

INFOBulletin

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

To: All Providers

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Re: COVID-19 Temporary Fee Schedule Code (FSC) K083A and Assessment Centre FSCs H409A and H410A

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Further to [INFOBulletin # 4755](#), when submitting claims for K083A-Specialist consultation or visit by telephone or video payable in increments of \$5.00, the physician should submit the number of services necessary to make the total payment under the K083A equivalent to the consultation or visit provided, rounded to the nearest \$5.00.

- For consultation or visit FSCs using time units, calculate units by taking the consultation or visit fee and rounding it to the nearest \$5, then divide that number by 5. For example, K197A-Individual out-patient psychotherapy (in person) using 2 units or 46 minutes minimum is \$173.70 (\$86.85 per unit). Round that number to the nearest \$5 (\$175) and then divide by 5 = 35 units. Physicians should submit 35 as the number of services on the claim and a fee billed of \$175. (K083A x 35 billed at \$175.00.)
- For consultation or visit FSCs not based on time units, round to the nearest \$5 and divide by 5. For example, an A485A consultation is \$170.10. This rounds to \$170 or 34 units. This code would be submitted with a fee billed at \$170 and the number of services equal to 34. (K083A x 34 billed at \$170.00.)

Note: If a claim is submitted as one service with a fee billed value of \$5 the claim will be paid at \$5.00.

Ontario 

Assessment Centre Fee Schedule Codes H409A and H410A

- H409A and H410A must be billed with the unique group number assigned to each individual Assessment Centre.
- 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.
- 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 further inquiries, please [contact the Service Support Contact Centre](#) at 1-800-262-6524.