

# INFOBulletin

Keeping health care providers informed of payment, policy or program changes

**To: Physicians**

**Published by: Claims Services Branch, Ministry of Health**

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**Bulletin #: 4759**

**Re: COVID-19 Fee Schedule Codes K087A, K088A, K089A  
Funding for physician and hospital services for patients  
who do not have provincial health insurance**

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Further to [INFOBulletin # 4756](#), when submitting claims for K087A and K088A, the fee billed value on the claim should equal the value of the fee code multiplied by the total number of patients served during the same day.

For example, if K087A is claimed for 3 patients seen during the same day, the fee billed should be \$71.25 (3 x \$23.75).

The K089A is time based and must be the total number of half hour units for all patients served during the same day.

**Claim submissions for these codes must also adhere to the following requirements:**

- The claim must be submitted with the Billing Number of the physician who provided the service.
- The Health Number field on the claim must be left **blank**. If a physician submits these claims with a Health Number (HN), the claim will reject 'VHB-No HN Required for FSC'.
- The Version Code field on the claim must be left **blank**. If a physician submits these claims with a Version Code, the claim will reject 'VHB-No HN Required for FSC'.
- The Birth Date field on the claim must be left **blank**. If a physician submits these claims with a value in the Birth Date, the claim will reject 'VH1-Invalid Health Number'.
- The Service Date on the claim will be the date the service was provided.

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- The claim must be submitted with a fee billed value **not equal to \$0.00**. If a physician submits these claims with a fee billed value of \$0.00, the claim will pay \$0.00.

For any inquiries, please contact the [Service Support Contact Centre](#) at 1-800-262-6524.