73)
Functional ability type 2 (#PY50), (#PY74)
Functional ability type 3 (#PY52), (#PY75)
Pre-Existing Conditions (#PY54)
Other Conditions (#PY56)

Recommendations

*Recommendation (#PY59)	Number of Weeks of Extended Treatment (#PY61)
-------------------------	---

Physiotherapy Treatment Plan

Extension Start Date (#PY63)	Expected Number of Visits (#PY64)
------------------------------	-----------------------------------

Expected Outcomes

Treatment (#PY66), or (#PY76)	
RTW (#PY69)	Expected Date (#PY71)

Comments

(#PY72)

* Indicates a mandatory field

Table 5. Physiotherapy Report Data Elements

.Form Field Label	Claim/ Note Record #	MSP Record	MSP SEQ	DATA ELEMENT NAME	Mandatory	WCB specific
PY01	1 of 3	N01	P22	WCB-Report-Create-Date	Yes	Yes
PY02	1 of 3	N01	P22	WCB-Report-Type	Yes	Yes
PY05	1 of 3	C02	P08	PRACTITIONER-NUM	Yes	No
PY07	1 of 3	C02	P06	PAYEE-NUM	Yes	No
PY09	1 of 3	N01	P22	WCB-Clinic-Name	Yes	Yes
PY10	1 of 3	N01	P22	WCB-Clinic-Phone-Area-CD	Yes	Yes
PY11	1 of 3	N01	P22	WCB-Clinic-Phone-Number	Yes	Yes
PY12	1 of 3	N01	P22	WCB-Clinic-Fax-Area-CD		Yes
PY13	1 of 3	N01	P22	WCB-Clinic-Fax-Number		Yes
PY14	1 of 3	C02	P120	WCB-Claim-Number	Yes	Yes
PY15	1 of 3	C02	P110	OIN-SURNAME	Yes	No
PY16	1 of 3	C02	P106	OIN-FIRST-NAME	Yes	No
PY17	1 of 3	C02	P108	OIN-SECOND-NAME-INITIAL	Yes	No
PY18	1 of 3	C02	P112	OIN-SEX-CODE	Yes	No
PY19	1 of 3	C02	P104	OIN-BIRTHDATE	Yes	No
PY20	1 of 3	C02	P14	MSP-REGISTRATION	Yes	No
PY21	1 of 3	N01	P22	WCB-Workers-Occupation	Yes	Yes
PY22	1 of 3	N01	P22	WCB-Physicians-Surname	Yes	Yes
PY23	1 of 3	N01	P22	WCB-Physicians-First-name	Yes	No
PY24	1 of 3	N01	P22	WCB-Physicians-Initial		Yes
PY26	1 of 3	C02	P114	WCB-Date-of-Injury	Yes	Yes
PY27	1 of 3	N01	P22	WCB-Number-of-Visits	Yes	Yes
PY28	1 of 3	N01	P22	WCB-Initial-Service-Date	Yes	Yes
PY29	1 of 3	N01	P22	WCB-Surgery-Date		Yes
PY30	1 of 3	N01	P22	WCB-Trt-assessment-Date		Yes
PY33	1 of 3	C02	P116	WCB-Area-of-Injury	Yes	Yes
PY34	1 of 3	C02	P116	WC.B. Anatomical Position	Yes	Yes
PY37	1 of 3	C02	P118	WCB-Nature-of-Injury	Yes	Yes
PY39	1 of 3	C02	P36	DIAGNOSTIC-CODE-1	Yes	Yes
PY42	2 of 3	N01	P22	WCB-Inj-Status-Obj-Findings-1	Yes	Yes
PY43	2 of 3	N01	P22	WCB-Inj-Status-Obj-Findings-2		Yes
PY45	2 of 3	N01	P22	WCB-Inj-Status-Obj-Findings-3		Yes
PY48	2 of 3	N01	P22	WCB-Functional-Abilities-1-1	Yes if 'PY73' is blank	Yes
PY50	2 of 3	N01	P22	WCB-Functional-Abilities-2-1		Yes
PY52	2 of 3	N01	P22	WCB-Functional-Abilities-3-1		Yes
PY54	1 of 3	N01	P22	WCB-Pre-Existing-Conditions		Yes
PY56	1 of 3	N01	P22	WCB-Other-Conditions		Yes
PY59	1 of 3	N01	P22	WCB-Recommendations	Yes	Yes
PY61	1 of 3	N01	P22	WCB-Extended-Duration	Yes if PY59 = '13', '14', '15', '16' or '17'	Yes

Form Field Label	Claim/ Note Record #	MSP Record	MSP SEQ	DATA ELEMENT NAME	Mandatory	WCB specific
PY63	1 of 3	N01	P22	WCB-Extension-Start-DT	Yes if PY59 = '13', '14', '15', '16' or '17'	Yes
PY64	1 of 3	N01	P22	WCB-Expected-Num-Visits	Yes if 'PY63' not blank	Yes
PY66	3 of 3	N01	P22	WCB-Treatmnt-Outcome-Phrase1	Yes if PY59 = '13', '14', '15', '16' or '17' and PY76 is blank	Yes
PY69	1 of 3	N01	P22	WCB-RTW-Outcomes		Yes
PY71	1 of 3	N01	P22	WCB-Return-to-Work-Date		Yes
PY72	3 of 3	N01	P22	WCB-Comments-Text		Yes
PY73	2 of 3	N01	P22	WCB-Functional-Abilities-1-2	Yes if 'PY48' is blank	Yes
PY74	2 of 3	N01	P22	WCB-Functional-Abilities-2-2		Yes
PY75	2 of 3	N01	P22	WCB-Functional-Abilities-3-2		Yes
PY76	3 of 3	N01	P22	WCB-Treatmnt-Outcome-Phrase2	Yes if PY59 = '13', '14', '15', '16' or '17' and PY66 is blank	Yes
PY77	1 of 3	N01	P22	WCB-Vendor-Spec-Version	Yes	Yes

8.1 Physiotherapy 1200-byte E-form layout

8.1.1 Physiotherapy 1200-byte E-form layout Claim/Note Record # 1 of 3

NB: All of 'Data Elements Names' on the C02 record printed in bold type are used for linking this C02 record with the 2nd and 3rd C02 records which make up the e-form submission or as E-form data.

Physiotherapist's 1200-byte E-form layout - Claim/Note Record # 1 of 3 ⁴				
M.S.P. Basic Portion of C02 – part 1 of 2				
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	This field identifies specific type of Inbound records. - 'C02' for Claims
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau.
P04	DATA-CENTRE-SEQNUM	7	9(7)	A unique sequential number assigned to each record before transmission to the M.S.P. Host site by each Data Centre. – Each Data Centre originally starts at 0000001 and then increments by 1 all records until they reach 9999999 at which time you can start again at 1. (Any record that is not sequentially higher by 1 than the last record will cause a transmission failure.) This number is the prime system Record Key match between a Data Centre and M.S.P. Systems. - Data Centre and Sequence Number fields together make the unique key for MSP.
P06	PAYEE-NUM	5	X(5)	Identifies the Payee for this claim. <u>Form Field #PY07</u>
P08	PRACTITIONER-NUM	5	X(5)	Identifies the Practitioner who has provided the service to the patient. <u>Form Field #PY05</u>
P14	MSP-REGISTRATION :MSP PHN	10	9(10)	Key field to M.S.P. Subscriber Registration Database. (right justify) This PHN is for B.C. residents only. - PHN is 10 digits, always a '9' in the first position, (use MOD-11 Check Digit). Note: Override Rules when using Other Insurer Portion for these patients. - Always default to ZEROS for Other Insurers. - If patient is a non-resident from a province with Other Insurer agreement with M.S.P. then insert Zeros in this field; See Fields P100 –

⁴ All C02 and N01 record definitions were source from the Ministry of Health and Ministry Responsible for Seniors 'Medical Service Plan of British Columbia' 'Electronic Medical Claims System Year 2000 Inbound & Outbound Record Specification Version 3.0 June, 1998 Specification Document'.

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3⁴**

M.S.P. Basic Portion of C02 – **part 1 of 2**

P16	NAME-VERIFY	4	X(4)	<p>P122 at end of claim record. or</p> <ul style="list-style-type: none"> - If B.C. Pay Patient Opted out, or - If B.C. W.C.B. then the same rules apply as reciprocal claims. <p>2 Initials or initial and space, followed by the first 2 chars. Of patient's surname.</p> <ul style="list-style-type: none"> - ZEROS if Other Insurer Claim, see P14
P18	DEPENDENT-NUM	2	9(2)	<p>Valid value required, 00 or 66 for BC residents only.</p> <ul style="list-style-type: none"> - If PHN used in P14 field then Dep num is ZEROS except for non-registered newborns where the value '66'. - Use Mother's PHN for claims until newborn is issued their own PHN - - ZEROS if Other Insurer claim, see P14
P20	BILLED-SRV-UNITS	3	9(3)	<p>Must be numeric, equal to or greater than 001.</p>
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	<p>Fee Item Service Clarification Codes. Allows further identification to process or enhance Fee Item payment. As required various SCC codes will be assigned by M.S.P. to enhance claims processing:</p> <ul style="list-style-type: none"> - Default is ZEROS 3) Geographical Location codes examples <ul style="list-style-type: none"> '01' is location 1 '10' is location 10 '19' is location 19
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	<p>FUTURE USE: TO BE ANNOUNCED</p> <p>Allows further identification to process or enhance Fee Item payment.</p> <ul style="list-style-type: none"> - Default is ZEROS otherwise Left Justify code as shown with 'BLANK' fill as needed. 3) An example of Anatomical Area Codes <ul style="list-style-type: none"> 'L' Left 'R' Right 'B' Bilateral
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	<p>Extra to consultation or other visit or to procedure if no consultation or visit charged as per fee schedule. Codes are:</p> <ul style="list-style-type: none"> '0' (Zero) Default 'E' Evening (call place between 1800 hrs. and 2300 hrs. and service rendered between 1800 hrs. and 0800 hrs.) ...

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3⁴**

M.S.P. Basic Portion of C02 – **part 1 of 2**

P25	NEW PROGRAM INDICATOR	2	X(2)	<p>'W' Saturday, Sunday or Saturday Holiday...(call placed between 0800 hrs and 1800 hrs.)</p> <p>Note: Claim must state time called and time service rendered. M.S.P. can issue new codes at any time.</p> <p>M.S.P. may issue new codes at any time. This field identifies new services such as Hep C.</p> <p>i.e. 01 = Hepatitis C 02 = Screen Mammography</p>
P26	BILLED-FEE-ITEM	5	X(5)	<p>Codes are: '00' (Zeros) Default</p> <p>Valid M.S.P. Fee for Service item, '19167' WCB physio. Requested written report</p> <p>'19173' WCB physio home visit, treatment/assessment plan</p> <p>'19174' WCB physio – treatment/assessment plan</p> <p>'19175' WCB physio CNS Disorder, treatment/assessment plan</p> <p>'19176' Physiotherapy Plan/Report 'no charge' fee item (for re-submission purposes)</p> <p>Note: M.S.P. may issue alpha/numeric fee item codes in future.</p>
P27	BILLED-AMOUNT	7	9(5)V99	<p>Valid Fee for Service item Value. From the M.S.P. Fee Schedule</p> <ul style="list-style-type: none"> - a numeric field
P28	PAYMENT MODE	1	X(1)	<p>M.S.P. Alternative Payment Options</p> <ul style="list-style-type: none"> - '0' Default is Zero for regular M.S.P. Claims FFS Submission. <hr/> <p>WARNING! USE ('E' VALUE) ONLY WHEN THE PAYEE IS REGISTERED WITH M.S.P. ALTERNATIVE PAYMENT SECTION FOR BILLING ENCOUNTER.</p> <hr/> <ul style="list-style-type: none"> - 'E' Payee submits medical service for recording by M.S.P. with valid Fee Item code but a ZERO Billed Amount. M.S.P. will process and return a Payment amount of ZERO. All other normal edits apply.
P30	SERVICE-DATE	8	9(8)	<p>Date service was performed. Valid date less than or equal to submission date (CCYYMMDD).</p>
P32	SERVICE-TO-DAY	2	9(2)	<p>To identify the last day of Hospital service in a month.</p> <ul style="list-style-type: none"> - Default is ZEROS.

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3⁴**

M.S.P. Basic Portion of C02 – **part 1 of 2**

P34	SUBMISSION-CODE	1	X(1)	<p>This code identifies type of submission for M.S.P. Claims Processing purposes.</p> <ul style="list-style-type: none"> - 'W' Claim not accepted by Workers' Compensation Board - 'W' Claim determined to be W.C.B.'s You must submit as Insurer 'WC', see P100
P35	EXTENDED SUBMISSION CODE	1	X(1)	<p>FUTURE USE, to be announced i.e.: A=Aged, D=Duplicates</p> <ul style="list-style-type: none"> - Default is blanks.
P36	DIAGNOSTIC-CODE-1	5	X(5)	<p>Mandatory field, CURRENT USE is ICD9 Codes.</p> <ul style="list-style-type: none"> - ICD9 left justify code and BLANK fill remaining spaces. DO NOT OMIT leading zeros. i.e.: 010 is '010 ' - M.S.P. minimal ICD9 submission code requirement is for the 1st 3 ICD9 characters followed by 2 blanks or a 4 character ICD9 followed by 1 blank or full 5 character ICD9 code. <p>Note: Only numerics / A-Z characters per ICD9 Book or M.S.P. special characters like '.' '/' '-' are valid. (i.e. V104.4 is V104, 102.51 is 10251, 0100 is '0100 ')</p> <p>Note: ICD10 Codes are planned to be introduced in the future and will be announced at that time. ICD10 code will be Alpha/Numeric and its length is five characters.</p> <p><u>Form Field #PY39</u></p>
P37	DIAGNOSTIC-CODE-2	5	X(5)	<p>FUTURE USE, to be announced, if more than one diagnostics apply to this service, fill in the second diagnostic code</p> <ul style="list-style-type: none"> - Default is blanks
P38	DIAGNOSTIC-CODE-3	5	X(5)	<p>FUTURE USE, to be announced, if more than two diagnostics apply to this service, fill in the third diagnostic code</p> <ul style="list-style-type: none"> - Default is blanks
P39	DIAGNOSTIC EXPANSION	15	X(15)	<p>FUTURE USE</p> <ul style="list-style-type: none"> - Default is blanks
P40	SERVICE-LOCATION-CD	1	X(1)	<p>To identify location of service this is a mandatory field. Current codes are: 'R' – Patient's residence 'O' – Physician's office 'C' – Continuing Care Facility</p>

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3⁴**

M.S.P. Basic Portion of C02 – **part 1 of 2**

				<p>'H' – Hospital 'I' – Hospital Inpatient 'E' – Hospital Emergency Depart. Or Diagnostic & Treatment Centre 'P' – Outpatient 'D' – Diagnostic Facility 'S' – Future Use 'Z' – None of the above e.g. Accident site or in an ambulance M.S.P. can allocate more codes in the future as needed.</p>
P41	REF-PRACT-1-CD	1	X(1)	<p>Indicator that patient was referred BY or TO. Another practitioner identified by P42. - Code is a 'B' or 'T'. - Default is zero.</p>
P42	REF-PRACT-1	5	X(5)	<p>Zeros or valid practitioner's number. First practitioner that is referred BY or To. Relates to P41.</p>
P44	REF-PRACT-2-CD	1	X(1)	<p>Indicator that patient was referred BY or TO. Another practitioner identified by P46 (Second referral). - Code is a 'B' or 'T'. - Default is zero.</p>
P46	REF-PRACT-2	5	X(5)	<p>Zeros or valid practitioner's number. Second practitioner that is referred BY or To. Relates to P44.</p>
P47	TIME-CALL-RECVD-SRV	4	9(4)	<p>FUTURE USE: Time a Call was received by service provider. (HHMM 24 hour clock). - Default is Zeros</p>
P48	SERVICE-TIME-START	4	9(4)	<p>Req'd for emergency visits/called start time/or anesthesia start time. M.S.P. can require as policy demands. (HHMM 24 hour clock). Note: Provision of different times for identical claims can prevent refusal of these claims. - Default is Zeros</p>
P50	SERVICE-TIME-FINISH	4	9(4)	<p>Rendered/Finish Service time. (HHMM 24 hour clock). - Default is Zeros</p>
P52	BIRTH-DATE	8	9(8)	<p>Birth Date of unregistered NEWBORNS is mandatory (CCYYMMDD), optional</p>

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3⁴**

M.S.P. Basic Portion of C02 – **part 1 of 2**

P54	OFFICE-FOLIO-NUMBER	7	9(7)	<p>for other patients</p> <ul style="list-style-type: none"> - Default is Zeros <p>Office Claim(Folio) number from Data Centre</p> <ul style="list-style-type: none"> - Mandatory field - Must be unique for each form submission <p>All three claim records which make up the form transmission must have the same 'Office Folio Number'</p>
P56	CORRESPONDENCE-CODE	1	X(1)	<p>Indicates correspondence supports this claim.</p> <ul style="list-style-type: none"> - 'C' = paper correspondence following - - 'N' = Note Record following this claim record (Ref. Record type N01.) - 'B' = both - Default is Zero. <p>This code does not relate to P58.</p>
P58	CLAIM-SHORT-COMMENT	20	X(20)	<p>For short explanatory comment. I.e. Alternate to use of the Note (Record type N01) submission method, which allows up to 400 characters to support narrative communication to M.S.P. Do not use both fields</p> <ul style="list-style-type: none"> - Default is blanks. <p>Warning! > Do not use this field unless you want M.S.P. staff to manually review your claim. Can delay payment.</p>
P60	MVA-CLAIM-CODE	1	X(1)	<p>Required to indicate if treatment was for an injury as a result of a motor vehicle accident.</p> <ul style="list-style-type: none"> - a 'Y' is MVA - default is 'N' for not MVA
P62	ICBC-CLAIM-NUM	8	X(8)	<p>Required for all ICBC M.S.P. claims See Mod 7 check digit section</p> <ul style="list-style-type: none"> - Default is Zeros.
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	<p>Used when this claim relates to a previously submitted claim for info or M.S.P.'s DEBIT REQUEST RECORD system computer search of a previous submission to Debit. This is a group data element and must contain the following three data elements.</p> <ul style="list-style-type: none"> - DEFAULT is Zeros for non-use. ➤ 1st is the DATA-CENTRE-NUM i.e. record to Debited (e.g. T1234) ➤ 2nd is the DATA-CENTRE-

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3⁴**

M.S.P. Basic Portion of C02 – **part 1 of 2**

P70	FACILITY-NUM	5	X(5)
P72	FACILITY-SUB-NUM	5	X(5)
P80	FILLER-CLAIM-C02-RCD	58	X(58)

SEQNUM

i.e. record to be Debited (e.g. 1234567)
 ➤ 3rd is the DATE-RECEIVED-MSP
 i.e. record to be Debited (e.g. 19970628)
 (CCYYMMDD) date sent to M.S.P. or
 Zeros or an approximate date.

