

Revised CODE	Revised DESCRIPTOR	Revised DEFINITION
<b>A</b>	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, and massage therapist.
<b>C</b>	Continuing Care Facility	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).
<b>D</b>	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 centre facilities).
<b>E</b>	Hospital Emergency Dept Or Diagnostic Treatment Centre	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> ).
<b>F</b>	Private Medical/Surgical Facility	Service is provided within a private medical/surgical facility accredited by the College of Physicians and Surgeons of BC.
<b>G</b>	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> ).
<b>I</b>	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> ).
<b>M</b>	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).
<b>P</b>	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).

<b>R</b>	Patient's Residence	Service is provided in a patient's own home (Note: Includes service provided in "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> ).
<b>T</b>	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...).
<b>Z</b>	None of the above (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.