

## CHAPTER 3

### OUTBOUND RECORDS FROM MSP

#### 3.1 TELEPLAN OUTBOUND RECORDS OVERVIEW

This chapter identifies the Teleplan record structures of (ASCII) data transmitted to Teleplan Data Centres from the MSP for their medical office software to process.

There are a total of sixteen (16) outbound record types and they are grouped within four categories called:

1            2            3            4  
**Daily / Special / Remittances / Vendor Control**

##### 3.1.1 Daily Records

###### 1. Batch Eligibility Record - (B14)

Returns reply to a Batch Eligibility Request (B04) submitted the previous day.

###### 2. Refusal Claim Record - (C12)

Returns minimal claim submission information (C02) for those claims that are refused due to format, edit, or eligibility error conditions. Data Centre Number and Data Centre Sequence Number are the Prime Keys to the medical office software.

###### 3. Data Centre Message Record - (M01)

- a) Returns information to data centre(s) on the status of MSP processing schedules or messages related either to a particular or all data centres.
- b) Payment advice is returned each remittance period to allow data centre payees to know their net payment amounts. This data is normally available one day prior to the remittance load. This record is not created for Pay Patient electronic submitters.
- c) Population Based Funding (PBF) Data Centre Message Record with PBF Pending Registration Action Record Data - see Appendix C2.6

##### 3.1.2 Other Records (X\_\_)

Any records to be transmitted to Data Centres that do not normally fall into the claims' processing will be designated as "Others" code 'Xnn\_'.

###### 4. Other - Patient Demographic Data to Practitioners - (X02)

A service that allows practitioners to request patient data with the PHN in order to establish their initial office files on an office computer. It also provides a way to reset the database with a basic profile of a patient when no backup exists.

MSP can scan all services up to 18 months for that practitioner/payee and generate a patient record of the last service performed. This can be done once a month upon request to MSP.

### 3.1.3 Remittances (Semi-monthly) Records Overview

The following records will supply information on the regular remittance report.

#### 3.1.3.1 *Remittance Record Types*

##### **5. Remittance Claim Data (Data Centre Change) - (S00)**

Return full information on a claim in which a payee has changed his/her data centre location at time of payment and verifying the original data centre submission location; consists of the regular Paid/Refused/Held claim details.

**Example:** claims were submitted on cards and then switched to Teleplan or payee changed service bureau or location.

##### **6. Remittance Claim - Paid as Billed - (S01)**

This claim was paid as billed, minimal data sent.

##### **7. Remittance Claim - Paid with an Explanation - (S02)**

This claim was paid with explanatory codes attached.

##### **8. Remittance Claim - Refused - (S03)**

This claim has been refused by MSP after having been processed through the adjudication systems.

##### **9. Remittance Claim - In Hold Process - (S04)**

This claim is still in MSP's claim process and will be processed at a later date. Minimal data sent.

##### **10. Remittance Payee Payment Summary Record - (S21)**

This record supplies total values for the Payee/Data Centre combination.

##### **11. Remittance Practitioner Record - (S22)**

This record supplies total values for the Practitioner/Payee/Data Centre combination.

##### **12. Remittance Adjustment Detail - (S23)**

##### **13. Remittance Adjustment Summary - (S24)**

These records supply overall payment and deduction totals for the set of Practitioner/Payee/Data Centre.

##### **14. Remittance Broadcast Message - (S25)**

This record supplies a specific message related to that payee/practitioner remittance statement. It can consist of many notations dealing with general announcements or specific claims. It is not used for operational messages sent to Teleplan Data Centres.

### 3.1.4 Vendor Control Record Types

MSP will provide two types of control records for vendors when data is transmitted to a site. This is to ensure details have been accounted for after a transmission.

**Note:** These records are not sent in the 'Other Processing' method of Teleplan, i.e., Retrieve a Fee Schedule File.

#### 15. Vendor Remittance Control Record - (VRC)

This record will be at the end of each group of remittance (S--) records sending the Payment Date and Total Count. If more than one remittance is sent, then one VRC record will be sent for each set.

#### 16 Vendor Transmission Control Record - (VTC)

This record will be the last record of all transmissions when actual data is sent from MSP. It is sent for refusals, remittances, messages, eligibility, etc. This record must be in all transmissions and denotes end of data file.

## 3.2 OUTBOUND RECORDS DESIGN WARNING!

The following observations should be noted about Teleplan remittances.

### 3.2.1 MSP Remittance Line Code

Each line code within a remittance record is assigned a unique Teleplan record code to allow reduced data transmission and reduce site balancing time where possible. Line codes also provide another way of identifying 'S00' record types when it cannot allocate the S01/02/03/04 codes.

### 3.2.2 Data Centre Number and Data Centre Sequence Number

The "Data-Centre-Number" and "Data-Centre-Sequence Number" together provide a total unique matching key link between MSP and a vendor's software package. In cases where a payee has switched data centres, the record code 'S00' will then identify this situation and the remittance line code will identify the type of remittance claim data.

### 3.2.3 Remittance Contents

Remittance records do not return all data from a submitted inbound claim (example: ICD9 code, claim comment).

Some records (S01/S04) will be sent back with only sufficient data to allow the vendor to match against original data centre files.

In cases where MSP has corrected errors, adjusted fields, or created records not submitted, the records (S00/S02/S03) are sent back with full remittance data.

**Note:** when S00 records go back they will not have the current site's Data Centre Number or its data centre sequence as the payee moved sites from the original submission. Also, when MSP creates Debits and/or Credits, there may be occasions when MSP is not able to supply the original submitted sequence number because of numerous claims adjusted.

### 3.2.4 Remittance Summary Records (S21-S24) Amount Overflow WARNING!

At times more than one **Teleplan Summary record (see S21 to S24 record types)** can be created when the summary amount fields (length of "S9 (7) V99") are more than \$9,999,999.99 (one cent less than 10 million dollars).

The MSP Claims payment system was changed to accommodate BC Health Region's summary payments and BC Government Corporate Accounting System from the above limit to \$999,999,999.99 (999 million dollars); for the Teleplan system an extra summary record will be created to make up the difference.