Main Facility Number, assigned by
 M.S.P.

- Default is Zeros.

Sub Facility Number, assigned by M.S.P.

- Default is Zeros.

Future use.

- Default is BLANKS

This is the last field of the regular claim
 data, part 1 of 2

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3**
M.S.P. Basic Portion of C02 – **part 2 of 2**

P100	OIN-INSURER-CODE	2	X(2)	<p>The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C. The Province/Location of Health Provider of Patient</p> <p>- 'WC' = B.C. Workers' Compensation Board</p>
P102	OIN-REGISTRATION-NUM	12	X(12)	<p>Registration number of patients.</p> <p>- Must be Right Justified as each insurer has various lengths and Left Zero filled. E.g. 000012345678</p> <p>Warning!! PROVINCIAL INSURER CODES Some provinces supply a Department Number with their Registration number Code Dependant number to the right of the Registration number. I.e. pos. 11 – 12 BC PAY PATIENT & WCB CLAIMS must use the BC CareCard PHN number, has a '9nnnnnnnnn' in position 1 – 10. ➤ Use zeros in position 11 – 12 or '66' when Mothers PHN is used for a newborn in Pay Patient claims. <u>Form Field #PY20</u></p>
P104	OIN-BIRTHDATE	8	9(8)	<p>Birth date of Patient receiving service CCYYMMDD, a mandatory numeric field</p> <p>Note: DD can be zeros if not known <u>Form Field #PY19</u></p>
P106	OIN-FIRST-NAME	12	X(12)	<p>Full Patient First name <u>Form Field #PY16</u></p>
P108	OIN-SECOND-NAME-INITIAL	1	X(1)	<p>Second name, initial only or blank <u>Form Field #PY17</u></p>
P110	OIN-SURNAME	18	X(18)	<p>Full patient surname <u>Form Field #PY15</u></p>
P112	OIN-SEX-CODE	1	X(1)	<p>'M' or 'F' <u>Form Field #PY18</u></p>
P114	OIN-ADDRESS-1 WCB-Date-of-Injury	8	X(8)	<p>Redefined for WCB specific data. 1) 'W.C.B. specific' Claims date of Injury. Field format is CCYYMMDD. <u>Form Field #PY26</u></p>
	Filler	17	X(17)	<p>Future use.</p>
P116	OIN-ADDRESS-2			<p>Redefined for WCB specific data.</p>

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3**
M.S.P. Basic Portion of C02 – **part 2 of 2**

	WCB-Area-of-Injury	5	X(5)	1) 'W.C.B. specific' WCB provides table values Area of Injury code is 'XXXXXX' See Appendix A "Injury Codes" (80/80 List) <u>Form Field #PY33</u>
	W.C.B. Anatomical Position	2	X(2)	2) 'W.C.B. specific' WCB Anatomical Position Code 'XX' followed by Blanks. See Appendix A "Injury Codes" (80/80 List) <u>Form Field #PY34</u>
	Filler	18	X(18)	Future use
P118	OIN-ADDRESS-3 WCB-Nature-of-Injury	5	X(5)	Redefined for WCB specific data. 1) WCB provides table values Nature of Injury code is 'XXXXXX' See Appendix A "Injury Codes" (80/80 List) <u>Form Field #PY37</u>
	Filler	20	X(20)	Future Use.
P120	OIN-ADDRESS-4 WCB-Claim-Number	8	X(8)	Redefined for WCB specific data. 1) WCB Claim Number normally NNNNNNNN, no check digit provide as known, W.C.B. edits <u>Form Field #PY14</u>
	Filler	17	X(17)	Future use.
P122	OIN-POSTAL-CODE	6	X(6)	Future use. - Blank fill

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3**
M.S.P. Basic Portion of **N01 – part 1 of 1**

P01	NOTE-BASIC-IN	25	X(25)	The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08). First - REC-CODE-IN (3) must be 'N01' Second - DATA-CENTRE-NUM (5) Third - DATA-CENTRE-SEQNUM (7) Fourth - PAYEE-NUM (5) Fifth - PRACTITIONER-NUM (5)
P20	NOTE-DATA-TYPE	1	X(1)	Classification of note types. - 'W' = W.C.B Electronic Form Further note codes to be assigned as required.
P22	NOTE-DATE-LINE WCB-Vendor-Spec-Version	4	X(4)	Redefined for WCB specific data. 1) 'W.C.B. specific' Mandatory field. Value -'00P1' <u>Form Field #PY77</u>
	WCB-Report-Create-Date	8	X(8)	2) 'W.C.B. specific' Date Report created. Field format is CCYYMMDD. <u>Form Field #PY01</u>
	WCB-Clinic-Name	30	X(30)	3) 'W.C.B. specific' Name of clinic where treatments have occurred. <u>Form Field #PY09</u>
	WCB-Clinic-Phone-Area-CD	3	X(3)	4) 'W.C.B. specific' Area code for Clinic telephone number. <u>Form Field #PY10</u>
	WCB-Clinic-Phone-Number	7	X(7)	5) 'W.C.B. specific' Clinic telephone number <u>Form Field #PY11</u>
	WCB-Clinic-Fax-Area-CD	3	X(3)	6) 'W.C.B. specific' Area code for Clinic fax number <u>Form Field #PY12</u>
	WCB-Clinic-Fax-Number	7	X(7)	7) 'W.C.B. specific' Clinic telephone number <u>Form Field #PY13</u>
	WCB-Workers-Occupation	30	X(30)	8) 'W.C.B. specific' Workers' Occupation <u>Form Field # PY21</u>
	WCB-Physicians-Surname	30	X(30)	9) 'W.C.B. specific' Surname of Physician who is connected/involved with this treatment. <u>Form Field # PY22</u>

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3**
M.S.P. Basic Portion of **N01 – part 1 of 1**

WCB-Physicians-First-name	30	X(30)	10) 'W.C.B. specific' First name of Physician who is connected/involved with this treatment. <u>Form Field # PY23</u>
WCB-Physicians-Initial	1	X(1)	11) 'W.C.B. specific' Middle Initial of Physician who is connected/involved with this treatment. <u>Form Field # PY24</u>
WCB-Number-of-Visits	2	X(2)	12) 'W.C.B. specific' Number of physio Treatment to date. <u>Form Field # PY27</u>
WCB-Initial-Service-Date	8	X(8)	13) 'W.C.B. specific' Date of Initial Visit. Field format is CCYYMMDD. <u>Form Field #PY28</u>
WCB-Surgery-Date	8	X(8)	14) 'W.C.B. specific' Date of Surgery Field format is CCYYMMDD. <u>Form Field #PY29</u>
WCB-Trt-assessment-Date	8	X(8)	15) 'W.C.B. specific' Date of Treatment Assessment Date. Field format is CCYYMMDD. <u>Form Field #PY30</u>
WCB-Pre-Existing-Conditions	5	X(5)	16) 'W.C.B. specific' Pre-existing conditions ICD9 code.(see Field P36 DIAGNOSTIC-CODE-1 for ICD9 formatting. <u>Form Field #PY54</u>
WCB-Other-Conditions	1	X(1)	17) 'W.C.B. specific' Other behavioral conditions which are affecting therapy. (see WCB supplied table: 'Behavioral Category List in Appendix B for acceptable values) . <u>Form Field #PY56</u>
WCB-Recommendations	2	X(2)	18) 'W.C.B. specific' Recommendations for therapy. (see WCB supplied table: 'Physiotherapy recommendations List in Appendix B for acceptable values) . <u>Form Field #PY59</u>
WCB-Extended-Duration	2	9(2)	19) 'W.C.B. specific' Number of weeks of extended physio requested. <u>Form Field # PY61</u>
WCB-Extension-Start-DT	8	X(8)	20) 'W.C.B. specific' Extension start date. Field format is CCYYMMDD. <u>Form Field #PY63</u>
WCB-Expected-Num-Visits	2	9(2)	21) 'W.C.B. specific' Number of visits to place during the extension period. <u>Form Field # PY64</u>

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 1 of 3**
M.S.P. Basic Portion of **N01** – **part 1 of 1**

	WCB-RTW-Outcomes	2	X(2)
	WCB-Return-to-Work-Date	8	X(8)
	WCB-Report-Type	1	X(1)
	Filler	190	X(190)

22) 'W.C.B. specific' Return to work expected outcomes.
(see WCB supplied table: 'Return to Outcome List in Appendix B for acceptable values) .

Form Field #PY69

23) 'W.C.B. specific' Date Return to work outcomes will be met. Field format is CCYYMMDD.

Form Field #PY71

24) W.C.B. specific'

Valid values:

- 'P' for Physiotherapy Plan/Report
- 'H' for Physiotherapy Plan/Report for Home Visit
- 'C' for Physiotherapy Plan/Report for CNS Disorder
- 'R' for – Requested Report.

Form Field #PY02

Future use.

N01	Element Count:	3
	And Record Size Total:	426

8.1.2 Physiotherapy 1200-byte E-form layout Claim/Note Record # 2 of 3

NB: All of 'Data Elements Names' on the C02 record printed in bold type are used for linking this C02 record with the 1st and 3rd C02 records which make up the e-form submission.

Physiotherapist's 1200-byte E-form layout - Claim/Note Record # 2 of 3 M.S.P. Basic Portion of C02 – part 1 of 2				
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	Same as Claim Record #1 of 3
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau. Value is assigned by M.S.P.
P04	DATA-CENTRE-SEQNUM	7	9(7)	Same as Claim Record #1 of 3
P06	PAYEE-NUM	5	X(5)	Same as Claim Record #1 of 3
P08	PRACTITIONER-NUM	5	X(5)	Same as Claim Record #1 of 3
P14	MSP-REGISTRATION :MSP PHN	10	9(10)	Same as Claim Record #1 of 3
P16	NAME-VERIFY	4	X(4)	Same as Claim Record #1 of 3
P18	DEPENDENT-NUM	2	9(2)	Same as Claim Record #1 of 3
P20	BILLED-SRV-UNITS	3	9(3)	Same as Claim Record #1 of 3
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Same as Claim Record #1 of 3
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	Same as Claim Record #1 of 3
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Same as Claim Record #1 of 3
P25	NEW PROGRAM INDICATOR	2	X(2)	Same as Claim Record #1 of 3
P26	BILLED-FEE-ITEM	5	X(5)	Valid M.S.P. Fee for Service item, '19337' Zero dollar fee item (used to transmit the 2 nd E-form invoice from the group of three) Note: M.S.P. may issue alpha/numeric fee item codes in future.
P27	BILLED-AMOUNT	7	9(5)V99	Set = \$0.
P28	PAYMENT MODE	1	X(1)	Same as Claim Record #1 of 3
P30	SERVICE-DATE	8	9(8)	Date service was performed. Valid date less than or equal to submission date (CCYYMMDD).
P32	SERVICE-TO-DAY	2	9(2)	Same as Claim Record #1 of 3
P34	SUBMISSION-CODE	1	X(1)	Same as Claim Record #1 of 3
P35	EXTENDED SUBMISSION CODE	1	X(1)	Same as Claim Record #1 of 3
P36	DIAGNOSTIC-CODE-1	5	X(5)	Same as Claim Record #1 of 3
P37	DIAGNOSTIC-CODE-2	5	X(5)	Same as Claim Record #1 of 3
P38	DIAGNOSTIC-CODE-3	5	X(5)	Same as Claim Record #1 of 3
P39	DIAGNOSTIC EXPANSION	15	X(15)	Same as Claim Record #1 of 3
P40	SERVICE-LOCATION-CD	1	X(1)	Same as Claim Record #1 of 3
P41	REF-PRACT-1-CD	1	X(1)	Same as Claim Record #1 of 3
P42	REF-PRACT-1	5	X(5)	Same as Claim Record #1 of 3

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 2 of 3**
M.S.P. Basic Portion of **C02 – part 1 of 2**

P44	REF-PRACT-2-CD	1	X(1)	Same as Claim Record #1 of 3
P46	REF-PRACT-2	5	X(5)	Same as Claim Record #1 of 3
P47	TIME-CALL-RECVD-SRV	4	9(4)	Same as Claim Record #1 of 3
P48	SERVICE-TIME-START	4	9(4)	Same as Claim Record #1 of 3
P50	SERVICE-TIME-FINISH	4	9(4)	Same as Claim Record #1 of 3
P52	BIRTH-DATE	8	9(8)	Same as Claim Record #1 of 3
P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim(Folio) number from Data Centre <ul style="list-style-type: none"> - Mandatory field - Must be unique for each form submission - All three claim records which make up the form transmission must have the same 'Office Folio Number'
P56	CORRESPONDENCE-CODE	1	X(1)	Same as Claim Record #1 of 3
P58	CLAIM-SHORT-COMMENT	20	X(20)	Same as Claim Record #1 of 3
P60	MVA-CLAIM-CODE	1	X(1)	Same as Claim Record #1 of 3
P62	ICBC-CLAIM-NUM	8	X(8)	Same as Claim Record #1 of 3
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	Same as Claim Record #1 of 3
P70	FACILITY-NUM	5	X(5)	Same as Claim Record #1 of 3
P72	FACILITY-SUB-NUM	5	X(5)	Same as Claim Record #1 of 3
P80	FILLER-CLAIM-C02-RCD	58	X(58)	Same as Claim Record #1 of 3

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 2 of 3**
M.S.P. Basic Portion of C02 – **part 2 of 2**

P100	OIN-INSURER-CODE	2	X(2)	The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C. The Province/Location of Health Provider of Patient - 'WC' = B.C. Workers' Compensation Board
P102	OIN-REGISTRATION-NUM	12	X(12)	Same as Claim Record #1 of 3
P104	OIN-BIRTHDATE	8	9(8)	Same as Claim Record #1 of 3
P106	OIN-FIRST-NAME	12	X(12)	Same as Claim Record #1 of 3
P108	OIN-SECOND-NAME-INITIAL	1	X(1)	Same as Claim Record #1 of 3
P110	OIN-SURNAME	18	X(18)	Same as Claim Record #1 of 3
P112	OIN-SEX-CODE	1	X(1)	Same as Claim Record #1 of 3
P114	OIN-ADDRESS-1			Redefined for WCB specific data.
	WCB-Date-of-Injury	8	X(8)	W.C.B. specific' Claims date of Injury. Field format is CCYYMMDD.
	Filler	17	X(17)	Future use.
P116	OIN-ADDRESS-2			Redefined for WCB specific data.
	WCB-Area-of-Injury	5	X(5)	Same as Claim Record #1 of 3
	WC.B. Anatomical Position	2	X(2)	Same as Claim Record #1 of 3
	Filler	18	X(18)	Future use
P118	OIN-ADDRESS-3			Redefined for WCB specific data.
	WCB-Nature-of-Injury	5	X(5)	Same as Claim Record #1 of 3
	Filler	20	X(20)	Future Use.
P120	OIN-ADDRESS-4			Redefined for WCB specific data.
	WCB-Claim-Number	8	X(8)	Same as Claim Record #1 of 3
	Filler	17	X(17)	Future use.
P122	OIN-POSTAL-CODE	6	X(6)	Future use. - Blank fill

