

Acute declined referral			
Funding to support the utilisation of a GP/SMO management plan where an acute admission has been considered by a GP, and after discussion with the relevant SMO, a management plan to avoid admission has been instigated			
GP/NP Extended consult	\$79.00	One only	
Acute Declined Follow Up Consult	\$126.00	Two only	
Asthma			
Patients with moderate asthma exacerbation that can be safely managed in the community			
Practice observations	\$1 /min	Maximum 2 hours	Practice observations can only be claimed at the time of the initial consult
Biliary Colic			
Patients with RUQ pain, who are haemodynamically stable, where biliary colic is suspected			
GP/NP Extended consult	\$79.00	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP Follow-up Consult	\$79.00	One only	Follow up consultation with patient post radiological investigations only
Abdominal Ultrasound if biliary colic is suspected			
Cellulitis			
Antibiotic treatment for patients aged >= 15 years with moderate cellulitis.Oral antibiotic therapy is the preferred option - ACC cases are excluded			
IV Cellulitis	\$87.00	Three only *	* extra IV antibiotic doses can be claimed if approved by secondary care - this must be documented
Oral Cellulitis	\$79.00	Maximum 3	
Chest Pain			
Patients with low risk undifferentiated chest pain that can be safely managed in the community. An urgent troponin must be taken			
ECG	\$63.00		
COPD/Pneumonia			
Patients with a moderate COPD exacerbation +/- suspected pneumonia that can be safely managed in the community			
GP/NP Extended consult	\$79.00	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP Follow-up Consult	\$79.00	One only	Follow up consultation with patient post radiological investigations only
CXR to rule out pneumonia/pneumothorax			
Croup			
Treatment of children under 5 years with acute croup that can be safely managed in the community.			
Practice observations	\$1 /min	Maximum 2 hours	Practice observations can only be claimed at the time of the initial consult
DVT and DVT in pregnancy			
Suspected DVT (excluding pregnancy) with a Wells Score of >= 2 or a positive D-dimer : Superficial venous thrombosis : Pregnant women with a clinical suspicion of DVT(No Wells score or D-dimer required) ACC cases are excluded.			
DVT GP/NP Follow Up	\$79.00		Follow up consultation with patient post ultrasound
DVT Prophylactic Enoxaparin	\$79.00		
Ultrasound			
Dehydration			
Adults with moderate dehydration not responsive to oral fluids +/- antiemetic that can be safely managed in the community			
Children aged between 6 months and 15 years with moderate dehydration or at risk of getting severely dehydrated,that can be managed safely in the community			
Rehydration	\$158.00	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
Epistaxis			
Epistaxis that can be acutely and safely managed in the community			
Practice observations	\$1 /min	Maximum 1 hour	Practice observations can only be claimed at the time of the initial consult
Fever unknown origin - children			
Febrile (>38 C) children with moderate/amber symptoms or signs that can be safely managed in the community			
Practice observations	\$1 /min	Maximum 2 hours	Practice observations can only be claimed at the time of the initial consult
Frailty admission avoidance			
Funding for patients 65 years and over having an acute event, causing a borderline level of function with a reduction in personal activities of daily living or extended activities of daily living, meaning it is not safe to send them home. A referral to START is required for patient to be eligible.			
GP/NP Extended consult	\$79.00	One only	
Frailty admission avoidance follow up	\$126.00	One only	
IV Adenosine in the management of SVT			
Patients with rapid palpitations and a systolic BP >100, where a performed ECG shows a regular narrow complex (QRS<= 120msec) tachycardia in whom vagal manoeuvres have been unsuccessful			
IV Adenosine	\$110.00	Package of care	Cannot be claimed with any other invoice on the same day.Includes consult time and any consumables
Renal/Urological			
Patients with acute urological problems that can be managed safely in primary care e.g.			
Acute catheter insertion	\$147.00	Package of care	Maximum of 3 claims in a 6 month period.Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
IV Medication	\$87.00	Package of care - once only. Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables	
Practice observations	\$1 /min	Maximum 1 hour for renal colic 2 hours for acute pyelonephritis. Practice observations can only be claimed at the time of the initial consult	
GP/NP Follow-up Consult	\$79.00	One only	Follow up consultation with patient post radiological investigations only
Renal ultrasound: for suspicion of renal colic/stones where CT is not available or appropriate.			
SUFE			
Children aged 8-16 years for suspicion of SUFE			
GP/NP Follow-up Consult	\$79.00	One only	Follow up consultation with patient post radiological investigations only
Hip X ray: for suspicion of SUFE.			
St John Redirect			
This service provides the opportunity, where clinically appropriate, for St John to seek general practice intervention and avoid unnecessary emergency department utilisation. St John will provide a voucher for patient to present at the practice. The voucher number needs to be included with the claim.			
St John Redirect GP consult	\$79.00		To cover the initial consultation co-payment
Severe allergic reaction			
Moderate allergic reaction requiring observation in general practice.			
Patients with a severe allergic reaction, who have not had anaphylaxis, are haemodynamically stable and can be safely managed in the community			
Patients with anaphylaxis who have received a single injection of adrenaline and have normal observations within 30 minutes			
Practice observations	\$1 /min	Maximum 4 hours	Practice observations can only be claimed at the time of the initial consult
Women's Health			
Investigation of retained products of conception – where patient no longer qualifies for maternity funding i.e.TOP/Miscarriage – more than 14 days post event or vaginal delivery – more than 6 weeks post-delivery			
GP/NP Follow-up Consult	\$79.00	One only	Follow up consultation with patient post radiological investigations only
Pelvic ultrasound: for suspicion of retained products of conception in patients not eligible for maternity funding (i.e. is more than 14 days post termination of pregnancy/miscarriage or more than six weeks post vaginal delivery).			
Packages of care cannot be claimed with any other invoice on the same day. They include allocation for staff time as well as consumables.			
Practice observations: In-clinic observations can be claimed based on 3 x 10 minute baseline observations per hour, based on treatment provided as evidenced in clinical notes. Practice observations can only be claimed at the time of the initial consult.			
GP/NP extended consultation: To cover an additional 15 minutes of GP/NP time, at the time of the acute presentation and above the initial 15-minute consultation. This invoice can be claimed twice per episode of care to fund a maximum of 30 minutes of additional time. This invoice can only be claimed at the time of the initial consultation			
GP follow up: A follow-up visit may be funded for a patient consultation to review radiological investigation (based on treatment provided as evidenced in clinical notes). This is limited to one per episode of care within 3 days of the initial consult and cannot be claimed on the day of the initial consult.			
Urgent diagnostics can be accessed and co-ordinated by general practice or urgent care clinics without contacting the Primary Options team. Bookings can be made by the practice or the patient.			
Patients can arrange their own radiological investigation provided they have the required documentation with them, which includes the referral from the practice and the primary options claim number. This is dependent on the investigation being one of those listed above. Any investigations not listed will not be funded, irrespective of whether the practice has provided the patient with a claim number.			
Patients who are not acutely unwell and do not require a same day diagnostic test are not funded under POAC and should be referred to primary referred radiology. Radiology is only funded for same-day investigations, with the exception of ultrasounds through the DVT pathway which can be the next day with enoxaparin coverage.			
GP provided point of care ultrasound is excluded from POAC services – it is expected that patients will be charged for this service.			