At a future date, when major changes to the Teleplan data fields and records are announced to vendors, it will then increase these summary record fields to accommodate the increased size to "S9(9)V99". As of today, the summary amount fields remain at "S9 (7) V99" field length per the detailed specifications.

### 3.2.5 Payee Connection to a Data Centre

Payees are connected to a data centre which means that MSP will send processed claim data back to where the payee is located at payment time.

Teleplan registration receives a large number of requests to move payees from one site to another, either from a service bureau to PC or *vice versa*. Remittance Record Type 'S00' denotes this situation and vendors **should not** try automatic matching for these records. The original Data Centre Number and sequence number is normally returned to allow the payee to identify those claims. Refer to Line Code and Source Code for further information about the claim.

All other Remittance Records 'S01/S02/S03/S04' indicate the payee did not change location based on the original data centre from which the claim was submitted. The Remittance Records 'S21/S22/S23/S24/S25' are sent to the current location as they were issued by MSP.

Refusal Record Type 'C12' is also returned to the current location but the system does not identify the original data centre if changed.

Batch Eligibility Record Type 'B14' is returned to the original data centre since a claim is not involved; it is the patient who "resides" at the submitting location.

Message Record Type 'M01' is sent to data centres from MSP and if a Payment Advice is involved then it goes to the Payee's current location.

### 3.3 BATCH ELIGIBILITY REQUEST REPLY (B14)

This record is created only from the processing of Teleplan Inbound Batch Eligibility Request (Record Type B04) and is returned for subsequent process at the data centre site.

MSP will normally establish an authorized period of one to seven days from your 'B04' Eligibility Request. You must then submit your claim within seven days of the SERVICE-VALID-DATE or submission date. If the updates are zero (no coverage) then it means that the patient's active coverage does not fall into this authorized period.

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record returned to data centre - 'B14' is reserved for Outbound Batch Eligibility and is the reply to a 'B04' submitted eligibility request.
P02	DATA-CENTRE-NUM	5	X(5)	Original Data Centre that requested the Eligibility check
P04	DATA-CENTRE-SEQNUM	7	9(7)	Original sequence number of the eligibility request
P06	NAME-VERIFY	4	X(4)	First initial of first name, first initial (or space) of second name, and first two characters of surname as submitted from the data centre
P08	DATE-OF-REQUEST	8	9(8)	The date the Batch Eligibility Request was received
	continued →			

**Batch Eligibility Request Reply (B14) (cont'd)**

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P10	STATUS-COVERAGE-CODE	3	X(3)	<p>Code related to the response of a request</p> <ul style="list-style-type: none"> <li>- An explanatory code assigned by MSP Pre-Edit and Edit &amp; Eligibility processes. Refer to MSP Explanatory Code Booklet. This code is shown as a result of patient identification edit failures or changes.</li> </ul> <p>Examples - <b>all codes are XX_ (blank):</b>                      W2 - Payee not connected to Data Centre                      W3 - Payee not active or not on file                      VA - Payee number is not numeric or alphanumeric, missing or invalid                      W7 - Provincial Institutions ineligible for pre-authorization                      W8 - Dependent 66 newborns ineligible for pre-authorization                      XB - Invalid patient Status Request Code                      XC - Invalid Sex Code                      AB - PHN or MSP Identity Number not on the active subscriber master file                      AI - Dependent is not registered                      AQ - Surname does not match subscriber master file                      AM - Dependent number or initials do not match subscriber master file                      AH - Dependent number is missing or invalid                      AJ - Incorrect dependent number                      AA - PHN or Identity Number is missing, invalid, or it has failed—MOD11/10 formulas                      AV - Contact Teleplan Support Centre                      AL - No coverage for request period                      AF - No coverage for request period</p> <p>___ (Blank) - Coverage okay (ensure dates are valid)</p> <p><b>Note:</b> The COVERAGE-REPLY-TXT field contents may clarify an explanatory code.</p>
	continued →			

**Batch Eligibility Request Reply (B14) (cont'd)**

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P12	SERVICE-VALID-DATE	8	9(8)	<p>Date to which the service is valid, if known (CCYYMMDD)</p> <ul style="list-style-type: none"> <li>- Pre-authorization TO date, zero if no pre-authorization</li> </ul> <p><b>Note:</b> Eligibility is approved from the Service Valid Date to the end of that month.</p>
P14	COVERAGE-REPLY-TXT	40	X(40)	A narrative coverage reply that indicates coverage status and any required changes to patient's MSP Registration Number or initials.
P16	PATIENTS-STATUS-REQUEST	1	X(1)	Original Patient-Status-Request code submitted to MSP
P18	PATIENTS-STATUS-REPLY-TXT	24	X(24)	<p>A narrative Patient Status Request reply that indicates patient's status</p> <ul style="list-style-type: none"> <li>- Depending on the coverage situation, MSP generates text messages</li> </ul>
P20	PAYEE-NUM	5	X(5)	Original MSP Payee number on eligibility request
P22	OFFICE-FOLIO-NUMBER	7	9(7)	Original Office-Folio-Number on eligibility request
P24	PBF-PATIENT-REGISTRATION-STATUS-INDICATOR	1	X(1)	<p>Default is Blank. This field is only populated for PBF (payee status F) sites.</p> <p>This field represents a patient's registration status for the submitting payee on the date of service on the claim.</p> <p>PBF patient registration status indicator values:</p> <ul style="list-style-type: none"> <li>'Y' = Registered</li> <li>'N' = Not Registered</li> <li>'O' = Registered to another PBF Payee</li> <li>'R' = Pending Registration (to submitting payee or to another payee within the same reporting group)</li> <li>'D' = Pending De-registration (to submitting payee or to another payee within the same reporting group)</li> <li>'G' = Registered to another PBF Payee within the same Reporting Group</li> </ul>

P26	PBF-PRACTITIONER	5	X(5)	Default is Blank. This field is only populated for PBF (payee status F) sites. Indicates the Practitioner number when the patient is registered ('Y') or pending registration ('R') / de-registration ('D') to/from the submitting payee only.
P28	FILLER	15	X(15)	Future changes (blank filled)