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 2 of 3**
M.S.P. Basic Portion of **N01 – part 1 of 1**

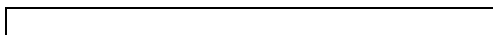
P01	NOTE-BASIC-IN	25	X(25)	The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08). First - REC-CODE-IN (3) must be 'N01' Second - DATA-CENTRE-NUM (5) Third - DATA-CENTRE-SEQNUM (7) Fourth - PAYEE-NUM (5) Fifth - PRACTITIONER-NUM (5)
P20	NOTE-DATA-TYPE	1	X(1)	Classification of note types. - 'W' = W.C.B Electronic Form Further note codes to be assigned as required.
P22	NOTE-DATE-LINE WCB-Inj-Status-Obj-Findings-1 Redefined as listed below:	50	X(50)	Redefined for WCB specific data. 'W.C.B. specific' Injury status and Objective findings phrase #1.. <u>Form Field #PY42</u>
	WCB-problem-cd-1st	2	X(2)	Problem code select from values obtained from WCB supplied table 'Problem List' in Appendix B.
	WCB-side-body-1st	2	X(2)	Side of body code, select from values obtained from WCB supplied table 'Side of Body List' in Appendix B.
	WCB-body-part-1st	5	X(5)	Body Part code, select from values obtained from WCB supplied table 'Body Part List' in Appendix B.
	WCB-Anatomic-direct-1st	2	X(2)	Anatomic direction, select from values obtained from WCB supplied 'Anatomic direction List' in Appendix B.
	WCB-Change-direct-1st	2	X(2)	Change in Direction, select from values obtained from WCB supplied 'Change direction List' in Appendix B.
	WCB-Initial-Msr-value	3	X(3)	Initial measure value.
	WCB-Measure-unit-1-1st	2	X(2)	Measure units, select from values obtained from WCB supplied table 'Measure units' in Appendix B.
	WCB-Current-Msr-value	3	X(3)	Current measure value.
	WCB-Measure-unit-2-1st	2	X(2)	Measure units, select from values obtained from WCB supplied table 'Measure Unit List' in Appendix B.
WCB-Measure-list-1st	2	X(2)	Type of measure, select from values obtained from WCB supplied table 'Measures Type List' in Appendix B.	
WCB-Normal-list-1st	2	X(2)	Type of normal measure, select from	

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 2 of 3**
M.S.P. Basic Portion of **N01 – part 1 of 1**

				values obtained from WCB supplied table 'Normal Measure List' in Appendix B.
WCB-Normal-value	3	X(3)		Normal value measure
WCB-Measure-unit-3-1st	2	X(2)		Measure units, select from values obtained from WCB supplied table 'Measure Unit List' in Appendix B.
WCB-Date-of-measure	8	X(8)		Date of Initial Measure. Field format is CCYYMMDD.
Filler	10	X(10)		Future use.
WCB-Inj-Status-Obj-Findings-2 <i>Redefined as described for WCB-Inj-Status-Obj-Findings-1</i>	50	X(50)		'W.C.B. specific' Injury status and Objective findings phrase #2. <u>Form Field #PY43</u>
WCB-Inj-Status-Obj-Findings-3 <i>Redefined as described for WCB-Inj-Status-Obj-Findings-1</i>	50	X(50)		'W.C.B. specific' Injury status and Objective findings phrase #3. <u>Form Field #PY45</u>
WCB-Functional-Abilities-1-1 Redefined as listed below:	40	X(40)		'W.C.B. specific' Functional Abilities phrase #1 sentence #1 <u>Form Field #PY48</u>
WCB-F1-Capacity-1st	2	X(2)		'W.C.B. specific' Capacity Code. (see WCB supplied table: 'Capacity List' in Appendix B for acceptable values).
WCB-F1-Range-type-1st	2	X(2)		'W.C.B. specific' Range Type Code. (see WCB supplied table: 'Range List' in Appendix B for acceptable values).
WCB-F1-Intensity-value	3	X(3)		'W.C.B. specific' Intensity value.
WCB-F1-Intensity-unit-1st	2	X(2)		'W.C.B. specific' Intensity Unit Type Code. (see WCB supplied table: 'Intensity Unit of Measure List' in Appendix B for acceptable values).
WCB-F1-Freq-Value	3	X(3)		'W.C.B. specific' Frequency value.
WCB-F1-Distance-Value	3	X(3)		'W.C.B. specific' Distance value.
WCB-F1-Distance-Unit-1st	1	X(1)		'W.C.B. specific' Distance Unit Code. (see WCB supplied table: 'Distance Units of Measure List' in Appendix B for acceptable values).
WCB-F1-Hold-Time-value	4	X(4)		'W.C.B. specific' Hold time
WCB-F1-Direction-1st	1	X(1)		'W.C.B. specific' Direction Code. (see WCB supplied table: 'Directions List' in Appendix B for acceptable values).
WCB-F1-Duration-Value	4	X(4)		'W.C.B. specific' Duration of sustained repetitions in hours and minutes.
Filler	15	X(15)		Future use.
WCB-Functional-Abilities-1-2	40	X(40)		'W.C.B. specific' Functional Abilities

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 2 of 3**
M.S.P. Basic Portion of **N01** – **part 1 of 1**

	<i>Redefined as described below</i>			phrase #1 sentence #2 <u>Form Field #PY73</u>
	WCB-F2-Capacity-1st	2	X(2)	'W.C.B. specific' Capacity Code. (see WCB supplied table: 'Capacity List' in Appendix B for acceptable values).
	WCB-F2-Range-type-1st	2	X(2)	'W.C.B. specific' Range Type Code. (see WCB supplied table: 'Range List' in Appendix B for acceptable values)
	WCB-F2-Intensity-value	3	X(3)	'W.C.B. specific' Intensity value.
	WCB-F2-Intensity-unit-1st	2	X(2)	'W.C.B. specific' Intensity Unit Type Code. (see WCB supplied table: 'Intensity Unit of Measure List' in Appendix B for acceptable values) .
	WCB-F2-Freq-Value	3	X(3)	'W.C.B. specific' Frequency value
	WCB-F2-Distance-Value	3	X(3)	'W.C.B. specific' Distance value.
	WCB-F2-Distance-Unit-1st	1	X(1)	'W.C.B. specific' Distance Unit Code. (see WCB supplied table: 'Distance Unit of Measure List' in Appendix B for acceptable values) .
	WCB-F2-Hold-Time-value	4	X(4)	'W.C.B. specific' Hold time
	WCB-F2-Direction-1st	1	X(1)	'W.C.B. specific' Direction Code. (see WCB supplied table: 'Directions List' in Appendix B for acceptable values) .
	WCB-F2-Duration-Value	4	X(4)	'W.C.B. specific' Duration of sustained repetitions in hours and minutes.
	Filler	15	X(15)	
	WCB-Functional-Abilities-2-1 <i>Redefined as described for WCB-Functional-Abilities-1-1</i>	40	X(40)	'W.C.B. specific' Functional Abilities phrase #2 sentence #1 <u>Form Field #PY50</u>
	WCB-Functional-Abilities-2-2 <i>Redefined as described for WCB-Functional-Abilities-1-2</i>	40	X(40)	'W.C.B. specific' Functional Abilities phrase #2 sentence #2 <u>Form Field #PY74</u>
	WCB-Functional-Abilities-3-1 <i>Redefined as described for WCB-Functional-Abilities-1-1</i>	40	X(40)	'W.C.B. specific' Functional Abilities phrase #3 sentence #1 <u>Form Field #PY52</u>
	WCB-Functional-Abilities-3-2 <i>Redefined as described for WCB-Functional-Abilities-1-2</i>	40	X(40)	'W.C.B. specific' Functional Abilities phrase #3 sentence #2 <u>Form Field #PY75</u>
	Filler *** Warning! *** Ensure that the claim field called 'CORRESPONDENCE-CODE' (P56) is marked with an 'N' or 'B'	10	X(10)	Future use.



N01	Element Count:	3
	And Record Size Total:	426

8.1.3 Physiotherapy 1200-byte E-form layout Claim/Note Record # 3 of 3

NB: All of 'Data Elements Names' on the C02 record printed in bold type are used for linking this C02 record with the 1st and 2nd C02 records which make up the e-form submission.

Physiotherapist's 1200-byte E-form layout - Claim/Note Record # 3 of 3				
M.S.P. Basic Portion of C02 – part 1 of 2				
SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-IN	3	X(3)	Same as Claim Record #1 of 3
P02	DATA-CENTRE-NUM	5	X(5)	Unique Identifier of submitting location (an authorized Data Centre) for Security and Control. This could be a practitioner's office or a service bureau. Value is assigned by M.S.P.
P04	DATA-CENTRE-SEQNUM	7	9(7)	Same as Claim Record #1 of 3
P06	PAYEE-NUM	5	X(5)	Same as Claim Record #1 of 3
P08	PRACTITIONER-NUM	5	X(5)	Same as Claim Record #1 of 3
P14	MSP-REGISTRATION	10	9(10)	Same as Claim Record #1 of 3
	:MSP PHN			
P16	NAME-VERIFY	4	X(4)	Same as Claim Record #1 of 3
P18	DEPENDENT-NUM	2	9(2)	Same as Claim Record #1 of 3
P20	BILLED-SRV-UNITS	3	9(3)	Same as Claim Record #1 of 3
P22	SERVICE CLARIFICATION CODE (SCC)	2	X(2)	Same as Claim Record #1 of 3
P23	MSP SERVICE ANATOMICAL AREA	2	X(2)	Same as Claim Record #1 of 3
P24	AFTER HOURS SERVICE INDICATOR	1	X(1)	Same as Claim Record #1 of 3
P25	NEW PROGRAM INDICATOR	2	X(2)	Same as Claim Record #1 of 3
P26	BILLED-FEE-ITEM	5	X(5)	Valid M.S.P. Fee for Service item, '19338' Zero dollar fee item (used to transmit the 3rd E-form invoice from the group of three) Note: M.S.P. may issue alpha/numeric fee item codes in future.
P27	BILLED-AMOUNT	7	9(5)V99	Set = \$0.
P28	PAYMENT MODE	1	X(1)	Same as Claim Record #1 of 3
P30	SERVICE-DATE	8	9(8)	Date service was performed. Valid date less than or equal to submission date (CCYYMMDD).
P32	SERVICE-TO-DAY	2	9(2)	Same as Claim Record #1 of 3
P34	SUBMISSION-CODE	1	X(1)	Same as Claim Record #1 of 3
P35	EXTENDED SUBMISSION CODE	1	X(1)	Same as Claim Record #1 of 3
P36	DIAGNOSTIC-CODE-1	5	X(5)	Same as Claim Record #1 of 3
P37	DIAGNOSTIC-CODE-2	5	X(5)	Same as Claim Record #1 of 3
P38	DIAGNOSTIC-CODE-3	5	X(5)	Same as Claim Record #1 of 3
P39	DIAGNOSTIC EXPANSION	15	X(15)	Same as Claim Record #1 of 3
P40	SERVICE-LOCATION-CD	1	X(1)	Same as Claim Record #1 of 3
P41	REF-PRACT-1-CD	1	X(1)	Same as Claim Record #1 of 3
P42	REF-PRACT-1	5	X(5)	Same as Claim Record #1 of 3
P44	REF-PRACT-2-CD	1	X(1)	Same as Claim Record #1 of 3

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 3 of 3**
M.S.P. Basic Portion of **C02 – part 1 of 2**

P46	REF-PRACT-2	5	X(5)	Same as Claim Record #1 of 3
P47	TIME-CALL-RECVD-SRV	4	9(4)	Same as Claim Record #1 of 3
P48	SERVICE-TIME-START	4	9(4)	Same as Claim Record #1 of 3
P50	SERVICE-TIME-FINISH	4	9(4)	Same as Claim Record #1 of 3
P52	BIRTH-DATE	8	9(8)	Same as Claim Record #1 of 3
P54	OFFICE-FOLIO-NUMBER	7	9(7)	Office Claim(Folio) number from Data Centre <ul style="list-style-type: none"> - Mandatory field - Must be unique for each form submission - All three claim records which make up the form transmission must have the same 'Office Folio Number'
P56	CORRESPONDENCE-CODE	1	X(1)	Same as Claim Record #1 of 3
P58	CLAIM-SHORT-COMMENT	20	X(20)	Same as Claim Record #1 of 3
P60	MVA-CLAIM-CODE	1	X(1)	Same as Claim Record #1 of 3
P62	ICBC-CLAIM-NUM	8	X(8)	Same as Claim Record #1 of 3
P64	ORIGINAL-MSP-FILE-NUM (DCN/DCS/DRM)	20	X(20)	Same as Claim Record #1 of 3
P70	FACILITY-NUM	5	X(5)	Same as Claim Record #1 of 3
P72	FACILITY-SUB-NUM	5	X(5)	Same as Claim Record #1 of 3
P80	FILLER-CLAIM-C02-RCD	58	X(58)	Same as Claim Record #1 of 3

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 3 of 3**
M.S.P. Basic Portion of C02 – **part 2 of 2**

P100	OIN-INSURER-CODE	2	X(2)	The Insurer with which a patient has medical coverage while receiving service from a B.C. practitioner in B.C. The Province/Location of Health Provider of Patient - 'WC' = B.C. Workers' Compensation Board
P102	OIN-REGISTRATION-NUM	12	X(12)	Same as Claim Record #1 of 3
P104	OIN-BIRTHDATE	8	9(8)	Same as Claim Record #1 of 3
P106	OIN-FIRST-NAME	12	X(12)	Same as Claim Record #1 of 3
P108	OIN-SECOND-NAME-INITIAL	1	X(1)	Same as Claim Record #1 of 3
P110	OIN-SURNAME	18	X(18)	Same as Claim Record #1 of 3
P112	OIN-SEX-CODE	1	X(1)	Same as Claim Record #1 of 3
P114	OIN-ADDRESS-1 WCB-Date-of-Injury	8	X(8)	Redefined for WCB specific data. W.C.B. specific' Claims date of Injury. Field format is CCYYMMDD.
P116	Filler OIN-ADDRESS-2 WCB-Area-of-Injury WC.B. Anatomical Position Filler	13 5 2 18	X(13) X(5) X(2) X(18)	Future use. Redefined for WCB specific data. Same as Claim Record #1 of 3 Same as Claim Record #1 of 3 Future use
P118	OIN-ADDRESS-3 WCB-Nature-of-Injury Filler	5 20	X(5) X(20)	Redefined for WCB specific data. Same as Claim Record #1 of 3 Future Use.
P120	OIN-ADDRESS-4 WCB-Claim-Number Filler	8 17	X(8) X(17)	Redefined for WCB specific data. Same as Claim Record #1 of 3 Future use.
P122	OIN-POSTAL-CODE	6	X(6)	Same as Claim Record #1 of 3

This identifies the entire M.S.P. claim record including the Other Insurer portion.

