

Revised CODE	Revised DESCRIPTOR	Revised DEFINITION
C	Residential Care/Assisted Living Residence	Service is provided to a patient in a licensed residential care facility or registered assisted living residence (Note: Excludes small “group homes” where no professional health care support/care is available and includes extended care facility within a hospital).
D	Diagnostic Facility	Service is provided in a facility that primarily/exclusively provides diagnostic testing and has been granted a MSC Certificate of Approval (Note: Excludes diagnostic tests provided in a practitioner’s office. Also excludes diagnostic services provided in/by hospital and/or D&T center facilities).
E	Hospital – Emergency Room (Unscheduled Patient)	Service is provided in a hospital emergency department for a patient who presents for emergent or urgent treatment (Note: Excludes hospital outpatients who receive services on a scheduled basis within an emergency department – see <i>Hospital Outpatients</i>).
I	Hospital – Inpatient	Service is provided for a patient who is an inpatient of a hospital (Note: Excludes patients located within a designated “extended care unit” within a hospital – see <i>Residential Care/Assisted Living Residence</i>).
P	Hospital – Outpatient	Service is provided in outpatient and/or ambulatory clinics where outpatients receive scheduled services including emergency department, or any other hospital setting where outpatients receive services (Note: Excludes day care surgical patients).
R	Patient’s Private Home	Service is provided in a patient’s own home (Note: Includes service provided in a “group homes” where on-site nursing or other health professional support care is not provided, but excludes assisted living residences and other residential facilities – see <i>Residential Care/Assisted Living Resident</i>).
Z	Other (e.g. accident site or ambulance)	Service is provided in any other location such as a temporary community or school clinic, ambulance, accident site etc.
G	Hospital – Day Care (Surgery)	Service is provided within a hospital to a patient who is a day care surgery patient (Note: Includes all patients who are in hospital on a day care basis primarily to receive a “procedure”. Excludes scheduled services – see <i>Hospital – Outpatient</i>).
F	Private Medical/Surgical Facility	Service is provided within a private medical/surgical facility accredited by the College of Physicians and Surgeons of BC.
A	Practitioner’s Office – In Community	Service is provided in a practitioner’s office (Note: Excludes practitioner’s offices that are located within a publicly administered health care facility – see <i>Practitioner’s Office – In Publicly Administered Facility</i> . Includes services provided by a physician, chiropractor, dentist, optometrist, podiatrist, physiotherapist, and massage therapist).
M	Mental Health Centre	Service is provided in a publicly administered mental health centre to an outpatient (Note: Excludes mental health facilities that are primarily residential in nature – see <i>Residential Care/Assisted Living</i> . Includes CRESST Facilities).
T	Practitioner’s Office – In Publicly Administered Facility	Service is provided in a practitioner’s office located within a publicly administered health care facility (e.g., Hospital, Primary Care Centre/Clinic, D&T Centre, etc...).