BRITISH COLUMBIA | Ministry of Health

MEDICAL SERVICES PLAN PAYMENT INFORMATION − DATA DICTIONARY

The data includes MSP insured medical fee-for-service and alternate payment services provided by general practitioners and specialists. It also includes MSP insured services provided by other health practitioners such as chiropractors, naturopaths, physical therapy, oral surgeons, podiatrists, optometrists, dental surgeons, oral medicine, orthodontists, massage practitioners, acupuncturists and midwives.

These data do NOT include therapeutic abortion data in accordance with the BC *Freedom of Information and Protection of Privacy Act*.

DATA VARIABLES	DEFINITION
Personal Health Number (PHN)	Identification number of person receiving the health care service.
Client Gender	Client gender is the sex of the client.
Client Age Group	Client Age Group is the 5 year cohort that clients are grouped into based on their age at time of service.
Client HA	The Client Health Authority is a one-digit code that identifies the HA within BC in which the patient lives.
Client HSDA	The Client Health Service Delivery Area is a two-digit code that identifies the HSDA within BC in which the patient lives.
Client LHA	The Client Local Health Area is a three-digit code that identifies the LHA within BC in which the patient lives. (Please provide rationale when requesting this variable).
Client FSA	Forward Sortation Area
Service date	Service date is the date on which the service was rendered by a practitioner.
Fee Item	Fee Item Code is a numeric code used to identify each service provided by a practitioner.
Service code	Service Code is a two-digit code to indicate the type of services rendered by a practitioner.
ICD9 diagnostic code	Diagnostic codes are intended to indicate the condition for which the patient is treated. The MSP diagnosis codes are based on ICD9 (9TH version of the International Classification of Disease) for diagnostic coding.
Paid service	This is the number of services paid by MSP to the practitioner in the fee-for-service claim.
Expenditure	Expenditure in the fee-for-service claim describes the paid amount from a Medical Services Plan expenditure perspective.
Encounter Claim service	This is the number of services submitted by practitioner in the encounter claim. These services are paid under an alternative payment (non fee-for-service) basis.
Payee number	Payee number is the practitioner, hospital, office, institution, etc. to which the payment of a claim is made.
Claim type	Claim type is a two-character variable which identifies the type of practitioner and the responsibility (insurer) for paying the claim.
Practitioner number	Practitioner Number is a number, assigned to a practitioner, which is used on a claim to identify the practitioner who rendered the service to an insured person.
Claim specialty	The Claim Specialty is the specialty recorded on the claim by the Edit and Eligibility sub-system of MSP Claims. It represents a practitioner's specialty associated with a claim assigned at the time when the claim was processed.
Referring practitioner number	The Referring Practitioner Number for a Claim is the MSP practitioner number of the practitioner who referred the service, usually a physician.

DATA VARIABLES	DEFINITION
Client Province	Client province is a two-character variable which is intended to indicate where the client is resident.
Service place	Service place is the geographical place where the service was provided.
Service location	Service Location is used to indicate what type of facility a procedure was performed in.