C02	Element Count:	54
	And Record Size Total:	424

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 3 of 3**
M.S.P. Basic Portion of **N01 – part 1 of 1**

P01	NOTE-BASIC-IN	25	X(25)	The first 25 characters of this Note record are as outlined in the Claim Record. (See C02 record, fields P00 – P08). First - REC-CODE-IN (3) must be 'N01' Second – DATA-CENTRE-NUM (5) Third – DATA-CENTRE-SEQNUM (7) Fourth – PAYEE-NUM (5) Fifth – PRACTITIONER-NUM (5)
P20	NOTE-DATA-TYPE	1	X(1)	Classification of note types. 'W' = W.C.B Electronic Form Further note codes to be assigned as required.
P22	NOTE-DATE-LINE			Redefined for WCB specific data.
	WCB-Comments-Text	250	X(250)	'W.C.B. specific' Comments field to be used for transmitting any further information related to the claim treatment. <u>Form Field #PY72</u>
	WCB-Treatmnt-Outcome-Phrase1	50	X(50)	'W.C.B. specific' Expected outcome of treatment phrases. <u>Form Field #PY66</u>
	Redefined as listed below:			
	WCB-problem-cd-1st	2	X(2)	Problem code select from values obtained from WCB supplied table 'Problem List' in Appendix B.
	WCB-side-body-1st	2	X(2)	Side of body code, select from values obtained from WCB supplied table 'Side of Body List' in Appendix B.
	WCB-body-part-1st	5	X(5)	Body Part code, select from values obtained from WCB supplied table 'Body Part List' in Appendix B
	WCB-Anatomic-direct-1st	2	X(2)	Anatomic direction, select from values obtained from WCB supplied 'Anatomic direction List' in Appendix B.
	WCB-Initial-Msr-value	3	X(3)	Initial measure value.
	WCB-Measure-unit-1-1st	2	X(2)	Measure units, select from values obtained from WCB supplied table 'Measure Unit List' in Appendix B.
WCB-Current-Msr-value	3	X(3)	Current measure value.	
WCB-Measure-unit-2-1st	2	X(2)	Measure units, select from values obtained from WCB supplied table 'Measure Unit List' in Appendix B.	
WCB-Measure-list-1st	2	X(2)	Type of measure, select from values	

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 3 of 3**
M.S.P. Basic Portion of **N01 – part 1 of 1**

				obtained from WCB supplied table 'Measure Type List' in Appendix B.
	WCB-Normal-list-1st	2	X(2)	Type of normal measure, select from values obtained from WCB supplied table 'Normal Value List' in Appendix B.
	WCB-Normal-value	3	X(3)	Normal value measure
	WCB-Measure-unit-3-1st	2	X(2)	Measure units, select from values obtained from WCB supplied table 'Measure Unit List' in Appendix B.
	WCB-Date-of-measure	8	X(8)	Date of Initial Measure. Field format is CCYYMMDD.
	Filler	12	X(12)	Future use.
	WCB-Treatmnt-Outcome-Phrase2 Redefined as listed below:	50	X(50)	'W.C.B. specific' Expected outcome of treatment phrases. <u>Form Field #PY76</u>
	WCB-TO-Capacity-1st	2	X(2)	'W.C.B. specific' Capacity Code. (See WCB supplied table: 'Capacity List' in Appendix B for acceptable values).
	WCB-TO-Range-type-1st	2	X(2)	'W.C.B. specific' Range Type Code. (See WCB supplied table: 'Range List' in Appendix B for acceptable values).
	WCB-TO-Intensity-value	3	X(3)	'W.C.B. specific' Intensity values.
	WCB-TO-Intensity-unit-1st	2	X(2)	'W.C.B. specific' Intensity Unit Type Code. (See WCB supplied table: 'Intensity Unit of Measure List' in Appendix B for acceptable values).
	WCB-TO-Freq-Value	3	X(3)	'W.C.B. specific' Frequency values.
	WCB-TO-Distance-Value	3	X(3)	'W.C.B. specific' Distance value.
	WCB-TO-Distance-Unit-1st	1	X(1)	'W.C.B. specific' Distance Unit Code. (See WCB supplied table: 'Distance Unit of Measure List' in Appendix B for acceptable values).
	WCB-TO-Hold-Time-value	4	X(4)	'W.C.B. specific' Hold time
	WCB-TO-Direction-1st	1	X(1)	'W.C.B. specific' Direction Code. (See WCB supplied table: 'Directions List' in Appendix B for acceptable values).
	WCB-TO-Duration-Value	4	X(4)	'W.C.B. specific' Duration of sustained repetitions in hours and minutes.
	WCB-Outcomes-Date	8	X(8)	'W.C.B. specific' Date expected outcome will be met. Field format is CCYYMMDD.
	Filler	17	X(17)	Future use.

Physiotherapist's 1200-byte E-form layout - **Claim/Note Record # 3 of 3**
M.S.P. Basic Portion of **N01** – **part 1 of 1**

	<p>Filler *** Warning! *** Ensure that the claim field called ‘CORRESPONDENCE-CODE’ (P56) is marked with an ‘N’ or ‘B’</p>	50	X(50)
--	--	----	-------

Future use.

N01	<p>Element Count: 3 And Record Size Total: 426</p>
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9 Physiotherapist Form Phrase Descriptions

In an attempt to obtain consistent quality reporting the WCB has structured a subset of the key information into a 'Fill in the Blank' format. The 'Blank' information is made up of a combination of codes selected from a 'Pick Lists' or by 'Data values' supplied by the Physiotherapists. The 'Pick lists' have the following structure (code/description).

9.1 Injury Status

The forms have room for 3 different descriptions for the "Injury Status and Objective findings". PY42, PY43 and PY45 identify the form fields. The record layout fields are identified by WCB-Inj-Status-Obj-Findings-1, WCB-Inj-Status-Obj-Findings-2 and WCB-Inj-Status-Obj-Findings-3 respectively. Only WCB-Inj-Status-Obj-Findings-1 is a mandatory field.

The "Objective findings" are to be coded by the response to the following phrase:

The problem of _____ of (the) _____ has _____ from _____ to _____ as measured by _____. The 'Normal value' used for comparison is _____. The date of initial measure was _____.

The values to be supplied are to come from the appropriate 'Pick List' or data entry:

The problem of Problem List of (the) Side of Body List Body Part List Anatomic Direction List has Change Direction List from (Initial Measure value) Measure Unit List to (Current Measure Value) Measure Unit List as measured by Measure Unit Type List. The 'Normal value' used for comparison is Normal Value List (Normal Value) Measure Unit List. The date of initial measure was (Date value)

The following is an example of a completed 'Injury Status Phrase':

The problem of decreased range of motion of (the) left knee flexion has improved from (30) degrees to (90) degrees as measured by Goniometer hand held. The 'normal' value' used for comparison is the right side at (120) degrees. The date of initial measure was (2000/10/18)

The following describes expected record response to the previous example:

Note: An underscore '_' represents a 'blank space' in the record.

Record WCB-Inj-Status-Obj-Findings-1 is redefined as listed below:

WCB-problem-cd-1st	<u>decreased range of motion</u>	'01'
WCB-side-body-1st	<u>left</u>	'L_'
WCB-body-part-1st	<u>knee</u>	'41200'
WCB-Anatomic-direct-1st	<u>flexion</u>	'01'
WCB-Change-direct-1st	<u>improved</u>	'04'
WCB-Initial-Msr-value	<u>30</u>	'030'
WCB-Measure-unit-1-1st	<u>degrees</u>	'01'
WCB-Current-Msr-value	<u>90</u>	'090'
WCB-Measure-unit-2-1st	<u>degrees</u>	'01'
WCB-Measure-list-1st	<u>Goniometer hand held</u>	'01'
WCB-Normal-list-1st	<u>right side of</u>	'02'
WCB-Normal-value	<u>120</u>	'120'
WCB-Measure-unit-3-1st	<u>degrees</u>	'01'
WCB-Date-of-measure	<u>2000/10/18</u>	'20001018'
Filler		'_____'

WCB-Inj-Status-Obj-Findings-1

01L_412000104030010900101021200120001018_____

9.2 Expected Outcome

9.2.1 Treatment Outcome 1

The forms have room for 1 description for the ‘Expected Outcome’. The Physiotherapist has the option of picking from 2 different phrases to describe the ‘Expected Outcome’. The two phrases are identified by the form fields PY66 and PY76. If the Physiotherapist decides to report the ‘Expected Outcome’ via the first phrase, the record WCB-Treatmnt-Outcome-Phrase1 (PY66) is to be completed and transmitted. If the Physiotherapist decides to report the ‘Expected Outcome’ via the second phrase, the record WCB-Treatmnt-Outcome-Phrase2 (PY76) is to be completed and transmitted

The “WCB-Treatmnt-Outcome-Phrase1” is to be coded by the response to the following phrase:

The problem of _____ of (the) _____ is expected to improve from _____ to _____ as measured by _____. The ‘normal value’ used for comparison is _____ The outcome is expected to be achieved by _____

The values to be supplied are to come from the appropriate ‘Pick List’ or data entry:

The problem of Problem List of (the) Side of body list Body Part List Anatomic Direction List is expected to improve from (Initial Measure value) Measure Unit list to (Current Measure Value) Measure Unit List as measured by Measure Unit Type list The ‘normal value’ used for comparison is Normal Value List (Normal Value) Measure Unit List The date of initial measure was (Date value)

The following is an example of a completed ‘First Expected Outcome Phrase’:

The problem of decreased range of motion of (the) left knee flexion is expected to improve from (30) degrees to (90) degrees as measured by Goniometer hand held. The ‘normal value’ used for comparison is the right side at (120) degrees. The date of initial measure was (2000/10/18)

WCB-Treatmnt-Outcome-Phrase1

Note: An underscore ‘_’ represents a ‘blank space’ in the record.

Redefined as listed below:

WCB-problem-cd-1st	<u>decreased range of motion</u>	‘01’
WCB-side-body-1st	<u>left</u>	‘L_’
WCB-body-part-1st	<u>knee</u>	‘41200’
WCB-Anatomic-direct-1st	<u>flexion</u>	‘01’
WCB-Initial-Msr-value	<u>30</u>	‘030’
WCB-Measure-unit-1-1st	<u>degrees</u>	‘01’
WCB-Current-Msr-value	<u>90</u>	‘090’
WCB-Measure-unit-2-1st	<u>degrees</u>	‘01’
WCB-Measure-list-1st	<u>Goniometer hand held</u>	‘01’
WCB-Normal-list-1st	<u>right side of</u>	‘02’
WCB-Normal-value	<u>120</u>	‘120’
WCB-Measure-unit-3-1st	<u>degrees</u>	‘01’
WCB-Date-of-measure	<u>2000/10/18</u>	‘20001018’
Filler		‘_____’,

WCB-Treatmnt-Outcome-Phrase1

01L_4120001030010900101021200120001018_____

9.2.2 Treatment Outcome 2

The “WCB-Treatmnt-Outcome-Phrase2” is to be coded by the response to the following phrase:

The worker is expected to be capable of _____ of _____ for _____ repetitions _____ over _____ Hrs:min by _____

The values to be supplied are to come from the appropriate ‘Pick List’ or data entry:

The worker is expected to be capable of Capacity List Type/Range List of (Intensity Value) Intensity Unit of Measure for (Frequency Value) repetitions (Distance Value) Distance Unit of Measure (Hold Time Value) Direction List over (Duration Value) hours, by (Outcomes Date Value).

The following is an example of a completed ‘Second Expected Outcome Phrase’:

The worker is expected to be capable of *lifting from counter to overhead* of (30) kg for (30) repetitions over 1:00 hours, by 2001/01/30.

Note: An underscore ‘_’ represents a ‘blank space’ in the record.

WCB-TO-Capacity-lst	<u>lifting</u>	‘01’
WCB-TO-Range-type-lst	<u>from counter to overhead</u>	‘04’
WCB-TO-Intensity-value	30	‘030’
WCB-TO-Intensity-unit-lst	<u>kg</u>	‘05’
WCB-TO-Freq-Value	30	‘030’
WCB-TO-Distance-Value	n/a	‘_’
WCB-TO-Distance-Unit-lst	<u>n/a</u>	‘0’
WCB-TO-Hold-Time-value	n/a	‘_’
WCB-TO-Direction-lst	<u>n/a</u>	‘N’
WCB-TO-Duration-Value	1:00	‘0100’
WCB-Outcomes-Date	2001/01/30	‘20010130’
Filler		‘_____’

WCB-Treatmnt-Outcome-Phrase2
010403005030__0____N010020010130_____

9.3 Functional Abilities Phrase

9.3.1 Functional Abilities Type 1

The forms have room for 3 descriptions for the ‘Functional Abilities’. The Physiotherapist has the option of picking from 2 different phrases for each description. The three reports of the ‘Functional Abilities described by the first type of phrase are identified by fields PY48, PY50, PY52 and record labels WCB-Functional-Abilities-1-1, WCB-Functional-Abilities-2-1 and WCB-Functional-Abilities-3-1. The three reports of the ‘Functional Abilities described by the second type of phrase are identified by fields PY73, PY74, PY75 and record labels WCB-Functional-Abilities-1-2, WCB-Functional-Abilities-2-2 and WCB-Functional-Abilities-3-2.

The “WCB-Functional-Abilities-1-1”, “WCB-Functional-Abilities-2-1” and “WCB-Functional-Abilities-3-1” are to be coded by the response to the following phrase:

By self-report, the worker’s job requires _____ of _____ for _____ repetition _____ over _____ Hrs:min

The values to be supplied are to come from the appropriate ‘Pick List’ or data entry:

By self-report, the worker’s job requires Capacity List Type/Range List of (Intensity Value) Intensity Unit of Measure for (Frequency Value) repetition (Distance Value) Distance Unit of Measure (Hold Time value) Direction List over (Duration Value) Hrs:min

The following is an example of a completed ‘First Functional Ability Phrase’:

By self-report, the worker’s job requires carrying in front of (10) kg for (20) repetitions, (10) m over (2:30) hrs:min.

Note: An underscore ‘_’ represents a ‘blank space’ in the record.

WCB-F1-Capacity-1st	<u>carrying</u>	‘02’
WCB-F1-Range-type-1st	<u>in front</u>	‘05’
WCB-F1-Intensity-value	<u>10</u>	‘010’
WCB-F1-Intensity-unit-1st	<u>kg</u>	‘01’
WCB-F1-Freq-Value	<u>20</u>	‘020’
WCB-F1-Distance-Value	(<u>10</u>)_	‘010’
WCB-F1-Distance-Unit-1st	<u>m</u>	‘2’
WCB-F1-Hold-Time-value	<u>n/a</u>	‘_’,
WCB-F1-Direction-1st	<u>n/a</u>	‘N’
WCB-F1-Duration-Value	<u>2:30</u>	‘0230’
Filler		‘_____’,

WCB-Functional-Abilities-1-1
0205010010200102____N0800_____

9.3.2 *Functional Abilities Type 2*

The “WCB-Functional-Abilities-1-2”, “WCB-Functional-Abilities-2-2” and “WCB-Functional-Abilities-3-2” are to be coded by the response to the following phrase:

Currently, the worker is capable of _____ of _____ for _____ repetitions _____ over _____ Hrs:min

The values to be supplied are to come from the appropriate ‘Pick List’ or data entry:

Currently, the worker is capable of Capacity List Type/Range List of (*Intensity Value*) Intensity Unit of Measure List for (*Frequency Value*) repetition (*Distance Value*) Distance Unit of Measure (*Hold Time Value*) Direction List over (*Duration Value*) Hrs:min.

The following is an example of a completed ‘Second Functional Ability Type Phrase’:

Currently, the worker is capable of lifting from knee to counter of (10) kg for (20) repetitions over (7:30) hrs:min.

Note: An underscore ‘_’ represents a ‘blank space’ in the record.

WCB-F2-Capacity-lst	<u>lifting</u>	‘01’
WCB-F2-Range-type-lst	<u>from knee to counter</u>	‘02’
WCB-F2-Intensity-value	<u>10</u>	‘010’
WCB-F2-Intensity-unit-lst	<u>kg</u>	‘01’
WCB-F2-Freq-Value	<u>20</u>	‘020’
WCB-F2-Distance-Value	<u>n/a_</u>	‘_’
WCB-F2-Distance-Unit-lst	<u>n/a</u>	‘0’
WCB-F2-Hold-Time-value	<u>n/a</u>	‘_’
WCB-F2-Direction-lst	<u>n/a</u>	‘N’
WCB-F2-Duration-Value	<u>7:30</u>	‘0730’
Filler		‘_____’,

WCB-Functional-Abilities-1-2
010201001020__0__N0730_____

9.4 Recommendations

The form accommodates for one “Recommendation” with the form field identified by PY59 and the record layout fields identified by ‘WCB-Recommendations’.

The “Recommendations” are to be coded by the response to the following phrase:

Recommendation is for _____ .

The values to be supplied are to come from the appropriate ‘Pick List’ named “Physiotherapy recommendations List”.

Recommendation is for **Physiotherapy recommendations List** .

The following is an example of a completed ‘Recommendations Phrase’:

Recommendation is for **Further Medical Investigation Not responding to treatment; suspect internal joint derangement .**

In this example the WCB-Recommendations would be coded as ‘08’ which is the associated code for the **Further Medical Investigation Not responding to treatment; suspect internal joint derangement** option.

WCB-Recommendations ‘08’

9.5 Return to Work Outcomes

The form accommodates for one “Return to Work Outcomes” with the form field identified by PY69 and the record layout fields identified by ‘WCB-RTW-Outcomes’.

The “Return to Work Outcomes” are to be coded by the response to the following phrase:

_____ by _____

The values to be supplied are to come from the appropriate ‘Pick List’ named “Outcome List”.