'B14'      Element Count: 14 Record Size Total: 136
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### 3.4 CLAIMS REFUSAL RECORD (C12)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record sent to Data Centre - 'C12' reserved for all claim refusals
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre Number to which this claim refusal is sent - Dependent on Payee's current location; normally the data centre that submitted the claim.
P04	DATA-CENTRE-SEQNUM	7	9(7)	Sequence number on original claim
P06	PAYEE-NUM	5	X(5)	Payee number on original claim
P08	PRACTITIONER-NUM	5	X(5)	Practitioner number on original claim
P10	EXPLANATORY-CODE-1	2	X(2)	See MSP Explanatory Codes List
P12	EXPLANATORY-CODE-2	2	X(2)	See MSP Explanatory Codes List
P14	EXPLANATORY-CODE-3	2	X(2)	See MSP Explanatory Codes List
P16	EXPLANATORY-CODE-4	2	X(2)	<b>**Future Use**</b>
P18	EXPLANATORY-CODE-5	2	X(2)	<b>**Future Use**</b>
P20	EXPLANATORY-CODE-6	2	X(2)	<b>**Future Use**</b>
P22	EXPLANATORY-CODE-7	2	X(2)	<b>**Future Use**</b>
P24	OFFICE-FOLIO-CLAIM-NUM	7	9(7)	Memo item: office claim number from data centre
P90	FILLER	24	X(24)	<b>**Future Use**</b>



'C12'	Element Count: 14
	Record Size Total: 70

**Note:** This record is created only for those inbound claims that received refusals due to Pre-Edit format or Edit & Eligibility rules established by MSP. These are normally placed in a Data Centre's mailbox overnight.

### 3.5 DATA CENTRE MESSAGE RECORD (M01)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to data centre - 'M01' reserved for Data Centre Message record and Total Net Payment Memo
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre for which this message is intended
P04	FILLER	4	9(4)	Always zeros
P06	MESSAGE-TEXT	350	X(350)	Free format text of message  Types: - Operational/Notices - <b>Teleplan Support Centre issues:</b> input is 5 lines of 70 characters each - Remittance Period (Automated Notice) - <b>Total Net Payment Memo</b> is shown on line 1 only and consists of the following: 'PAYEE#' in positions 1 to 6, then Payee Num, Text, Payment Date, and Amount
	or PBF PENDING-REGISTRATION-RECORD			See PBF Appendix C2
P08	FILLER	14	X(14)	<b>**Future Use**</b> - Always blanks

'M01'      Element Count:    5 Record Size Total: 376
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### 3.6 PATIENT DEMOGRAPHIC RECORD (X02)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	RECORD-TYPE	3	X(3)	Denotes a Patient Demographic Record - Always 'X02'
P02	DATA-CENTER	5	X(5)	Data centre to receive the patient demographic data
P04	SUMMARY-CODE	1	9(1)	Denotes detail Patient Demographic Record - Always '1'
P06	DATA-CENTER-SELECTION	1	X(1)	Data centre requested code 'R' - send all data to data centre payees
P08	SEARCH-PAYEE	5	X(5)	Payee number requested in search
P10	PRACTITIONER	5	X(5)	Practitioner who requested the search
P12	FILLER	10	X(10)	<b>**Future Use**</b>
P14	DEPENDENT-NUMBER	2	9(2)	Patient's MSP Dependent Number (nn)
P16	SURNAME	18	X(18)	Patient's last registered name known at claim's date of service
P18	FIRST-NAME	12	X(12)	Patient's first name or initial (depends on registration)
P20	SECOND-NAME	12	X(12)	Patient's second name or initial (depends on registration)
P22	BIRTH-DATE	8	9(8)	Patient's birth date (CCYYMMDD, example: 19980218)
P24	SERVICE-DATE	8	9(8)	Patient's latest claim service date (CCYYMMDD, example: 19980328)
	continued →			

**Patient Demographic Record (X02) (cont'd)**

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P26	XREF-PHN	10	9(10)	Patient's Personal Health Number  <b>Note:</b> This number is to be used in the claim's MSP REGISTRATION field and, unless a newborn, the claim DEPENDENT NUMBER field must be zeros.
P28	XREF-INDEX	1	X(1)	"P" - Claim submitted with PHN "I" - Claim submitted with MSP CSS number at 1997
P30	INTERNAL-MSP	8	9(8)	Date processed - internal MSP use only (CCYYMMDD)
P32	FILLER	19	X(19)	<b>**Future use**</b> - Always blanks

'X02'            Element Count: 17 Record size total: 128
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Only one record per Patient/Practitioner/Payee combination is created and it is always the most recent service date of that patient. A practitioner must ask for this file through a special request form from MSP. These requests are normally run once a month as it involves searching all of MSP's paid remittances from the last quarter back 6-18 months.

### 3.7 REMITTANCE PARTIAL DETAIL RECORD "PAID AS BILLED" (S01)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to Data Centre - 'S01' for Remittance paid as billed claim
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre this claim came from
P04	DATA-CENTRE-SEQNUM	7	9(7)	Sequence number on original claim
P06	PAYMENT-DATE	8	9(8)	Date of the remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of Detail, example: 'P' Paid as billed
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the claim
P12	MSP INTERNAL CONTROL NUMBER	6	9(6)	MSP Internal Control Number
P14	PRACTITIONER-NUMBR	5	X(5)	Practitioner number under which the claims were billed, i.e., person who performed service/responsible  <b>**Up to 7 Adjustment Codes/Amounts Follow NOTE: These amounts are not included in the P52-PAID AMOUNT—they are shown in the S23/S24 records.</b>
P16	ADJUSTMENT-CODE-1	2	X(2)	Indicates payment adjustment code
P18	ADJUSTMENT-AMT-1	7	S9(5)V99	Amount adjusted for code above
P20	ADJUSTMENT-CODE-2	2	X(2)	Indicates if payment was adjusted
P22	ADJUSTMENT-AMT-2	7	S9(5)V99	Amount adjusted for code above
P24	ADJUSTMENT-CODE-3	2	X(2)	Indicates if payment was adjusted
P26	ADJUSTMENT-AMT-3	7	S9(5)V99	Amount adjusted for code above
P28	ADJUSTMENT-CODE-4	2	X(2)	Indicates if payment was adjusted
P30	ADJUSTMENT-AMT-4	7	S9(5)V99	Amount adjusted for code above
P32	ADJUSTMENT-CODE-5	2	X(2)	Indicates if payment was adjusted
P34	ADJUSTMENT-AMT-5 continued →	7	S9(5)V99	Amount adjusted for code above

