

APPENDIX B

WSBC E-FORMS SUMMARY as issued to Vendors April, 1997

(Note Record Layouts)

This Appendix is a memo item. See WSBC for specific details.

WSBC Contact:

Senior Manager or Director, Health Care Services
WorkSafeBC
6951 Westminster Highway
Richmond, BC V7C 1C6

WSBC toll free phone number: 1-888-967-5377

Web URL: www.worksafebc.com

Note: WSBC provides a specification that details the method of submitting a group of note records to support a form submission.

Extracted from WSBC specifications document (aka 1,600 byte record).

Front page from WSBC document (Page 1 of 131)

Information Services Division
Revised
WSBC Electronic Medical Forms
Vendor Specifications for MSP Inbound Records
SR#: 7153
Version 1.9
Created on: November 24, 2000
Last Updated: April 20, 2001

* Revision – November 2012 – Removal of fee items 19923, 19924, 19925 and 19926

1.1 PHYSICIAN'S FIRST REPORT

| SEQ | DATA ELEMENT NAME | MANDATORY /OPTIONAL | SIZE | TYPE | DESCRIPTIONS/RELATED FORM TEMPLATE QUESTIONS |
|--|-------------------------------------|---------------------|------|--------|--|
| P01 Cols 1-25 | NOTE-BASIC-IN | M | 25 | X(25) | The first 25 characters of a note record are as outlined in the Claim record per MSP Teleplan specifications. |
| P20 Col 26 | NOTE-DATA-TYPE | M | 1 | X(1) | MSP has assigned a 'W' to this field to denote a WSBC electronic form. For MSP purposes this field must contain a 'W'. |
| P22 Cols 27-426 | NOTE-DATA-LINE | | 400 | X(400) | Narrative comments **Verify with WSBC as to contents - subject to change.** |
| The following is a redefinition of P22 for WSBC DEMOGRAPHIC INFORMATION | | | | | |
| Col 27 | FORM-TYPE-VERSION | M | 1 | X(1) | Numeric sequential WSBC Electronic Form Type identifying the form being electronically submitted. This field will contain a '1' - Physician's First Report for April 1, 1997. Valid for Invoice Fee item codes, examples: 19900,19901 (verify with WSBC). |
| Cols 28-426 | See WSBC for latest specifications. | | | | |

1.2 PHYSICIAN'S PROGRESS REPORT

| SEQ | DATA ELEMENT NAME | MANDATORY /OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|--|---------------------|---------------------|------|--------|--|
| P01 Cols 1-25 | NOTE-BASIC-IN | M | 25 | X(25) | The first 25 characters of a note record are as outlined in the Claim record per MSP Teleplan specifications. |
| P20 Cols 26 | NOTE-DATA-TYPE | M | 1 | X(1) | MSP has assigned a 'W' to this field to denote a WSBC electronic form. For MSP purposes, this field will contain a 'W'. |
| P22 Cols 27-426 | NOTE-DATA-LINE | | 400 | X(400) | Narrative Comments *** Verify with WSBC as to contents.*** |
| The following is a redefinition of P22 for WSBC DEMOGRAPHIC INFORMATION | | | | | |
| Col 27 | FORM-TYPE-VERSION | M | 1 | X(1) | Numeric sequential WSBC Electronic Form Type identifying the form being electronically submitted. This field will contain '2' - Physician's Progress Report for April 1, 1997 - Valid for Invoice Fee Item codes, examples: 19902,19903 (verify with WSBC). |
| Col 28 - 426 | See WSBC for Specs. | | | | |