Outcome List by (Return to Work date value).

The Worker is expected to be capable of performing full duties of pre-injury work (treatment continuing as per post surgical protocol) by (2001/01/29)

In this example the WCB-RTW-Outcomes would be coded as ‘02’ which is the associated code for **The Worker is expected to be capable of performing full duties of pre-injury work (treatment continuing as per post surgical protocol)** the WCB-Return-to-Work-Date as ‘20010129’.

WCB-RTW-Outcomes ‘02’
WCB-Return-to-Work-Date ‘20010129’.

10 Vendor Testing Procedures

The following outlines the joint testing arrangements that have been devised by MSP and WCB for Vendor submitted Electronic Medical Forms tests.

1. Vendor contacts the WCB Test Coordinator before the test to advise the WCB of the vendor's participation, their contact person and the volume of data to be expected. Contact can be done by phone, fax or e-mail (see contact information below).
2. Vendor Sends test submissions (WCB Claim and E-form) to MSP via normal Teleplan procedures.
3. MSP runs test submissions through Pre-Edit and then through Edit & Eligibility.
4. Any refusals (C11 records) by MSP will be returned to submitter the next day.
5. Successful test submissions will be sent to WCB for E-form and invoice processing.
6. WCB will notify Vendor by fax or phone of Electronic Form test results (good or bad)
A 2 business day turnaround will be the norm for receiving and responding to test batch submissions.
7. Steps 2 through 6 are repeated until the vendor and the WCB Test Coordinator agree that the test set is error-free.

The following outlines the test submission detail specifications:

- a) Vendors must use their assigned Vendor Data Centre Number (Vnnn)
- b) Payee/Practitioner Number of a WCB client (nnnnn) OR a 'Dummy' Payee/Practitioner Number assigned for WCB - **99988**.
- c) *Note: Do not use your current assigned vendor payee/pract number (99nnn) as this will cause your claim and E-form to be refused by MSP Edit & Eligibility process.*
- d) Remember to use the correct WCB fee item codes for the form being sent. Remember that there is a set of 3 or 4 data records required for each form.
- e) Vendors may use their own PHN Number (be a patient) OR use a 'DUMMY' Number assigned for WCB - **9127074527** for patient first initial of **'F'**, second initial is **BLANK - ' '**, and first 2 letters of Surname are **'AC'**.
- f) To assist the WCB in identifying the vendor submitting the test data. It is requested that the vendors populate the employer name field with their company name. The employer's telephone number field is to be used to communicate the software vendor's contact fax number and in this manner, the WCB test group will fax back a hardcopy of the form data received by WCB and any detail pertaining to it, such as missing mandatory data, invalid data formats, etc.

Point of contact at WCB for testing purposes is
Kent Sheppard
Workers' Compensation Board of British Columbia
Phone: (604) 231-8409
Email: Ksheppa2@wcb.bc.ca

Point of contact at MSP (for submissions rejected or missing) is:
Lee Urquhart
Claims User Systems, MSP Claims
Ministry of Health, BC
Phone 250-952-2500 Fax 250-952-3101
Email lee.urquhart@moh.hnet.bc.ca

11 Appendix A

11.1 Injury Codes (80/80 List)

All [Injury Codes](#) (PDF 676kb) can be found in the Health Care Providers section at [WorkSafeBC.com](#).

Table 1: Injury Coding – Anatomical Position

Side of Body	Code	USAGE NOTE
Left	L	
Right	R	
Left & Right	B	
Not Applicable	N	Use for Body Systems, a major body part (i.e. heart, stomach) or multiple / other parts

Table 2: Body Part

LEVEL 1	LEVEL 2	CODE	BODY PART - LEVEL 3	USAGE NOTE
HEAD				
	CRANIAL	01100	BRAIN	Includes brain stem. Use for concussion or other intracranial injuries
	CRANIAL	01200	SCALP	Includes skin, hair
	CRANIAL	01300	SKULL	Includes occipital, parietal and temporal bones.
	CRANIAL	01800	CRANIAL REGION, MULTIPLE LOCATIONS	
	EAR(S)	02000	EAR(S)	
	FACE	03100	FOREHEAD	Includes eyebrows
	FACE	03200	EYE(S)	Includes conjunctiva, cornea, eyeball, inside and outside of the eyelids, iris, lacrimal glands, lens, optic nerve, orbit, and retina
	FACE	03300	NOSE, EXTERNAL	
	FACE	03310	NOSE/NASAL, INTERNAL LOCATION, OTHER	
	FACE	03400	CHEEKS	
	FACE	03500	JAW/CHIN	
	FACE	03610	LIP(S)	
	FACE	03620	TONGUE	
	FACE	03630	TOOTH(TEETH)	
	FACE	03800	FACE, MULTIPLE LOCATIONS	
NECK				
	NECK	10009	NECK (SOFT TISSUES)	Includes throat, muscle, skin, subcutaneous tissue, veins and arteries
	NECK	10001	NECK, CERVICAL VERTEBRAE	Includes bony structures and cartilage
	NECK	12000	VOCAL CORD(S)	
	NECK	13000	LARYNX	
	NECK	14000	LARYNGOPHARYNX	
	NECK	15000	PHARYNX	
	NECK	80001	NECK AND SHOULDER	
TRUNK				
	CHEST	22000	CHEST	
	CHEST	22200	ESOPHAGUS	
	CHEST	22300	HEART	
	CHEST	22400	BRONCHUS	
	CHEST	22500	LUNG(S) PLEURA	
	CHEST	22800	CHEST, MULTIPLE INTERNAL LOCATIONS	
	BACK	23200	BACK, THORACIC REGION	Includes 12 vertebrae just below cervical vertebrae of the neck, the trapezius muscle, the Cervico-thoracic/Thoraco-lumbar regions
	BACK	23100	BACK, LUMBAR REGION	Includes 5 vertebrae in lower portion of back and Lumbo-sacral region
	BACK	23300	BACK, SACRAL REGION	

LEVEL 1	LEVEL 2	CODE	BODY PART - LEVEL 3	USAGE NOTE
	BACK	23400	BACK, COCCYGEAL REGION	Includes tail bone
	BACK	23800	BACK, MULTIPLE REGIONS	
	ABDOMEN	24000	ABDOMEN, EXTERNAL	
	ABDOMEN	24200	STOMACH	
	ABDOMEN	24300	SPLEEN	
	ABDOMEN	24410	BLADDER	
	ABDOMEN	24420	KIDNEY(S)	
	ABDOMEN	24491	URETER	
	ABDOMEN	24520	INTESTINE, SMALL	
	ABDOMEN	24530	INTESTINE, LARGE/COLON, RECTUM	
	ABDOMEN	24610	LIVER	
	ABDOMEN	24620	GALLBLADDER	
	ABDOMEN	24630	PANCREAS	
	ABDOMEN	24800	ABDOMEN, MULTIPLE INTERNAL LOCATIONS	
	PELVIC REGION	25100	HIP(S)	
	PELVIC REGION	25200	PELVIS	
	PELVIC REGION	25300	BUTTOCK(S)	
	PELVIC REGION	25400	GROIN	
	PELVIC REGION	25510	SCROTUM	
	PELVIC REGION	25520	PENIS	
	PELVIC REGION	25530	GENITAL REGION, EXTERNAL FEMALE	
	PELVIC REGION	25610	PROSTATE	
	PELVIC REGION	25620	TESTIS(TESTES)	
	PELVIC REGION	25630	OVARY(IES)	
	PELVIC REGION	25640	UTERUS	
	PELVIC REGION	25800	PELVIS, MULTIPLE REGIONS	
UPPER EXTREMITIES				
	SHOULDER	21000	SHOULDER, INCLUDING CLAVICLE, SCAPULA	Includes clavicle/collar bone, humerus, scapula/shoulder blade, and shoulder girdle
	ARM(S)	31100	ARM(S), UPPER	
	ARM(S)	31200	ARM(S), ELBOW(S)	
	ARM(S)	31300	ARM(S), FOREARM(S)	
	ARM(S)	31800	ARM(S), MULTIPLE LOCATIONS	
	WRIST(S)	32000	WRIST(S)	
	HAND(S)	33000	HAND(S), EXCEPT FINGER(S)	Includes knuckles and the areas between the fingers
	FINGER(S)	34000	FINGER(S). FINGERNAIL(S)	Includes distal phalanx (phalanges), medial phalanx (phalanges), and proximal phalanx (phalanges)
	FINGER(S)	34001	THUMB OR THUMB AND OTHER FINGER(S)	
LOWER EXTREMITIES				
	LEG(S)	41100	LEG(S), THIGH(S)	
	LEG(S)	41200	LEG(S), KNEE(S)	
	LEG(S)	41300	LEG(S), LOWER	
	LEG(S)	41800	LEG(S), MULTIPLE LOCATIONS	
	ANKLE(S)	42000	ANKLE(S)	Classifies the hinge joint area between the foot and the lower leg
	FOOT(FEET)	43000	FOOT(FEET), OTHER EXCEPT HEEL(S)	
	FOOT(FEET)	43230	FOOT(FEET), HEEL(S)	
	FOOT(FEET)	43800	FOOT(FEET), MULTIPLE LOCATIONS	

LEVEL 1	LEVEL 2	CODE	BODY PART - LEVEL 3	USAGE NOTE
	TOE(S)	44000	TOE(S). TOENAIL(S)	
BODY SYSTEMS				
	BODY SYSTEMS	50000	IMMUNE & ENDOCRINE SYSTEMS	
	BODY SYSTEMS	50001	CIRCULATORY SYSTEM	
	BODY SYSTEMS	50002	DIGESTIVE SYSTEM	
	BODY SYSTEMS	50004	GENITO-URINARY SYSTEM	
	BODY SYSTEMS	50005	MUSCULOSKELETAL SYS(JOINTS, TENDONS,...)	
	BODY SYSTEMS	50006	NERVOUS SYSTM(FOR NERVOUS SHOCK,BRKDOWN)	
	BODY SYSTEMS	50007	RESPIRATORY SYSTEM	
OTHER				
	OTHER	91000	PROSTHETIC DEVICES	Artificial arm(s), leg(s), dentures, hearing aids, eye glasses or corrective lenses

Table 3: Nature of Injury

LEVEL 1	LEVEL 2	CODE	NATURE OF INJURY TYPE - LEVEL 3	USEAGE NOTE
TRAUMA & MUSCULOSKELETAL DISORDERS				Effects of external agents and poisoning, resulting from a single incident, event or exposure plus Diseases and disorders of the Musculoskeletal system and connective tissue
	BONES, NERVES, SPINAL CORD	01000	BONES, NERVES, SPINAL CORD, TRAUMA, OTHR	
	BONES, NERVES, SPINAL CORD	01100	DISLOCATIONS	Displacement or dislocation of bone or cartilage. Includes: subluxations, partial displacement and fractured or broken cartilage
	BONES, NERVES, SPINAL CORD	01200	FRACTURES	Includes Avulsion Fractures
	BONES, NERVES, SPINAL CORD	01300	SPINAL CORD, TRAUMATIC INJURIES	
	BONES, NERVES, SPINAL CORD	01400	NERVES, TRAUMATIC INJ. (EX. SPINAL CORD)	Includes Traumatic Carpal Tunnel Syndrome
	MUSCLES JOINTS	02000	MUSCLES, TENDONS, JOINTS, OTHER INJURIES	Includes tears to Menisci, Ligaments, and Articular Cartilage
	MUSCLES JOINTS	02100	SPRAINS, STRAINS	
	MUSCLES JOINTS	02101	ROTATOR CUFF TEAR, TRAUMATIC	If due to repetitive motion, use ROTATOR CUFF SYNDROME
	WOUNDS	03000	WOUNDS, OTHER OPEN WOUNDS	Includes wounds with broken skin or outward opening, beyond the superficial skin surface
	WOUNDS	03110	AMPUTATIONS, FINGERTIP	Includes bone loss
	WOUNDS	03190	AMPUTATIONS, EXCEPT FINGERTIP	Includes bone loss
	WOUNDS	03200	BITES AND INSECT STINGS	
	WOUNDS	03300	WOUNDS, AVULSIONS	Includes ripping or tearing away not involving bone, excludes Avulsion of joint capsule, ligament, muscle or tendon (Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES
	WOUNDS	03400	WOUNDS, CUTS & LACERATIONS	
	WOUNDS	03700	WOUNDS, PUNCTURES	
	WOUNDS	04000	WOUNDS, OTHER CLOSED WOUNDS	Includes Blisters and Friction Burns

LEVEL 1	LEVEL 2	CODE	NATURE OF INJURY TYPE - LEVEL 3	USEAGE NOTE
	WOUNDS	04100	WOUNDS, ABRASIONS & SCRATCHES	Includes Traumatic Conjunctivitis of the eye, use SURFACE WOUNDS, BRUISES, CONTUSIONS for closed wounds
	WOUNDS	04300	WOUNDS, BRUISES & CONTUSIONS	Use for closed wounds
	WOUNDS	04400	FOREIGN BODIES (SUPERFCL SPLNTRS, CHIPS)	Includes foreign bodies in the eye
	BURNS	05100	BURNS, CHEMICAL	
	BURNS	05200	BURNS, ELECTRICAL	
	BURNS	05300	BURNS, SCALDS FROM HEAT	
	INTRACRANIAL INJURIES	06000	INTRACRANIAL INJURIES, OTHER	
	INTRACRANIAL INJURIES	06200	CONCUSSIONS	
	ENVIRONMENTAL TRAUMA	07000	ENVIRONMENTAL CONDITIONS, OTHER	
	ENVIRONMENTAL TRAUMA	07110	FROSTBITE	
	ENVIRONMENTAL TRAUMA	07120	HYPOTHERMIA	
	ENVIRONMENTAL TRAUMA	07200	HEAT AND LIGHT EFFECTS	
	ENVIRONMENTAL TRAUMA	07300	AIR PRESSURE EFFECTS	
	ENVIRONMENTAL TRAUMA	12560	WELDER'S FLASH	
	ENVIRONMENTAL TRAUMA	12610	HEARING LOSS OR IMPAIRMENT, DEAFNESS	
	MUSCULOSKELETAL DISORDERS	17000	MUSCULOSKEL/CONNECT TIS. DISE. & DISOR.	Non traumatic Musculoskeletal system and connective tissue diseases and disorders
	MUSCULOSKELETAL DISORDERS	17100	ARTHRITIS (ARTHROPATHIES & RELTD DISOR.)	
	MUSCULOSKELETAL DISORDERS	17210	SCIATICA (NOT TRAUMATIC)	Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES for Traumas
	MUSCULOSKELETAL DISORDERS	17231	HERNIATED DISC	Including other disc pathologies (e.g. Degenerative, Disc Disease)
	MUSCULOSKELETAL DISORDERS	17293	RADICULITIS (NOT TRAUMATIC)	Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES for Traumas
	MUSCULOSKELETAL DISORDERS	17310	BURSITIS (NOT TRAUMATIC)	Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES for Traumas
	MUSCULOSKELETAL DISORDERS	17320	SYNOVITIS (NOT TRAUMATIC)	Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES for Traumas
	MUSCULOSKELETAL DISORDERS	17330	TENDONITIS (NOT TRAUMATIC)	Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES for Traumas
	MUSCULOSKELETAL DISORDERS	17340	TENOSYNOVITIS (NOT TRAUMATIC)	Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES for Traumas
	MUSCULOSKELETAL DISORDERS	17391	ROTATOR CUFF SYNDROME (NOT TRAUMATIC)	Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES for Traumas
	MUSCULOSKELETAL DISORDERS	17393	EPICONDYLITIS (NOT TRAUMATIC)	Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES for Traumas
	MUSCULOSKELETAL DISORDERS	17394	CAPSULITIS (NOT TRAUMATIC)	Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES for Traumas
	MUSCULOSKELETAL DISORDERS	17901	FIBROMYALGIA, FIBROSITIS, MYOFASCIITIS	Use MUSCLES, TENDONS, JOINTS, OTHER INJURIES for Traumas
	OTHER TRAUMATIC INJURIES	09000	TRAUMATIC INJURIES & DISORDERS, OTHER	