**Remittance Partial Detail Record "Paid as Billed" (cont'd)**

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P36	ADJUSTMENT-CODE-6	2	X(2)	Indicates if payment was adjusted
P38	ADJUSTMENT-AMT-6	7	S9(5)V99	Amount adjusted for code above
P40	ADJUSTMENT-CODE-7	2	X(2)	Indicates if payment was adjusted
P42	ADJUSTMENT-AMT-7	7	S9(5)V99	Amount adjusted for code above <b>** END OF ADJUSTMENT ITEMS **</b>
P50	OFFICE-FOLIO-CLAIM-NUM	7	9(7)	Memo item: office claim number from Data Centre
P52	PAID-AMOUNT	7	S9(5)V99	Amount being paid for Fee Items
P54	MSP-RCD-DATE	8	9(8)	Date MSP received original claim (CCYYMMDD)
P56	PAID-RATE-ON-FILE-INDICATOR	2	X(2)	<b>** FUTURE USE **</b> Denotes requested payment was paid at current rates on file at MSP. <b>** FUTURE USE **</b>
P96	ICBC/WSBC-NUM	8	X(8)	ICBC or WSBC claim number
P97	INSURER-CODE-RESPONS	2	X(2)	Insurer Code Responsibility  Valid codes: IP = ICBC (Physician) MP = Medical Services Plan of BC MS = Ministry of Employment and Income Assistance MV = Office of Superintendent of Motor Vehicles WC = WorkSafe BC  Reciprocal Provinces: AB = Alberta MB = Manitoba NB = New Brunswick NF = Newfoundland and Labrador NL = Newfoundland and Labrador NS = Nova Scotia NT = Northwest Territories
	continued →			



**Remittance Partial Detail Record "Paid as Billed" (cont'd)**

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P99	FILLER	29	X(29)	NU = Nunavut ON = Ontario PE = Prince Edward Island SK = Saskatchewan YT = Yukon Territory  Filler (blanks)

'S01'	Element Count: 29 Record Size Total: 166
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### 3.8 REMITTANCE FULL DETAIL RECORDS

All detail claims that have been paid with an explanation code from MSP, refused, or where the submitting data centre of the payee has changed will be returned with one of these three record codes: S00, S02, or S03. The data elements are the same for these three records, as shown, except for the line code and record code which identify the specific nature of the record involved.

#### 3.8.1 Remittance Full Detail Record "Data Centre Change" (S00)

#### 3.8.2 Remittance Full Detail Record "Paid with Explanation" (S02)

#### 3.8.3 Remittance Full Detail Record "Adjudication Refusal" (S03)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of Record to Data Centre - 'S00' for Remittance detail claims that are going to a different Data Centre based on most current Payee attachment (See Line Code -Seq P08 for type of detail) - 'S02' for Remittance Paid with explanation - 'S03' for Remittance Claim Refused in adjudication
P02	DATA-CENTRE-NUM	5	X(5)	Original Data Centre this claim came from
P04	DATA-CENTRE-SEQNUM	7	9(7)	Sequence number on original claim
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of detail claim - 'P' Paid as billed, applies to 'S00/S02' record - 'R' Refusal, applies to 'S00/S03' - 'H' Recycle Process, applies to 'S00' as a Held claim
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number
	continued →			



### 3.8.3 Remittance Full Detail Records (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P14	PRACTITIONER-NUMBR	5	X(5)	Practitioner number for which the claims were billed, i.e., person who performed the service
P16	MSP-RCD-DATE	8	9(8)	Date that MSP received claim (CCYYMMDD)  <b>Note for debit records:</b> the date debit was created by MSP system
P18	INITIALS	2	X(2)	Initials of the patient, left-justified
P20	SURNAME	18	X(18)	Surname of the patient
P22	MSP-REGISTRATION :MSP PHN :OIN	10	9(10)	MSP Registration Number, right-justified - Positions 1-10 of the Other Insurer Registration Number
P24	DEPENDENT-NUMBER :OIN	2	9(2)	Dependent number, 00 or 66 - Positions 11-12 of the Other Insurer Registration Number
P26	SERVICE-DATE	8	9(8)	Claim date of service (CCYYMMDD)
P28	'TO'-DAY	2	9(2)	Date of service 'to' day, if present
P30	BILLED-NUMBER-OF-SERVICES	3	S9(3)	Billed number of services from the original claim record or as debited/credited
P32	BILLED-SERVICE-CLARIFICATION-CODE	2	X(2)	Fee item Service Clarification Code submitted by site
P34	BILLED-FEE-SCHEDULE-ITEM	5	X(5)	Billed fee schedule item from the original claim record
P36	BILLED-AMOUNT	7	S9(5)V99	Billed amount from the original claim record
P38	PAID-NUMBER-OF-SERVICES	3	S9(3)	Number of services being paid
P40	PAID-SERVICE-CLARIFICATION-CODE	2	X(2)	Fee item Service Clarification Code submitted or modified by MSP
	continued →			

