

Claiming guidelines prior to 1 October 2023

COVID-19 Testing

This claim can only be made for patients who have had an in-practice PCR test or positive RAT.

COVID-19 – testing: \$103.50

COVID-19 – testing (after hours): \$155.25

COVID-19 testing (RAT or PCR) of a patient who has symptoms suggestive of COVID-19 who either meets the criteria for anti-viral medication **or** is in a priority or vulnerable population group.

After-hours on weekdays is between 8pm-8am Monday-Thursday. Weekend rate covers 5pm Friday-8am Monday and any public holiday.

You can only claim one test per patient per day.

Claims cannot be made separately for testing and the initial assessment of a positive patient. You may only claim under one funding stream.

Claims can only be submitted for testing – you cannot claim for notifying the patient of their results.

Please indicate in your clinical notes which of the eligibility criteria the patient meets as well as documenting their symptoms

Positive COVID-19 community care

Proactive initial assessments

Proactive initial assessments are only funded for those who are eligible for anti-viral medications **or** are in a priority population.

This funding includes the cost of initiating antiviral medications.

Please indicate in your clinical notes which of the eligibility criteria the patient meets.

- Positive COVID-19 community care – proactive initial: \$103.50
- Positive COVID-19 community care – proactive initial A/H \$155.25

Please note that while there is additional funding for care provided after hours, most care is intended to be undertaken during business working hours (weekdays) with after hours and weekend reviews based on specified clinical need. Please ensure your notes indicate the date/time of day for any after-hours claims.

Pharmacy anti-viral support

Funding to enable prescribers to support pharmacists with the provision of anti-viral medications. This must be pharmacy initiated.

- Pharmacy anti-viral support \$43.12

Regular reviews

Regular reviews are only funded for those patients who are eligible for anti-viral medications **and** have been identified by the clinician as clinically high risk.

Please indicate in your clinical notes which of the eligibility criteria the patient meets.

These claims must be within the 7-day acute/isolation period.

- Positive COVID-19 community care – regular review: \$39.10
- Positive COVID-19 community care – regular review A/H: \$58.65

Please note that while there is additional funding for care provided after hours, most reviews are intended to be undertaken during business working hours (weekdays) with after hours and weekend reviews based on specified clinical need. Please ensure your notes indicate the date/time of day for any after-hours claims.

Clinical escalation

Clinical escalation claims are only funded for those who are eligible for anti-viral medications **or** are in a priority or vulnerable population.

Clinical escalation consultations can be claimed for COVID-19 related clinical concerns only and need to be patient initiated.

These claims must be within the 7-day acute/isolation period.

Please indicate in your clinical notes which of the eligibility criteria the patient meets.

This fee is additional to the regular review.

- Positive COVID-19 community care – clinical escalation: \$103.50
- Positive COVID-19 community care – clinical escalation A/H: \$155.25

Please note that while there is additional funding for care provided after hours, most care is intended to be undertaken during business working hours (weekdays) with after hours and weekend reviews based on specified clinical need. Please ensure your notes indicate the date/time of day for any after-hours claims.

Practice visits

Practice visits are only funded for those who are eligible for anti-viral medications **or** are in a priority or vulnerable population **and** are at high clinical risk.

This funding covers in-person clinical care for COVID-19 positive patients in a health facility. These can be claimed for COVID-19 related clinical concerns only. Documentation must clearly state why the consultation needed to be in person. This cannot be claimed at the time an eligible patient tests positive. In this instance an initial assessment should be claimed.

These claims must be within the 7-day acute/isolation period.

Please indicate in your clinical notes which of the eligibility criteria the patient meets.

- Positive COVID-19 community care –practice visit: \$103.50
- Positive COVID-19 community care – practice visit A/H: \$155.25

Please note that while there is additional funding for care provided after hours, most care is intended to be undertaken during business working hours (weekdays) with after hours and weekend reviews based on specified clinical need. Please ensure your notes indicate the date/time of day for any after-hours claims.

In home visits

Practice visits are only funded for those who are eligible for anti-viral medications **or** are in a priority or vulnerable population **and** are at high clinical risk.

This funding covers an in-home visit for clinical care for COVID-19 positive patients. These can be claimed for COVID-19 related clinical concerns only. Documentation must clearly state why the consultation needed to be in person and why the patient couldn't attend general practice. This cannot be claimed at the time an eligible patient tests positive. In this instance an initial assessment should be claimed.

These claims must be within the 7-day acute/isolation period.

Please indicate in your clinical notes which of the eligibility criteria the patient meets.

- Positive COVID-19 community care – urban home visit: \$207
- Positive COVID-19 community care – urban home visit A/H: \$310.5
- Positive COVID-19 community care – rural home visit: \$287.50
- Positive COVID-19 community care – rural home visit A/H: \$431.25
- Positive COVID-19 community care – mileage (per km): \$0.95

Rurality is defined according to the [Geographic Classification of Healthcare](#) based on the patient's **home address**. Those in locations designated R2 and R3 will be eligible for rural funding.

Please note that while there is additional funding for care provided after hours, most care is intended to be undertaken during business working hours (weekdays) with after hours and weekend reviews based on specified clinical need. Please ensure your notes indicate the date/time of day for any after-hours claims.

All of these invoices are packages of care i.e. they include allocation for staff time as well as consumables, they cannot be claimed along with any other claims.