LEVEL 1	LEVEL 2	CODE	NATURE OF INJURY TYPE - LEVEL 3	USEAGE NOTE
	OTHER TRAUMATIC INJURIES	09100	ASPHYXIATION,STRANGULATION,SUFFOCATION	
	OTHER TRAUMATIC INJURIES	09200	DROWNINGS	
	OTHER TRAUMATIC INJURIES	09300	ELECTROCUTIONS, ELECTRIC SHOCKS	
	OTHER TRAUMATIC INJURIES	09500	POISONINGS AND TOXIC EFFECTS, OTHER	
	OTHER TRAUMATIC INJURIES	09600	TRAUMATIC COMPLICATIONS, OTHER	Complications peculiar to medical or surgical procedures or following traumatic injuries - includes anaphylactic shock and Post Traumatic Osteoarthritis
	OTHER TRAUMATIC INJURIES	09710	CRUSHING INJURIES	
SYSTEMIC DISEASES & DISORDERS				Toxic and non-toxic diseases or disorders affecting systems of the body
	DISEASE OF BLOOD & BLOOD FORMING ORGANS	11000	BLOOD & BLOOD FORMING ORGANS, DISEASES	
	NERVOUS SYSTEM DISEASES	12000	NERVOUS SYSTEM AND SENSE ORGANS DISEASES	
	NERVOUS SYSTEM DISEASES	12410	CARPAL TUNNEL SYNDROME (NOT TRAUMATIC)	For Traumatic Carpal Tunnel Syndrome use NERVES, TRAUMATC INJ. (EX. SPINAL CORD)
	NERVOUS SYSTEM DISEASES	12500	EYE DISORDERS, (NOT TRAUMATIC)	Do not use for Traumatic Injuries
	CIRCULATORY SYSTEM DISEASES	13000	CIRCULATORY SYSTEM DISEASES, OTHER	
	CIRCULATORY SYSTEM DISEASES	13310	HEART ATTACK (MYOCARDIAL INFARCTION)	
	CIRCULATORY SYSTEM DISEASES	13610	STROKE	
	CIRCULATORY SYSTEM DISEASES	13710	RAYNAUDS SYNDROME,PHENOMENON:WHITE FINGR	Use for vibration induced white finger disease
	RESPIRATORY SYSTEM DISEASES	14200	RESPIRATORY,DISEASES OF UPPER TRACT, OTHR	
	RESPIRATORY SYSTEM DISEASES	14220	RESPIRATORY,CHRONIC COND. OF UPPER TRACT	Includes chronic sinusitis, pharyngitis
	RESPIRATORY SYSTEM DISEASES	14410	BRONCHITIS	
	RESPIRATORY SYSTEM DISEASES	14420	EMPHYSEMA	
	RESPIRATORY SYSTEM DISEASES	14440	EXTRINSIC ALLERGIC ALVEOLITIS,PNEUMONITS	
	RESPIRATORY SYSTEM DISEASES	14490	CHRONIC OBSTRUCTV PULMONRY DISEASE,OTHER	
	RESPIRATORY SYSTEM DISEASES	14500	PNEUMOCONIOSES, OTHER	Includes bauxite fibrosis, graphite fibrosis and stannosis
	RESPIRATORY SYSTEM DISEASES	14510	PNEUMOCONIOSIS, COAL WORKERS'	Includes Anthracosis, Black Lung, Miner's Asthma
	RESPIRATORY SYSTEM DISEASES	14520	ASBESTOSIS	For Cancer use CANCERS, NEOPLASMS, AND TUMORS
	RESPIRATORY SYSTEM DISEASES	14530	SILICOSIS	
	RESPIRATORY SYSTEM DISEASES	14900	RESPIRATORY SYSTEM DISEASES, OTHER	
	RESPIRATORY SYSTEM DISEASES	14991	REACTV AIRWAY DYSFUNCTION SYND(R.A.D.S.)	

LEVEL 1	LEVEL 2	CODE	NATURE OF INJURY TYPE - LEVEL 3	USEAGE NOTE
	DIGESTIVE SYSTEM DISEASES	15000	DIGESTIVE SYSTEM DISEASES & DISOR, OTHER	
	DIGESTIVE SYSTEM DISEASES	15390	HERNIA, OTHER	Excludes herniated disc
	GENITOURINARY SYSTEM DISEASE & DISORDER	16000	GENITOURINARY SYSTEM DISEASE & DISORDER	
	DISORDERS: SKIN & SUBCUTANEOUS TISSUE	18200	DERMATITIS, OTHER	Classifies inflammation of the skin resulting from contact with allergens or irritant substances
	DISORDERS: SKIN & SUBCUTANEOUS TISSUE	18900	SKIN & SUBCUT. TISSUE, DISE & DISOR OTHR	
	OTHER SYSTEMIC DISEASES & DISORDERS	19000	SYSTEMIC DISEASES & DISORDERS, OTHER	Includes Scleroderma
INFECTIOUS & PARASITIC DISEASES				
	INFECTIOUS & PARASITIC DISEASES	29000	INFECTIOUS AND PARASITIC DISEASES	Classifies bacterial, viral, rickettsial, fungal and parasitic infections
CANCERS, NEOPLASMS, AND TUMORS				
	CANCERS, NEOPLASMS, AND TUMORS	30000	CANCERS, NEOPLASMS, AND TUMORS	
PSYCHOLOGICAL DISORDERS				
	PSYCHOLOGICAL DISORDERS	52000	PSYCHOLOGICAL DISORDERS OR SYNDROMES	
OTHER				
	OTHER	51000	DAMAGE OR LOSS OF PROSTHETIC DEVICES	
	OTHER	99990	NOT YET DIAGNOSED	Describe symptoms in diagnosis

12 Appendix B

12.1 Physiotherapy Pick List Tables

<i>12.1.1 Behavioral Category List</i>	
Code	Description
1 char	
0	non-attendance (reported illness)
1	non-attendance (vacation)
2	non-attendance (other, see comments for detail)
3	non-compliance (inconsistent effort; see comments for detail)
4	non-compliance (reluctant to cooperate; see comments for detail)
5	non-compliance (other, see comments for detail)
6	pain focussed

<i>12.1.2 Outcome List</i>	
Code	Description
2 char	
01	The worker is expected to be capable of performing full duties of pre-injury work (treatment completed)
02	The worker is expected to be capable of performing full duties of pre-injury work (treatment continuing as per post surgical protocol)
03	The worker is expected to be capable of performing full duties of pre-injury work (follow up treatment to ensure safe management of heavy demands)
04	The worker is expected to be capable of performing full duties of pre-injury work (further RTW rehabilitation program required to achieve full demands)
05	The worker is not expected to be capable of performing full duties due to severe injury (potential for full demands is uncertain; see comments for details)

<i>12.1.3 Physiotherapy Recommendations List</i>	
Code	Description
2 char	
01	further medical investigation not responding to treatment; unable to assess further
02	further medical investigation not responding to treatment; suspect fracture
03	further medical investigation not responding to treatment; suspect ligament tear
04	further medical investigation not responding to treatment; suspect disc herniation
05	further medical investigation not responding to treatment; suspect meniscus tear
06	further medical investigation not responding to treatment; suspect muscle rupture
07	further medical investigation not responding to treatment; suspect tendon rupture
08	further medical investigation not responding to treatment; suspect internal joint derangement
09	WCB sponsored rehabilitation program, work conditioning
10	WCB sponsored rehabilitation program, hand therapy
11	WCB sponsored rehabilitation program, medical rehabilitation
12	WCB sponsored rehabilitation program, ASTD treatment
13	physiotherapy extension to return to work (full duties)
14	physiotherapy extension GRTW; worker is currently at work part time or part duties
15	physiotherapy extension GRTW; worker is currently capable of work part time or part duties (see functional abilities)
16	physiotherapy extension to prepare for work conditioning program
17	physiotherapy extension due to condition with known prolonged recovery (see comments)
18	return to work – no further treatment required
19	status unknown – worker stopped attending

<i>12.1.4 Direction List</i>	
Code	Description
1 char	
U	up
D	down
B	both up and down
N	not applicable or unreported

<i>12.1.5 Distance Unit of Measure List</i>	
Code	Description
1	
	cm
2	
	m
3	
	km
4	
	in
5	
	ft
6	
	miles
0	
	not applicable or unreported

<i>12.1.6 Intensity Unit of Measure List</i>	
Code	Description
2 char	
01	kg
02	depth
03	flights
04	rungs
05	degrees
06	degrees incline
07	lbs.
08	full
09	$\frac{3}{4}$
10	$\frac{1}{2}$
11	$\frac{1}{4}$
00	not applicable or unreported

<i>12.1.7 Range List</i>	
Code	Description
2 char	
01	from floor to counter
02	from knee height to counter
03	from counter to shoulder
04	from counter to overhead
05	in front
06	at sides, bilateral
07	at side, right
08	at side, left
09	(no weight)
10	parallel
11	staggered
12	on right knee
13	on left knee
14	sustained on right knee
15	sustained on left knee
16	sustained on both knees
17	stairs
18	ladder
19	incline
20	sustained
21	with movement
22	alternating

<i>12.1.8 Capacity List</i>	
Code	Description
2 char	
01	lifting
02	carrying
03	walking
04	squatting
05	kneeling
06	climbing
07	sitting
08	standing
09	both sit and stand

<i>12.1.9 Problem List</i>	
Code	Description
2 char	
01	decreased range of motion
02	swelling
03	weakness
04	muscle wasting
00	as described in comments box

<i>12.1.10 Side of body List</i>	
Code	Description
2 char	
B	bilateral
BA	bilateral anterior
BD	bilateral distal
BL	bilateral lateral
BM	bilateral medial
BO	bilateral posterior
BP	bilateral proximal
L	left
LA	left anterior
LD	left distal
LL	left lateral
LM	left medial
LO	left posterior
LP	left proximal
NA	not applicable
R	right
RA	right anterior
RD	right distal
RL	right lateral
RM	right medial
RO	right posterior
RP	right proximal
N	not applicable

Note:

The codes listed within this table are intended for coding Side of body for the 'Physiotherapy Phrases' only.

Do not use this table for coding the WCB-Anatomical-Position.

<i>12.1.11 Body Part List</i>	
Code	Description
5 char	
34001	thumb
34000	finger(s)
33000	hand
32000	wrist
31300	forearm
31200	elbow
31800	arm
21000	shoulder
10009	neck (soft tissue)
10001	neck, cervical
23800	back
41100	thigh
41200	knee
41800	leg
42000	ankle
43230	heels
43000	foot
44000	toe(s)

<i>12.1.12 Anatomic Direction List</i>	
Code	Description
2 char	
01	flexion
02	extension
03	abduction
04	adduction
05	internal rotation
06	external rotation
07	pronation
08	supination
09	lateral flexion
10	rotation
00	not applicable or unreported

<i>12.1.13 Change Direction List</i>	
Code	Description
2 char	
01	increased
02	not changed
03	decreased
04	improved
05	worsened

<i>12.1.14 Measure Unit List</i>	
Code	Description
2 char	
01	degrees
02	cm
03	ml
04	grade
05	kilograms
06	Newton-meters
00	unreported or not applicable

<i>12.1.15 Measure Type List</i>	
Code	Description
2 char	
01	goniometer, hand-held
02	goniometer, electronic
03	tape measure, girth
04	tape measure, Modified Schober
05	tape measure, fingers-to-floor
06	inclinometer
07	Oxford Strength Scale
08	volume displacement
09	dynamometer, hand-held
10	dynamometer, computerized
00	method described in comments box

<i>12.1.16 Normal Value List</i>	
Code	Description
2 char	
01	the left side, of
02	the right side, of
03	a known pre-injury measure of
04	the population average of
05	best that can be expected, given the injury, of
06	the left side difference, of
07	the right side difference, of
00	Described in comments box

13 Appendix C: Help Text

13.1 Physicians Reports Help Text

The following table provides the 'Help Text' that will be displayed for each field of the new electronic Form 8 and Form 11. The 'Help Text' will help physicians and their assistants to fill the forms.

Form Field #	Form Field Name	Help Text
DR01	Physicians First Report	This field indicates the report is a Physician's First Report (Form 8). It should be submitted to the WCB if the physician thinks there may be time loss beyond the day of the injury or if the claim is for a hernia, back problem, shoulder/knee strain or sprain, or occupational disease. A corresponding fee item of 19937 should be billed.
DR02	or The worker's condition or treatment has changed	This field indicates the report is a Physician's Progress Report (Form 11) and should be submitted if the worker's condition or treatment has changed since last report or if the worker is ready for Return to Work . A report is not necessary or desired if the worker's condition is stable and there will be a planned follow up at an appropriate future date. A report is also not necessary if the worker is enrolled in a WCB sponsored rehabilitation program. Payment of benefits to a worker is not contingent on follow up every two weeks if the above conditions are met. A corresponding fee item of 19940 should be billed.
DR03	Employer's Name	The full corporate or company name of the worker's employer.
DR04 DR05	Operating Location Address	The address or description of where the worker was employed on the day of the injury. For example the branch address, campsite location or administrative office. This includes the address information and city.
DR06 DR07	Employer's Telephone Number	The employer's area code and telephone number
DR08	WCB Claim Number	WCB claim number specific to this injury. Do not include the two letter claim prefix. For example claim number would be 99999999 not BB99999999.
DR09	Worker's Last Name	The worker's legal last name or surname. If possible, it should match the surname on the worker's British Columbia CareCard.
DR10	First Name	The worker's full first or given name. Initials should not be used. If possible, it should match the given name on the worker's British Columbia CareCard.
DR11	Middle Initial	Middle name initial or blank
DR12	Gender	The gender of the worker: M for male, F for female
DR13	DOB	Worker's birth day in yyyy/mm/dd format
DR14 DR15 DR16	Mailing Address	The worker's mailing address including, where applicable, apartment, street address, rural route, city and postal code.
DR17 DR18	Telephone Number	A contact area code and telephone number for the worker. Usually this would be the worker's home phone number, but could be a cellular number or work number.
DR19	Worker's PHN from Health Card	Worker's Personal Health Number as shown on the British Columbia CareCard.
DR20	Date of Injury	The date when the WCB claim injury occurred. In the case of occupational diseases, this is the date when medical attention was first sought.
DR21	Date of Service	The date when the service described on this report was performed.
DR22	Are you the patient's regular physician? Yes No	If yes, WCB may contact you for medical history or to discuss claims issues .
DR23	If Yes, how long has the worker been your patient? 0-6 months 7-12 months > 12 months	Select the duration for which the worker has been your patient. This information is useful for claims information .

Form Field #	Form Field Name	Help Text
	Row Removed	
DR25	Who rendered the first treatment?	Medical practitioner (physician name) or facility (emergency department, clinic, hospital, etc.) who provides the first treatment. This does not include first aid at the worksite.
DR26	Prior/Other Problems affecting injury, recovery and disability	Provide details about pre-existing conditions that may affect injury, recovery or disability. If insufficient space, add remaining information to 'Clinical Information' (field DR38) box.
DR28	Diagnosis:	Provide a text description of the injury diagnosis.
DR30	BP:	This is a 5 character (numeric) code for the area of injury (body part) from the WCB subset of CSA codes (80/80 list).
DR31	SIDE:	This is a 2 letter code for the anatomical position code (side) of the injury from the WCB subset of CSA codes (80/80 list).
DR32	NOI:	This is the 5 character (numeric) code for the nature of injury from the WCB subset of CSA codes (80/80 list).
DR34	ICD9	This is the ICD9 diagnosis code and is entered on the invoice (claim record).
DR36	From injury or since last report, has the worker been disabled from work? Yes No	If the worker has been disabled from work since the injury or the last report, select 'Y' for 'Yes'. Otherwise, select 'N' for 'No'.
DR37	If Yes, as of what date? (if known)	If known, enter date when worker was first disabled from the work place in the format yyyy/mm/dd.
DR38	Clinical Information	This is an 800 character free form text field for the physician to describe the worker's current situation in the usual fashion clinical notes are constructed. The following information might be included: <ul style="list-style-type: none"> • Presented injury, disease, complains and etc. • Subjective symptoms • Examination findings • Treatments and medications being used • The name and date of specialist referral
DR40	Is the worker now medically capable of working full duties, full time? Yes No	Indicate yes if the worker can return to their normal pre-injury duties. If no, elaborate in the "Restrictions" area (field DR41).
DR41	What are the current physical and/or psychological restrictions?	Describe the physical and/or psychological restrictions that are barriers to the patient returning to work. This information will be used by the case managers and medical advisors in verifying the need to remain off work or to determine suitable alternative/modified work.
DR42	Estimated time before the worker will be able to return to the workplace in any capacity. At work 1-6 days 7-13 days	Estimate the length of time before the worker can return to the workplace in ANY capacity. For example, the earliest possible return to the workplace if suitable duties were available.