### 3.8.3 Remittance Full Detail Records (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P42	PAID-FEE-SCHEDULE-ITEM	5	X(5)	Fee schedule item that is being paid
P44	PAID-AMOUNT	7	S9(5)V99	Amount being paid for fee item
P46	OFFICE-FOLIO-CLAIM- NUM	7	9(7)	Memo Item: Office Folio Claim Number submitted by data centre
P48	EXPLANATORY-CODE-1	2	X(2)	See MSP Explanatory Codes
P50	EXPLANATORY-CODE-2	2	X(2)	See MSP Explanatory Codes
P52	EXPLANATORY-CODE-3	2	X(2)	See MSP Explanatory Codes
P53	EXPLANATORY-CODE-4	2	X(2)	<b>**Future use**</b>
P54	EXPLANATORY-CODE-5	2	X(2)	<b>**Future use**</b>
P55	EXPLANATORY-CODE-6	2	X(2)	<b>**Future use**</b>
P56	EXPLANATORY-CODE-7	2	X(2)	<b>**Future use**</b>
				<b>**ADJUSTMENT ITEMS FOLLOW**</b>
				<b>Note: These amounts are NOT INCLUDED in the P44 PAID AMOUNT—they are shown in the S23/S24 records.</b>
P60	ADJUSTMENT-CODE-1	2	X(2)	Indicates payment adjustment code
P61	ADJUSTMENT-AMT-1	7	S9(5)V99	Amount adjusted for code above
P62	ADJUSTMENT-CODE-2	2	X(2)	Indicates if payment was adjusted
P63	ADJUSTMENT-AMT-2	7	S9(5)V99	Amount adjusted for code above
P64	ADJUSTMENT-CODE-3	2	X(2)	Indicates if payment was adjusted
P65	ADJUSTMENT-AMT-3	7	S9(5)V99	Amount adjusted for code above
P66	ADJUSTMENT-CODE-4	2	X(2)	Indicates if payment was adjusted
P67	ADJUSTMENT-AMT-4	7	S9(5)V99	Amount adjusted for code above
P68	ADJUSTMENT-CODE-5	2	X(2)	Indicates if payment was adjusted
P69	ADJUSTMENT-AMT-5	7	S9(5)V99	Amount adjusted for code above
	continued →			

**3.8.3 Remittance Full Detail Records (cont'd)**

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P70	ADJUSTMENT-CODE-6	2	X(2)	Indicates if payment was adjusted
P71	ADJUSTMENT-AMT-6	7	S9(5)V99	Amount adjusted for code above
P72	ADJUSTMENT-CODE-7	2	X(2)	Indicates if payment was adjusted
P73	ADJUSTMENT-AMT-7	7	S9(5)V99	Amount adjusted for code above
P85	PLAN-REFERENCE-NUM	10	9(10)	An MSP-generated reference number for manual/card claims. Claims received by Teleplan media are normally noted with zeros.
P90	CLAIM-SOURCE-CODE	1	X(1)	<p>This field is to identify the source media of a claim.</p> <p>Teleplan codes for an 'S00' record that is sent to a data centre at remittance time due to a change in Payee Submission Media:</p> <p>Original Submission Media codes                      -'C' = Web Forms or MSP computer internal Adjustments                      -'A' = Teleplan format                      -'O' = default of an 'S02' or 'S03' record</p> <p>Internal MSP codes are converted to 'C' to show as MSP computer internal adjustments. These codes are for information only.                      -'G' = Adjudication Process                      -'O' = OLAN process                      - 'I' = Internal ICBC or WSBC process</p>
P92	PREVIOUS-PAID-DATE	8	9(8)	<p>The previous date that this refused claim was paid. Applies to claims refused as 'HA' for duplicates.</p> <p>- CCYYMMDD if an 'HA' type refusal, Debit 'DR', or Credit 'HK' (both codes accompanied by secondary codes)                      - Default is zeros</p>
	continued →			

### 3.8.3 Remittance Full Detail Records (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P94	INSURER-CODE-RESPONS	2	X(2)	Insurer Code Responsibility  Valid codes: IP = ICBC (Physician) MP = Medical Services Plan of BC MS = Ministry of Employment and Income Assistance MV = Office of Superintendent of Motor Vehicles WC = WorkSafe BC  Reciprocal Provinces: AB = Alberta MB = Manitoba NB = New Brunswick NF = Newfoundland and Labrador NL = Newfoundland and Labrador NS = Nova Scotia NT = Northwest Territories NU = Nunavut ON = Ontario PE = Prince Edward Island SK = Saskatchewan YT = Yukon Territory
P96	ICBC/WSBC-NUM	8	X(8)	ICBC or WSBC claim number
P99	FILLER	31	X(31)	Filler

'S00/S02/S03' Element Count: 51 Record Size Total: 268
---

<b>Note:</b> Other Insurer Billing Claims reporting method (OIN)
--

The current system will report back the Other Insurer Billing claims as normal claims. Inserted in the MSP REGISTRATION NUMBER field (P22) will be positions 1 to 10 of the OIN number and in the DEPENDENT NUMBER field (P24) will be positions 11-12 of the OIN number.

An explanatory code 'FX' will be assigned to identify each OIN claim.

### 3.9 REMITTANCE RECORD "IN HOLD PROCESS" (S04)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to Data Centre - 'S04' for Remittance In Hold Process
P02	DATA-CENTRE-NUM	5	X(5)	Original Data Centre
P04	DATA-CENTRE-SEQNM	7	9(7)	Original Claim Sequence number
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of detail - 'H' In Recycle Process
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
P12	MSP-INTERNAL-CONTROL- NUMBER	6	9(6)	MSP Internal Control Number
P14	PRACTITIONER-NUMBR	5	X(5)	Practitioner number under which the claims were billed
P16	MSP-RCD-DATE	8	9(8)	Date MSP received claim (CCYYMMDD)
P18	OFFICE-FOLIO-CLAIM- NUM	7	9(7)	Memo item: Office Folio claim number from the data centre
P20	EXPLANATORY-CODE-1	2	X(2)	See MSP Explanatory Codes
P22	EXPLANATORY-CODE-2	2	X(2)	See MSP Explanatory Codes
P24	EXPLANATORY-CODE-3	2	X(2)	See MSP Explanatory Codes
P26	EXPLANATORY-CODE-4	2	X(2)	<b>**Future Use**</b>
P28	EXPLANATORY-CODE-5	2	X(2)	<b>**Future Use**</b>
P30	EXPLANATORY-CODE-6	2	X(2)	<b>**Future Use**</b>
P32	EXPLANATORY-CODE-7	2	X(2)	<b>**Future Use**</b>
	continued →			