Form Field #	Form Field Name	Help Text
	14-20 days >20 days	
DR43	If appropriate, is worker now ready for a rehabilitation program? Yes No	Enter No if worker is not ready for rehabilitation or if a rehabilitation program is not appropriate. If yes, select the type of rehabilitation program in the following field (field DR44).
DR44	If Yes, Select Work Conditioning Program or Other	If 'Other rehabilitation program' is selected, indicate type of program (for example, occupational rehabilitation program, pain program, etc). in the 'Clinical Information' area (field DR38).
DR45	Do you wish to consult with WCB physician or nurse advisor? Yes No	
DR46	If possible, please estimate date of Maximal Medical Recovery	Maximal medical recovery (full recovery or best possible recovery) date. This is sometimes also called date of "maximal medical improvement". It refers to date at which no further improvement in condition is expected. At that time the worker may still have significant impairment/disability or may be fully recovered.
DR47	Further Correspondence to Follow: Yes No	
DR50	Payee Number	Enter the payee number issued by MSP that uniquely identifies the individual or organization who submits the associated invoice to the WCB and who will be paid by the WCB.
DR51	Practitioner Number	The physician's practitioner number issued by MSP.

13.2 Chiropractor Reports - Help Text

The following table provides the 'Help Text' that will be displayed for each field of the new electronic Form 8C and Form 11C. The 'Help Text' will help Chiropractors and their assistants to fill the forms.

Form Field #	Form Field Name	Help Text
CH01	Chiropractors First Report	This field indicates the report is a Chiropractor's First Report (Form 8). It should be submitted to the WCB if the chiropractor thinks there may be time loss beyond the day of the injury. A corresponding fee item of 19134 should be billed.
CH02	The worker's condition or treatment has changed	This field indicates the report is a Chiropractor's Progress Report (Form 11) and should be submitted if the worker's condition or treatment has changed since last report or worker is ready for Return to Work . A report is not necessary or desired if the worker's condition is stable and there will be a planned follow up at an appropriate future date. A report is also not necessary if the worker is enrolled in a WCB sponsored rehabilitation program. Payment of benefits to a worker is not contingent on follow up every two weeks if the above conditions are met. A corresponding fee item of 19135 should be billed.
CH03	Employer's Name	The full corporate or company name of the worker's employer.
CH04 CH05	Operating Location Address	The address or description of where the worker was employed on the day of the injury. For example the branch address, campsite location or administrative office. This includes the address information and city.
CH06 CH07	Employer's Telephone Number	The employer's area code and telephone number
CH08	WCB Claim Number	WCB claim number specific to this injury. Do not include the two letter claim prefix. For example claim number would be 99999999 not BB99999999.
CH09	Worker's Last Name	The worker's legal last name or surname. If possible, it should match the surname on the worker's British Columbia CareCard.
CH10	First Name	The worker's full first or given name. Initials should not be used. If possible, it should match the given name on the worker's British Columbia CareCard.
CH11	Middle Initial	Middle name initial or blank
CH12	Gender	The gender of the worker: M for male, F for female
CH13	DOB	Worker's birth day in yyyy/mm/dd format
CH14 CH15 CH16	Mailing Address	The worker's mailing address including, where applicable, apartment, street address, rural route, city and postal code.
CH17 CH18	Telephone Number	A contact area code and telephone number for the worker. Usually this would be the worker's home phone number, but could be a cellular number or work number.
CH19	Worker's PHN from Health Card	Worker's Personal Health Number as shown on the British Columbia CareCard.
CH20	Date of Injury	The date when the WCB claim injury occurred. In the case of occupational diseases, this is the date when medical attention was first sought.
CH21	Date of Service	The date when the service described on this report was performed.
CH22	Are you the patient's regular chiropractor? Yes No	If yes, WCB may contact you for medical history or to discuss claims issues .
CH23	If Yes, how long has the worker been your patient? 0-6 months 7-12 months > 12 months	Select the duration for which the worker has been your patient. This information is useful for claims information.
	Row Removed	

Form Field #	Form Field Name	Help Text
CH25	Who rendered the first treatment?	Medical practitioner or facility (emergency department, clinic, hospital, etc.) who provides the first treatment for the current injury. for the current injury.. This does not include first aid at the worksite.
CH26	Prior/Other Problems affecting injury, recovery and disability	Provide details about pre-existing conditions that may affect injury, recovery or disability. If insufficient space, add remaining information to 'Clinical Information' area (field CH38).
CH27	Is the worker receiving other concurrent treatments? No Physiotherapy Massage Other	Select "No" or one of the treatments listed. If other give details in the 'Clinical Information' area (field CH38).
CH28	Diagnosis:	Provide a text description of the injury diagnosis.
CH30	BP:	This is a 5 character (numeric) code for the area of injury (body part) from the WCB subset of CSA codes (80/80 list).
CH31	SIDE:	This is a 2 letter code for the anatomical position code (side) of the injury from the WCB subset of CSA codes (80/80 list).
CH32	NOI:	This is the 5 character (numeric) code for the nature of injury from the WCB subset of CSA codes (80/80 list).
CH34	ICD9	This is the ICD9 diagnosis code and is entered on the invoice (claim record).
CH36	From injury or since last report, has the worker been disabled from work? Yes No	If the worker has been disabled from work since the injury or the last report, select 'Y' for 'Yes'. Otherwise, select 'N' for 'No'.
CH37	If Yes, as of what date? (if known)	If known, enter date when worker was first disabled from the work place in the format yyyy/mm/dd.
CH38	Clinical Information	This is an 800 character free form text field for the chiropractor to describe the worker's current situation in the usual fashion clinical notes are constructed. The following information might be included: <ul style="list-style-type: none"> • Presented injury, complaints and etc. • Examination findings • Treatments types and frequencies • X-rays used • The name and date of specialist referral
CH40	Is the worker now medically capable of working full duties, full time? Yes No	Indicate yes if the worker can return to their normal pre-injury duties. If no, elaborate in the "Restrictions" area (field CH41). <i>Examples: tolerance [pain free duration of] sitting, standing, partial bending, and light, moderate and/or heavy lifting.</i>
CH41	What are the current physical and/or psychological restrictions?	Describe the physical and/or psychological restrictions that are barriers to the patient returning to work. The case managers and medical advisors in verifying the need to remain off work or to determine suitable alternative/modified work will use this information.
CH42	Estimated time before the worker	Estimate the length of time before the worker can return to the workplace in ANY capacity. For example, the earliest possible return to the workplace if suitable duties

Form Field #	Form Field Name	Help Text
	will be able to return to the workplace in any capacity. At work 1-6 days 7-13 days 14-20 days >20 days	were available.
CH43	If appropriate, is worker now ready for a rehabilitation program? Yes No	Enter No if worker is not ready for rehabilitation or if a rehabilitation program is not appropriate. If yes, select the type of rehabilitation program in the following field (field CH44).
CH44	If Yes, Select Work Conditioning Program or Other	If 'Other rehabilitation program' is selected, indicate type of program (for example, occupational rehabilitation program, pain program, etc). in the 'Clinical Information' area (field 48).
CH45	Do you wish to consult with WCB chiropractic consultant or nurse advisor? Yes No	
CH46	If possible, please estimate date of Maximal Medical Recovery	Maximal medical recovery (full recovery or best possible recovery) date. This is sometimes also called date of "maximal medical improvement". It refers to date at which no further improvement in condition is expected. At that time the worker may still have significant impairment/disability or may be fully recovered.
CH47	Further Correspondence to Follow: Yes No	
CH50	Payee Number	Enter the payee number issued by MSP that uniquely identifies the individual or organization who submits the associated invoice to the WCB and who will be paid by the WCB.
CH51	Practitioner Number	The chiropractor's practitioner number issued by MSP.

13.3 Physiotherapy Reports - Help Text

The following table provides the 'Help Text' that may be displayed for each field of the new electronic physiotherapy forms. The 'Help Text' will help physiotherapists and their assistants to fill the forms.

Form Field #	Form Field Name	Help Text
PY01	Report Create Date	Enter the date when the report is created.
PY02	Report Name	Select the physiotherapy report type from the list and bill the corresponding fee item. There are four types of physiotherapy reports. <ul style="list-style-type: none"> • Physiotherapy Plan/Report (fee item 19174) • Physiotherapy Plan/Report for Home Visit (fee item 19173) • Physiotherapy Plan/Report for CNS Disorder (fee item 19175) • Requested Report (fee item 19167)
PY05	Physiotherapist Practitioner Number	The physiotherapist's practitioner number issued by MSP.
PY07	Payee Number	Enter the payee number issued by MSP that uniquely identifies the individual or organization who submits the associated invoice to the WCB and who will be paid by the WCB.
PY09	Clinic Name	The name of the clinic that provided the physiotherapy service. This is usually but not always the Payee.
PY10P Y11	Clinic Telephone Number	The clinic's area code and telephone number.
PY12P Y13	Clinic Fax Number	The clinic's area code and fax number
PY14	WCB Claim Number	The 9-digit WCB claim number specific to this injury. Do not include the two-letter claim prefix. For example claim number would be 00015231 not BB00015231.
PY15	Worker's Last Name	The worker's legal last name or surname. If possible, it should match the surname on the worker's British Columbia CareCard.
PY16	First Name	The worker's full first or given name. Initials should not be used. If possible, it should match the given name on the worker's British Columbia CareCard.
PY17	Middle Initial	Middle name initial or blank
PY18	Gender	The gender of the worker: M for male, F for female
PY19	DOB	Worker's birth day in yyyy/mm/dd format
PY20	Worker's PHN from Health Card	Worker's Personal Health Number as shown on the British Columbia CareCard.
PY21	Worker's Occupation	Textual description of the worker's occupation.
PY22	Physician's last name	The full last name of the physician to whom the physiotherapy report will be sent.
PY23	Physician's first name	The full first name or the first initial of the physician to whom the physiotherapy report will be sent.
PY24	Physician's middle initial	The middle initial (or blank) of the physician to whom the physiotherapy report will be sent.
PY26	Date of Injury	The date when the WCB claim injury occurred. In the case of occupational diseases, this is the date when medical attention was first sought.
PY27	Number of visits to date	The number of visits provided to date. It includes the service being reported.
PY28	Initial visit date	The date of the initial physiotherapy visit in format yyyy/mm/dd.
PY29	Surgery data	If the worker had or will have surgery for this injury, enter the date in format yyyy/mm/dd.
PY30	Physiotherapy treatment/assessment date	If the worker had a Physiotherapy Treatment/Assessment visit, enter the date in format yyyy/mm/dd.
PY33	BP:	This is a 5 character (numeric) code for the area of injury (body part) from the WCB subset of CSA codes (80/80 list).

Form Field #	Form Field Name	Help Text
PY34	SIDE:	This is a 2 letter code for the anatomical position code (side) of the injury from the WCB subset of CSA codes (80/80 list).
PY37	NOI:	This is the 5 character (numeric) code for the nature of injury from the WCB subset of CSA codes (80/80 list).
PY39	ICD9	This is the ICD9 diagnosis code and is entered on the invoice (claim record).
PY42	Primary injury status/objective findings	<p>This section describes the current status of the claim injury.</p> <ul style="list-style-type: none"> • Problems described are typically of the Impairment type [World Health Organization (WHO) definition]. • Impairment measures relate to the specific part of the body or organ that is affected by injury. • Select a physiotherapy problem that best represents the current status of the injury (i.e. most limiting to ability to perform work, or most substantially changed). • Create a statement that describes the degree of change (or lack of) since the initial visit from a series of standard and selected sentence fragments and entered values. • Completed sentence will be in the form of..."<i>The problem of select problem of (the) select side of body, select body part, select anatomic direction (if applicable) has select change direction from enter initial measure, select unit of measure to enter current measure, select unit of measure as measured by select type of measure. The 'normal value' used for comparison is select comparison type, enter comparison value. The date of initial measure was enter date.</i>"
PY43	2 nd – injury status/objective findings	Use as per 'Findings 1' if there is a second injury area, or if there is a second physiotherapy problem that substantially affects recovery or if there is a second physiotherapy problem that substantially affects recovery.
PY45	3 rd – injury status/objective findings	Use as per 'Findings 1' if there is a third injury area, or if there is a third physiotherapy problem that substantially affects recovery or if there is a second physiotherapy problem that substantially affects recovery.
PY48	Functional ability type 1 – job demand	<p>This section describes a job demand the worker has reported, and a measure of what the worker is currently capable of doing relative to the job demand.</p> <p>This is the first of two statements created from a series of <u>standard</u> and <i>selected</i> sentence fragments and <i>entered</i> values. It describes the job demand (capacity) reported by the worker.</p> <p>Functional abilities are typically of the <u>Activity</u> type [WHO definition]. <u>Activity</u> measures relate to the functional measures of the person at the whole body level.</p> <p>Select a job demand that the worker has reported as part of his/her job and is significant to return to work (i.e. most limiting to ability to perform work, or most substantially changed).</p> <p>Completed sentences will be in the form of ..." <u>By self report, the worker's job requires select capacity and type of select, and enter values for appropriate parameters of intensity, frequency, distance, hold time, and/or direction over enter duration (portion of day worker is capable of performing)"</u></p> <p>The following parameters are required for each capacity listed:</p> <ul style="list-style-type: none"> • Lift: intensity, frequency, and duration. • Carry/Walk: intensity, frequency, distance and duration. • Squat/Kneel: intensity (depth), frequency, hold time and duration.

Form Field #	Form Field Name	Help Text
		<ul style="list-style-type: none"> • Climb: intensity (flights, rungs or incline), direction, frequency, distance and duration. • Sit/Stand: (hold) time, frequency and duration.
PY73	Functional ability type 2 – worker’s capability	<p>This section describes a job demand the worker has reported, and a measure of what the worker is currently capable of doing relative to the job demand.</p> <p>This is the second of two statements created from a series of <u>standard</u> and <i>selected</i> sentence fragments and <i>entered</i> values. It describes the worker's current ability to perform that job demand.</p> <p>Functional abilities are typically of the <u>Activity</u> type [WHO definition]. <u>Activity</u> measures relate to the functional measures of the person at the whole body level.</p> <p>Select a job demand that the worker has reported as part of his/her job and is significant to return to work (i.e. most limiting to ability to perform work, or most substantially changed).</p> <p>Completed sentences will be in the form of ... "<u>Currently, the worker is capable of select capacity and type of select, and enter values for the same appropriate parameters of intensity, frequency, distance, hold time, and/or direction over enter duration (portion of day worker is capable of performing)</u>"</p> <p>The following parameters are required for each capacity listed:</p> <ul style="list-style-type: none"> • Lift: intensity, frequency, and duration. • Carry/Walk: intensity, frequency, distance and duration. • Squat/Kneel: intensity (depth), frequency, hold time and duration. • Climb: intensity (flights, rungs or incline), direction, frequency, distance and duration. • Sit/Stand: (hold) time, frequency and duration.
PY50	Functional ability type 1 – job demand	Use as per Functional Abilities 1 – job demand' if there is a second job demand that substantially limits, or describes recovery.
PY74	Functional ability type 2 – worker’s capability	Use as per Functional Abilities 1 – worker’s capability' if there is a second job demand that substantially limits, or describes recovery.
PY52	Functional ability type 1 – job demand	Use as per Functional Abilities 1 – job demand' if there is a third job demand that substantially limits, or describes recovery.
PY75	Functional ability type 2 – worker’s capability	Use as per Functional Abilities 1- worker’s capability ' if there is a third job demand that substantially limits, or describes recovery.
PY54	Pre-existing conditions	The section identifies any pre-existing medical conditions that present barriers to recovery of the work-related injury. From the list of IDC-9 code, select those codes that describe other pre- or co-existing medical conditions that may affect recovery from the work-related injury.
PY56	Other conditions	The section identifies other circumstances or non-medical conditions that present barriers to recovery of the work-related injury. Select the code from the ‘ WCB Other Behavioral Conditions ’ table that most appropriately describes the barrier to progress. Describe the specific details in the Comments section.
PY59	Recommendations	The section identifies the physiotherapist’s post-assessment recommendations. These recommendations are mutually exclusive (choose only one). They include: 1. Further medical investigation (i.e. no objective improvement has been demonstrated, and findings suggest a medical problem exists). Discuss findings

Form Field #	Form Field Name	Help Text
		<p>and rationale with Attending Physician prior to reporting and specify the nature of investigation recommended.</p> <ol style="list-style-type: none"> 2. WCB Sponsored Rehabilitation Program. Select one of the following programs where the worker requires higher intensity and/or more structured and/or more specific program to recover from problems of the work place injury: <ul style="list-style-type: none"> • Work Conditioning • Hand Therapy • Medical Rehabilitation • ASTD (Activity-related Soft Tissue Disorder) Treatment • Note the conditions requiring such recommendations described in the Physiotherapy Agreement, Schedule A Section 8B. 3. Physiotherapy Extension (i.e. where objective evidence suggests additional physiotherapy is the best service to assist the worker to an efficient and effective treatment and RTW outcome). Select one of the following types of Physiotherapy Extension: <ul style="list-style-type: none"> • To Return to Work (Full Duties). Worker is currently off work. • To Graduated Return to Work (GRTW); worker is currently at work part time or part duties. • GRTW; worker is currently capable of work part time or part duties. Worker is currently off work. • To prepare for Work Conditioning Program (i.e. findings such as inflammatory joint effusion make participation in WCP unsafe at this time) • Due to Condition with a Known Prolonged Recovery. The selection is to be used only with categories of conditions described in the Physiotherapy Agreement, Schedule A Section 8A. Describe the category in the Comments Section. 4. Return to Work – no further treatment required (i.e. where the injury has resolved such that no objective findings remain; this selection is valid only for ‘Requested Report’) 5. Status unknown – worker stopped attending (valid only if the form is ‘Requested Report’) <p>Where appropriate, select the specific type of recommendation for that category (i.e., for physiotherapy extension, select 'Known Prolonged Extension' if the worker has a knee ligament repair and a post-surgical protocol that sets an expectation of 16 weeks post-surgical rehabilitation).</p>
PY61	Number of weeks of extended treatment	This field is mandatory if Physiotherapy Extension of any type is recommended. Specify the recommended number of additional weeks of physiotherapy treatment. A range of weeks is not acceptable.
PY63	Extension start date	<p>This field is mandatory if Physiotherapy Extension is recommended. This field indicates the start date (in format yyyy/mm/dd) of the proposed extended treatment period.</p> <ul style="list-style-type: none"> • The date four weeks following the ‘Date of Initial Physiotherapy Visit’ should be entered for a Physiotherapy Plan/Report. This date can be changed, if appropriate. • The date two weeks following the ‘Date of Initial Physiotherapy Home or CNSD Visit’ should be entered for a Physiotherapy Plan/Report for Home Visit or Central Nervous System Disorder treatments, and can be changed, if appropriate.
PY64	Expected number of visits	This field is mandatory if Physiotherapy Extension is recommended. Specify the recommended number of visits in the proposed treatment period. A range of visits is not acceptable

Form Field #	Form Field Name	Help Text
PY66	Expected Impairment outcomes	<p>This field specifies the outcome (goals) expected to a result from the extended treatment. There are two general types of treatment outcome that can be described; <u>Impairment</u> and <u>Activity</u> [WHO definition].</p> <ul style="list-style-type: none"> • Impairment outcomes relate to the specific part of the body or organ that is affected by injury. • Activity outcomes relate to the functional measures of the person at the whole body level. <p>Use this field to describe the ‘impairment outcome’ treatment expected to achieve. Create a statement that describes the degree of change (from the current measure) that is expected to occur following the treatment extension, using a series of <u>standard</u> and <u>selected</u> sentence fragments and <u>entered</u> values.</p> <ul style="list-style-type: none"> • An <u>Impairment</u> type outcome will provide a completed sentence in the form of..." <u>The problem of select problem of (the) select side of body, select body part, select anatomic direction (if applicable) is expected to improve from enter current measure, select unit of measure to enter expected measure, select unit of measure as measured by select type of measure. The 'normal value' used for comparison is select comparison type, enter comparison value by enter date.</u>" <p>The following parameters are required for each capacity listed:</p> <ul style="list-style-type: none"> • Lift: intensity, frequency, and duration. • Carry/Walk: intensity, frequency, distance and duration. • Squat/Kneel: intensity (depth), frequency, hold time and duration. • Climb: intensity (flights, rungs or incline), direction, frequency, distance and duration. • Sit/Stand: (hold) time, frequency and duration. <p>The expected date (in format yyyy/mm/dd) is usually the "Extension Start Date plus the number of weeks of the Extended Treatment period" but can differ.</p> <p>A range of dates is not acceptable.</p>
PY76	Expected Functional/Activity Outcomes	<p>This field specifies the outcome (goals) expected to a result from the extended treatment. There are two general types of treatment outcome that can be described; <u>Impairment</u> and <u>Activity</u> [WHO definition].</p> <ul style="list-style-type: none"> • Impairment outcomes relate to the specific part of the body or organ that is affected by injury. • <u>Activity</u> outcomes relate to the functional measures of the person at the whole body level. <p>Use this field to describe the ‘activity outcome’ treatment expected to achieve. Create a statement that describes the degree of change (from the current measure) that is expected to occur following the treatment extension, using a series of <u>standard</u> and <u>selected</u> sentence fragments and <u>entered</u> values.</p> <ul style="list-style-type: none"> • A functional/activity type outcome will provide a completed sentence in the form of "...<u>The worker is expected to be capable of select capacity and type of select, and enter values for the appropriate parameters of intensity, frequency, distance, hold time, and/or direction over enter duration (portion of day worker is capable of performing)</u>" <p>The following parameters are required for each capacity listed:</p> <ul style="list-style-type: none"> • Lift: intensity, frequency, and duration.

Form Field #	Form Field Name	Help Text
		<ul style="list-style-type: none"> • Carry/Walk: intensity, frequency, distance and duration. • Squat/Kneel: intensity (depth), frequency, hold time and duration. • Climb: intensity (flights, rungs or incline), direction, frequency, distance and duration. • Sit/Stand: (hold) time, frequency and duration. <p>The expected date is usually the "Extension Start Date plus the number of weeks of the Extended Treatment period" but can differ. A range of dates is not acceptable.</p>
PY69	Return to Work Outcome	<p>This field specifies the type of Return to Work (RTW) outcome expected to result from treatment.</p> <p>RTW outcomes are typically of the <u>Participation</u> type [WHO definition]. <u>Participation</u> measures relate to the performance of functional activities by the person in the context of an environment.</p> <ul style="list-style-type: none"> • Select the RTW outcome from the list that most appropriately describes the expected outcome.
PY71	Return to Work Expected Date	<p>This field specifies the Return to Work (RTW) date in format yyyy/mm/dd.</p> <p>The expected date is usually the "Extension Start Date plus the number of weeks of the Extended Treatment period", but can differ.</p> <p>This date may differ from the expected date of the 'Treatment Outcome'. For example, the worker may be safe for full duties and achieve the RTW outcome prior to completing rehabilitation for a post surgical knee ligament repair as per a post surgical protocol.</p> <p>A range of dates is not acceptable.</p>
PY72	Comments	<p>This is a 250-character free form text section for providing additional information that may assist the Board Officer to make a decision. It may include</p> <ul style="list-style-type: none"> • Findings and/or physiotherapy diagnosis that differs from the Injury Accepted on the Claim, • Describe circumstances that have altered the treatment provided to date from the initial treatment plan, plan (such as treatment absences, new injuries, unexplained worsening of symptoms, non-compliance, magnified pain behavior), • Describe circumstances that explain why no change has been demonstrated in Injury Status/Objective Findings or Functional Abilities, • Describe how a pre-existing conditions that affects the expected recovery, • Specify a condition with a known prolonged recovery, • Specify or reference a post-surgical treatment protocol, • Provide short term goals for a condition with a known prolonged recovery, • Describe specific forms of treatment, or modalities that have been provided.

14 Appendix D: Summary of Changes

14.1 Summary of Revision 1.9 Changes

- **Page 31: P22-Note-Date-Line: WCB-Prior-Problems:** changed default string to “[Intentionally left blank](#)”
- **Page 58: P22-Note-Date-Line: WCB-Prior-Problems:** changed default string to “[Intentionally left blank](#)”
- **Page 116:** Modified row DR02 to expand on the help text as follows:

DR02	or The worker’s condition or treatment has changed	This field indicates the report is a Physician’s Progress Report (Form 11) and should be submitted if the worker’s condition or treatment has changed since last report or if the worker is ready for Return to Work . A report is not necessary or desired if the worker’s condition is stable and there will be a planned follow up at an appropriate future date. A report is also not necessary if the worker is enrolled in a WCB sponsored rehabilitation program. Payment of benefits to a worker is not contingent on follow up every two weeks if the above conditions are met. A corresponding fee item of 19940 should be billed.
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- **Page 116:** Modified row DR22 to expand on the help text as follows:

DR22	Are you the patient’s regular physician?	If yes, WCB may contact you for medical history or to discuss claims issues .
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- **Page 116:** Modified row DR23 to expand on the help text as follows:

DR23	If yes, how long has the worker been your patient?	Select the duration for which the worker has been your patient. This information is useful for claims information .
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- **Page 117:** Modified row DR32 to correct field definition as follows:

DR30	BP:	This is the 5 character (numeric) code for the area of injury (body part) from the WCB subset of CSA codes (80/80 list).
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- **Page 117:** Modified row DR32 to correct field definition as follows:

DR32	NOI:	This is the 5 character (numeric) code for the nature of injury from the WCB subset of CSA codes (80/80 list).
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- **Page 119:** Modified row CH02 to expand on the help text as follows:

CH02	or The worker’s condition or treatment has changed	This field indicates the report is a Physician’s Progress Report (Form 11) and should be submitted if the worker’s condition or treatment has changed since last report or if the worker is ready for Return to Work . A report is not necessary or desired if the worker’s condition is stable and there will be a planned follow up at an appropriate future date. A report is also not necessary if the worker is enrolled in a WCB sponsored rehabilitation program. Payment of benefits to a worker is not contingent on follow up every two weeks if the above conditions are met. A corresponding fee item of 19940 should be billed.
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- **Page 119:** Modified row CH22 to expand on the help text as follows:

CH22	Are you the patient’s regular chiropractor?	If yes, WCB may contact you for medical history or to discuss claims issues .
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- **Page 119:** Modified row DR23 to expand on the help text as follows:

CH23	If yes, how long has the worker been your patient?	Select the duration for which the worker has been your patient. This information is useful for claims information .
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- **Page 120:** Modified row DR32 to correct field definition as follows:

CH30	BP:	This is the 5 character (numeric) code for the area of injury (body part) from the WCB subset of CSA codes (80/80 list).
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- **Page 120:** Modified row DR32 to correct field definition as follows:

CH32	NOI:	This is the 5 character (numeric) code for the nature of injury from the WCB subset of CSA codes (80/80 list).
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- **Page 122:** Modified row PY37 to correct field definition as follows:

PY33	BP:	This is the 5 character (numeric) code for the nature of injury from the WCB subset of CSA codes (80/80 list).
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- **Page 123:** Modified row PY37 to correct field definition as follows:

PY37	NOI:	This is the 5 character (numeric) code for the nature of injury from the WCB subset of CSA codes (80/80 list).
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14.2 Summary of Revision 1.8 Changes

- **Page 15:** Modified row DR26 to change mandatory designation as follows:

DR26	2 of 4	N01	P22	WCB-Prior-Problems	Yes	Yes
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- **Page 31: P22-Note-Date-Line: WCB-Prior-Problems:** changed to a mandatory field. If blank fill with “No prior problems”

- **Page 43:** Modified row CH26 to change mandatory designation as follows:

CH26	2 of 4	N01	P22	WCB-Prior-Problems	Yes	Yes
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- **Page 58: P22-Note-Date-Line: WCB-Prior-Problems:** changed to a mandatory field. If blank fill with “No prior problems”

14.3 Summary of Revision 1.7 Changes

- **Page 71:** Modified row PY66 to change mandatory designation as follows:

PY66	3 of 3	N01	P22	WCB-Treatmnt-Outcome-Phase1	Yes if PY59 = '13', '14', '15', '16' or '17' and PY76 is blank	Yes
PY76	3 of 3	N01	P22	WCB-Treatmnt-Outcome-Phase1	Yes if PY59 = '13', '14', '15', '16' or '17' and PY66 is blank	Yes

- **Page 28: P27 Billed-Amount on physician claim record 2: Set value = \$0.**
- **Page 32: P27 Billed-Amount on physician claim record 3: Set value = \$0.**
- **Page 36: P27 Billed-Amount on physician claim record 4: Set value = \$0.**
- **Page 55: P27 Billed-Amount on chiro claim record 2: Set value = \$0.**
- **Page 59: P27 Billed-Amount on chiro claim record 3: Set value = \$0.**
- **Page 63: P27 Billed-Amount on chiro claim record 4: Set value = \$0.**
- **Page 84: P27 Billed-Amount on physio claim record 2: Set value = \$0.**
- **Page 91: P27 Billed-Amount on physio claim record 3: Set value = \$0.**

14.4 Summary of Revision 1.6 Changes

- **Page 15:** Modified row DR38b to change mandatory designation as follows:

DR38b	4 of 4	N01	P22	WCB-Clinical-info-part-2	Yes	Yes
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- **Page 39: P22 Note-Line-Data:** Added mandatory designation and fill value as follows:
 - 2) 'WCB Specific' The second 400 bytes of an 800 byte Clinical Information description.
 - 3) **Mandatory field – if blank fill with “Clinical Information Complete”**

Form Field #DR38b

- **Page 43:** Modified row DR38b to change mandatory designation as follows:

CH38b	4 of 4	N01	P22	WCB-Clinical-info-part-2	Yes	Yes
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- **Page 66: P22 Note-Line-Data:** Added mandatory designation and fill value if field is blank.
 - 3) WCB Specific' The second 400 bytes of an 800 byte Clinical Information description.
 - 4) **Mandatory field – if blank fill with “Clinical Information Complete”**

Form Field #DR38b

- **Page 70:** Modified row PY48 and PY 73 to change mandatory designation as follows:

PY48	2 of 3	N01	P22	WCB-Functional-Abilities-1-1	Yes if 'PY73' is blank	Yes
PY73	2 of 3	N01	P22	WCB-Functional-Abilities-1-2	Yes if 'PY48' is blank	Yes

14.5 Summary of Revision 1.5 Changes

- **Page 25: WCB-Estimated-time-off:** Added '0' for at work
- **Page 52: WCB-Estimated-time-off:** Added '0' for at work

14.6 Summary of Revision 1.4 Changes:

- **Page 1:** Removed Distribution List; Updated version and version number
- **Page 8 - Figure 3:** Completed fee item code for claims record 4
- **Page 9 – Figure 4:** Completed fee item code for claims record 4
- **Page 10 – Section 5.3 Claim Record Acknowledgements:** Completed fee items for claim records 2, 3 and 4.
- **Page 11 – Table 2A :** Completed fee item codes for chiropractor and physiotherapist 'no fee' resubmission fee items
- **Page 11 – Table 2D:** Completed fee items codes for physician's 4th claim record
- **Page 11:** Removed footnote 2 (Fee Item to be announced at a later date)
- **Page 12 - Table 2E/Table 2F/Table 2G:** Added these tables for 2nd and 3rd claim/note records for physiotherapists and chiropractors
- **Page 12 – Resubmission of multiple Eform data:** – Added fee items for resubmission of chiro and physio forms as follows: The WCB and MSP have created several new fee items ('19943', '19944', '19145' (chiro), '19146' (chiro) and '19176' (physio)) to facilitate with the re-transmission of e-form data.
- **Page 12:** Removed footnote 3 (Fee item to be announced at a later date)
- **Page 13:** Modified figure 5 to remove the following line: If this form was formally requested by WCB, enter the date when the form was requested yyyy/mm/dd)____/____/____
- **Page 14:** Modified figure 6 to remove the following line: If this form was formally requested by WCB, enter the date when the form was requested (yyyy/mm/dd)____/____/____ **(DR24)**
- **Page 15:** Removed row DR24 as follows:

DR24	1 of 4	N01	P22	Form-Request-DT
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- **Page 25:** Removed field WCB-Form-Request-DT; replaced with filler
- **Page 36:** Updated fee item code for the Completed Billed-Fee-Item field
- **Page 41:** Modified figure 7 to remove the following line: If this form was formally requested by WCB, enter the date when the form was requested yyyy/mm/dd)____/____/____
- **Page 42:** Modified figure 6 to remove the following line: If this form was formally requested by WCB, enter the date when the form was requested (yyyy/mm/dd)____/____/____ **(CH24)**
- **Page 43:** Removed row CH24 as follows:

CH24	1 of 4	N01	P22	Form-Request-DT
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- **Page 46:** Updated Billed-Fee-item to reflect new Chiro fee items

- **Page 52:** Removed field WCB-Form-Request-DT; replaced with filler
- **Page 55:** Updated Billed-Fee-Item to reflect new Chiro fee items
- **Page 59:** Updated Billed-Fee-Item to reflect new Chiro fee items
- **Page 63:** Updated Billed-Fee-Item to reflect new Chiro fee items
- **Page 74:** Updated Billed-Fee-Item to reflect new Physio fee items
- **Page 84:** Updated Billed-Fee-Item to reflect new Physio fee items
- **Page 91:** Updated Billed-Fee-Item to reflect new Physio fee items
- **Page 110 to 115:** Corrected table numbering from 1.1.1 thru 1.1.16 to 14.1.1 thru 14.1.16
- **Page 117:** Removed Help Text for DR 24 – Date requested
- **Page 120:** Removed Help Text for CH24 – Date requested