### 3.9 Remittance Record “In Hold Process” (cont'd)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P40	ICBC/WSBC-NUMBER	8	X(8)	ICBC or WSBC claim number
P41	INSURER-CODE-RESPONS	2	X(2)	Insurer Code Responsibility as shown  Valid codes: IP = ICBC (Physician) MP = Medical Services Plan of BC MS = Ministry of Employment and Income Assistance MV = Office of Superintendent of Motor Vehicles WC = WorkSafe BC  Reciprocal Provinces: AB = Alberta MB = Manitoba NB = New Brunswick NF = Newfoundland and Labrador NL = Newfoundland and Labrador NS = Nova Scotia NT = Northwest Territories NU = Nunavut ON = Ontario PE = Prince Edward Island SK = Saskatchewan YT = Yukon Territory
P90	FILLER	87	X(87)	Always blanks

'S04'	Element Count: 20
	Record Size Total: 166

### 3.10 REMITTANCE PAYEE PAYMENT SUMMARY RECORD (S21)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to Data Centre - 'S21' for Remittance Payee Payment Summary Record
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre Number
P04	DATA-CENTRE-SEQNM	7	9(7)	Generated by MSP - set to zeros
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alpha-numeric code identifying type of record 'Z' - Payee totals
P10	PAYEE-NUMBER	5	X(5)	Payee (payment) number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number
P14	PAYEE-NAME	25	X(25)	Name in which payment was made
P16	AMOUNT-BILLED	9	S9(7)V99	Total amount billed by the payee
P18	AMOUNT-PAID	9	S9(7)V99	Total amount paid to the payee
P20	BALANCE-FORWARD	9	S9(7)V99	Opening Balance from previous statement
P22	CHEQUE-AMOUNT	9	S9(7)V99	Amount of payment after adjustments - Net Payment
P24	NEW-BALANCE	9	S9(7)V99	Revised Balance Outstanding Balance (Debit) or Credit For any balance under \$1.00, a cheque is not issued.
P26	FILLER	61	X(61)	Always blanks

'S21'	Element Count:	14
	Record Size Total:	166

### 3.11 REMITTANCE PRACTITIONER SUMMARY RECORD (S22)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to data centre - 'S22' for Remittance Practitioner Record
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre Number
P04	DATA-CENTRE-SEQNM	7	9(7)	Generated by MSP - Set to zeros
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of record - 'Y' = Practitioner Totals within Payee
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number
P14	PRACTITIONER-NUMBR	5	X(5)	Practitioner number under which the claims were billed
P16	PRACTITIONER-NAME	25	X(25)	Practitioner name
P18	AMOUNT-BILLED	9	S9(7)V99	Total amount billed by this practitioner
P20	AMOUNT-PAID	9	S9(7)V99	Total amount paid to this practitioner
P22	FILLER	83	X(83)	Blanks always

'S22'	Element Count: 12
	Record Size Total: 166



### 3.12 REMITTANCE ADJUSTMENT RECORDS

These records are total additions or deductions to the gross payment in a remittance period for any number of reasons. There are two records involved that identify a detail adjustment or a summary when more than one payee/practitioner is involved. The data element formats are the same for both records but the record code/line code and contents will vary for the records known as S23 or S24.

#### 3.12.1 Remittance Adjustment Detail Record (S23)

#### 3.12.2 Remittance Adjustment Summary Record (S24)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of record to data centre - 'S23' for Adjustment Detail - 'S24' for Adjustment Summary
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre Number
P04	DATA-CENTRE-SEQNM	7	9(7)	Generated by MSP - Set to zeros
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of record - 'A' Adjustment Detail - 'S' Adjustment Summary
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number
	continued →			

**3.12.2 Remittance Adjustment Summary Record (S23) & (S24) (cont'd)**

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION																																																																																		
P14	ADJUSTMENT-CODE	2	X(2)	<p>Code that indicates a type of adjustment—not all codes are necessarily used.</p> <p>Some codes listed below; see P18 'Adjustment Message' for description.</p> <table border="0"> <thead> <tr> <th>Code</th> <th>Description</th> </tr> <tr> <th>----</th> <th>-----</th> </tr> </thead> <tbody> <tr><td>01</td><td>Northern Allowance</td></tr> <tr><td>02</td><td>Pro-ration</td></tr> <tr><td>03</td><td>Recover Manual Advance</td></tr> <tr><td>04</td><td>Interest</td></tr> <tr><td>05</td><td>MSP Deduction</td></tr> <tr><td>06</td><td>Audit Recovery</td></tr> <tr><td>07</td><td>Receiver General Payment</td></tr> <tr><td>08</td><td>ICBC Demand Recovery</td></tr> <tr><td>09</td><td>Assignments-Demands</td></tr> <tr><td>10</td><td>MSP Group Premium De</td></tr> <tr><td>11</td><td>Assign Mid-Month Payment</td></tr> <tr><td>12</td><td>Demand-Assign-Payment</td></tr> <tr><td>13</td><td>Revenue Canada Adjustment</td></tr> <tr><td>14</td><td>Fee Schedule Hard Copy Charge</td></tr> <tr><td>15</td><td>MSP Refund</td></tr> <tr><td>16</td><td>GST and Fee Schedule Hard Copy</td></tr> <tr><td>17</td><td>Payment - Overage Claim</td></tr> <tr><td>18</td><td>Debt Recovery - %</td></tr> <tr><td>19</td><td>Debt Recovery - \$</td></tr> <tr><td>20</td><td>BCMA Life Assurance</td></tr> <tr><td>21</td><td>Clear Debit Balance</td></tr> <tr><td>22</td><td>Discount Adjustment Repayment</td></tr> <tr><td>23</td><td>Card Keying Charge</td></tr> <tr><td>24</td><td>Paper R/S Charge</td></tr> <tr><td>25</td><td>Deduct Debit Balance</td></tr> <tr><td>26</td><td>Fiche R/S Charge</td></tr> <tr><td>27</td><td>Courier Charges</td></tr> <tr><td>28</td><td>Lump Sum Payment</td></tr> <tr><td>29</td><td>Assign End-Month Payment</td></tr> <tr><td>30</td><td>BCMA Staff Retire</td></tr> <tr><td>31</td><td>WSBC Lift</td></tr> <tr><td>32</td><td>Discount</td></tr> <tr><td>33</td><td>Individual Pro-ration</td></tr> <tr><td>34</td><td>Geographic Payment Rate</td></tr> <tr><td>35</td><td>Fee Item Pro-ration</td></tr> <tr><td>36</td><td>Relative Value Adjustment</td></tr> <tr><td>37</td><td>Emergency Medicine</td></tr> <tr><td>38</td><td>RRP - Rural Retention Premium</td></tr> <tr><td>40</td><td>BCMA Group Disability</td></tr> </tbody> </table> <p>continued →</p>	Code	Description	----	-----	01	Northern Allowance	02	Pro-ration	03	Recover Manual Advance	04	Interest	05	MSP Deduction	06	Audit Recovery	07	Receiver General Payment	08	ICBC Demand Recovery	09	Assignments-Demands	10	MSP Group Premium De	11	Assign Mid-Month Payment	12	Demand-Assign-Payment	13	Revenue Canada Adjustment	14	Fee Schedule Hard Copy Charge	15	MSP Refund	16	GST and Fee Schedule Hard Copy	17	Payment - Overage Claim	18	Debt Recovery - %	19	Debt Recovery - \$	20	BCMA Life Assurance	21	Clear Debit Balance	22	Discount Adjustment Repayment	23	Card Keying Charge	24	Paper R/S Charge	25	Deduct Debit Balance	26	Fiche R/S Charge	27	Courier Charges	28	Lump Sum Payment	29	Assign End-Month Payment	30	BCMA Staff Retire	31	WSBC Lift	32	Discount	33	Individual Pro-ration	34	Geographic Payment Rate	35	Fee Item Pro-ration	36	Relative Value Adjustment	37	Emergency Medicine	38	RRP - Rural Retention Premium	40	BCMA Group Disability
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**3.12.2 Remittance Adjustment Summary Record (S23) & (S24) (cont'd)**

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P14	ADJUSTMENT-CODE (cont'd)			<p>41 LOCUM 60/40                      42 LOCUM - \$500                      43 LOCUM - TOP UP                      44 LOCUM - STANDBY                      49 Mid-Month 1/2                      50 BCMA Annual Dues                      55 Chiropractor's Annual Dues                      59 Emergency Payment                      60 Emergency Advance Recovery                      64 User Fee Breakdown                      65 PBF Funding Payment                      66 PBF Retro Payment                      67 PBF Adjustment Payment                      70 APP Adjustment                      71 APP Monthly Release                      72 APP Recovery Pro-rate                      77 Premium Adjustment Recovery                      78 NIA Recovery                      79 Discount Adjustment Recovery                      80 Retro Payment                      81 Negative Retro Adjustment                      82 NIA Retro Adjustment                      84 Premium Adjustment Retro                      85 GST on Card Keying                      86 GST on Paper R/S                      87 GST on Fiche R/S                      88 Reciprocal Payment                      89 Sessional Payment                      90 Travelling Expenses                      91 Travelling Time                      See PBF for codes P1-P9</p> <p><b>A complete list of the adjustment codes is available in Teleplan in a download file.</b>                      For Web Browser users, it is the options: Other Processing + Logs, Retrieve Data File Select Adjustment Codes. For API uses, it is the function: AGetASCII file type A.</p> <p><b>Note: above codes also shown on detail S00/S01/S02 record as needed.</b></p>
P16	ADJUSTMENT-IDENTIFICATION  continued →	12	X(12)	<p>Identification for the adjustment (example - Retro Payment: Practitioner number)</p> <p><b>Note:</b> This field will contain 9's on the</p>

**3.12.2 Remittance Adjustment Summary Record (S23) & (S24) (cont'd)**

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
				Summary record (Line Code = S). Identifies the individual, clinic, or subscriber member for whom the adjustment was applied.
P18	ADJUSTMENT-MESSG	20	X(20)	Name associated with the adjustment (e.g., Retro Payment - Practitioner name)  <b>Note:</b> this field will contain the adjustment name on the summary record.
P20	CALCULATION-METHOD	1	X(1)	The adjustment is calculated as follows: A - amount entered G - percentage of gross payment N - percentage of net payment
P22	REGULAR-PERCENT	5	S9(3)V99	The percentage used to calculate the regular amount adjustment
P24	ONE-TIME-PERCENT	5	S9(3)V99	The percentage used to calculate the one-time amount adjustment
P26	GROSS/NET-AMOUNT	9	S9(7)V99	The Gross Payment Amount when the calculation method is G or the Net Payment Amount when the calculation method is N
P28	REGULAR-AMOUNT	9	S9(7)V99	The amount to be adjusted on a regular basis. If the calculation method is G or N: Regular Amount = Regular Percentage times Gross or Net Amount
P30	ONETIME-AMOUNT	9	S9(7)V99	The amount to be taken once only. If the Calculation Method is G or N: One-Time Amount = One-Time Percentage times Gross or Net Amount
P32	BALANCE-FORWARD	9	S9(7)V99	Any outstanding balance from previous statement
P34	ADJUSTMENT-MADE	9	S9(7)V99	The actual adjustment made for this statement
P36	ADJUSTMENT-OUTSTANDING	9	S9(7)V99	Balance outstanding reflects amount still owing if total to be adjusted has been entered on the adjustment record
P38	FILLER	32	X(32)	Blank always

'S23/S24'	Element Count: 20
	Record Size Total: 166

### 3.13 REMITTANCE PAYEE-PRACTITIONER BROADCAST RECORD (S25)

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P00	REC-CODE-OUT	3	X(3)	Type of Record to data centre - 'S25' reserved for remittance broadcast message
P02	DATA-CENTRE-NUM	5	X(5)	Data Centre Number
P04	DATA-CENTRE-SEQNM	7	9(7)	Generated by MSP - Set to zeros
P06	PAYMENT-DATE	8	9(8)	Date of this remittance statement (CCYYMMDD)
P08	LINE-CODE	1	X(1)	Alphanumeric code identifying type of record 'B' - Broadcast
P10	PAYEE-NUMBER	5	X(5)	Payee number associated with the record
P12	MSP-INTERNAL-CONTROL-NUMBER	6	9(6)	MSP Internal Control Number
P14	PRACTITIONER-NUMR	5	X(5)	Practitioner number who is to receive this broadcast or zeros for all practitioners
P16	MESSAGE	80	X(80)	One line of the broadcast message  <b>Note:</b> in the first line of each broadcast message set, the field will contain the practitioner's name followed by the actual message
P18	FILLER	46	X(46)	Blanks always

'S25'	Element Count: 10
	Record Size Total: 166

### 3.14 VENDOR CONTROL RECORDS FROM MSP

#### 3.14.1 Vendor Remittance Control Record from MSP (VRC)

This record will be provided at the end of each group of Remittances submitted to a site, denoting the Payment Date and total count of this control group (“group” meaning records having the same first character, i.e., “S” for Remittances). If more than one remittance is transmitted during the same session then another VRC record will be sent at the end of that specific Payment Date group of records.

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P01	RECORD-CODE	3	X(3)	Always 'VRC' - Vendor Remittance Control Record
P02	DATA-CENTRE-NUMBER	5	X(5)	Teleplan Data Centre Number - MSP assigned
P03	PAYMENT-DATE	8	9(8)	Payment date of remittance records (CCYYMMDD)
P04	RECORD-GROUP-ALPHA-CHAR	1	X(1)	First character of record group: “S” for Remittances
P05	TOTAL-RECORD-COUNT-REMITTANCE	7	9(7)	Total count for this remittance period (Payment Date), example: 0001548
P06	TIMESTAMP	20	X(20)	Date and time transmitted, example: 2007-04-14 18:24:32
P100	FILLER	122	X(122)	<b>**Future use**</b> - Blanks

'VRC'	Element Count:	7
	Record Size Total:	166

### 3.14.2 Vendor Transmission Control Record From MSP (VTC)

This record must be in the transmission sent to a site. It will be the last of an entire submission. It counts by Groups will equal the whole submission, including the Vendor Control Record Group (VRC). If this record is not present in a file when the data sent are one or greater, then it is possible the transmission did not complete. Contact Teleplan Support for possible re-transmission.

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P01	RECORD-CODE	3	X(3)	Always 'VTC', Vendor Transmission Control Record <b>Note: this record will be generated only when MSP transmits actual data.</b>
P02	DATA-CENTRE-NUMBER	5	X(5)	Site Teleplan Data Centre Number, MSP assigned
P03	TIMESTAMP	20	X(20)	Date and time transmitted, example: 2007-04-14 18:24:32
P04	GROUP-1-RECORD-TYPE	1	X(1)	First character of Record Group: "S" for Remittances
P05	GROUP-1-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
P06	GROUP-2-RECORD-TYPE	1	X(1)	First character of Record Group: "C" for Daily Refusals
P07	GROUP-2-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
P08	GROUP-3-RECORD-TYPE	1	X(1)	First character of Record Group: "B" for Batch Eligibility
P09	GROUP-3-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
P10	GROUP-4-RECORD-TYPE	1	X(1)	First character of Record Group: "M" for Messages/Pay Advice
P11	GROUP-4-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
P12	GROUP-5-RECORD-TYPE	1	X(1)	First character of Record Group: "X" for Patient Request File
P13	GROUP-5-RECORD-COUNT	7	9(7)	Number of records transmitted for above group
P14	GROUP-6-RECORD-TYPE	1	X(1)	First character of Record Group: "V" for Vendor Control Records
P15	GROUP-6-RECORD-COUNT	7	9(7)	Number of records transmitted for above group  <b>Note: this count will include all "V__" records transmitted, including this VTC record.</b>
	continued →			

**3.14.2 Vendor Transmission Control Record from MSP (VTC) cont'd**

SEQ	DATA ELEMENT NAME	SIZE	TYPE	DESCRIPTION
P16	GROUP-7-RECORD-TYPE	1	X(1)	First character of Record Group: <b>**Future Use**</b>
P17	GROUP-7-RECORD-COUNT	7	9(7)	Number of records transmitted for above group <b>**Future Use**</b>
P18	GROUP-8-RECORD-TYPE	1	X(1)	1st char of Record Group: <b>**Future Use**</b>
P19	GROUP-8-RECORD-COUNT	7	9(7)	Number of records transmitted for above group <b>**Future Use**</b>
P20	GROUP-9-RECORD-TYPE	1	X(1)	1st char of Record Group: <b>**Future Use**</b>
P21	GROUP-9-RECORD-COUNT	7	9(7)	Number of records transmitted for above group <b>**Future Use**</b>
P22	GROUP-10-RECORD-TYPE	1	X(1)	1st char of Record Group: <b>**Future Use**</b>
P23	GROUP-10-RECORD-COUNT	7	9(7)	Number of records transmitted for above group <b>**Future Use**</b>
P24	GROUP-11-RECORD-TYPE	1	X(1)	1st char of Record Group: <b>**Future Use**</b>
P25	GROUP-11-RECORD-COUNT	7	9(7)	Number of records transmitted for above group <b>**Future Use**</b>
P26	OVERALL-RECORDS-TRANSMITTED	8	9(8)	Total of all records Transmitted in this file
P100	FILLER	42	X(42)	<b>**Future use**</b> - blanks

'VTC'                      Element Count: 27 Record Size Total: 166
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**Note: Group Type identifies a major series of record type sent to a site by Teleplan.**

Examples: S\_\_\_ = Remittances

C\_\_\_ = Daily Refusals

M\_\_\_ = Messages

**New series will be introduced by MSP as needed through revised specifications.**