Claiming criteria prior to 13 February 2023

Positive COVID 19 community care

Chart review

The chart review is to assess if a COVID-19 positive patient meets the Pharmac COVID-19 therapeutics eligibility criteria.

Contact with the patient is optional and can be by text, email, telephone call or via the patient portal.

A chart review can be claimed for every case irrespective of whether the patient is eligible for a proactive initial assessment.

- Positive COVID-19 community care Chart review: \$39.10
- Positive COVID-19 care Chart review weekend: \$64.52

Proactive initial assessments

Proactive initial assessments are only funded for those who:

• meet the <u>COVID-19 therapeutics eligibility criteria set by Pharmac</u>

OR

• are not enrolled with a primary care provider.

This funding is intended to include 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 initial: \$215.63
- Positive COVID-19 community care initial A/H and weekends: \$355.79
- Positive COVID-19 community care initial high needs/unenrolled patient: \$280.31
- Positive COVID-19 community care initial high needs/unenrolled patient A/H and weekends: \$462.52

High needs is defined as Māori, Pacific peoples, people living in NZ deprivation quintile 4 and 5 areas, refugees and people 75 years-old and over.

Monitoring

These invoices can only be claimed for patients who have received an initial assessment or following clinical escalation.

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

Any care required after the 7-day acute/isolation period should be claimed via a follow up

This is a documented review of symptoms, care plan and escalation of care if required, with the frequency determined clinically at the initial assessment.

- Positive COVID-19 community care standard monitoring: \$39.10
- Positive COVID-19 community care monitoring A/H and weekends: \$64.52
- Positive COVID-19 community care monitoring high needs: \$50.83
- Positive COVID-19 community care monitoring high needs A/H and weekends: \$83.87

High needs is defined as Māori, Pacific peoples, people living in NZ deprivation quintile 4 and 5 areas, refugees and people 75 years-old and over.

People who are not enrolled with a general practice are claimed at the standard rate unless they meet the high need definition.

Clinical escalation

Clinical escalation consultations can be claimed for COVID-19 related clinical concerns only. These can be claimed when a person with COVID-19 self-identifies as requiring clinical review, or when a clinician needs to escalate a case to another clinician.

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

Any care required after the 7-day acute/isolation period should be claimed via a follow up

This fee is additional to the regular review.

- Positive COVID-19 community care clinical escalation: \$143.75
- Positive COVID-19 community care clinical escalation A/H and weekends: \$237.19

Post hospital admission

Re-assessment following transfer of care from hospital to community-based care.

- Positive COVID-19 community care post hospital admission: \$143.75
- Positive COVID-19 community care post hospital admission A/H and weekends: \$237.19

In home/practice visits

In-person clinical care for COVID-19 positive patients includes in- home and in-person care in a health facility. These can be claimed for COVID-19 related clinical concerns only.

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

Any care required after the 7-day acute/isolation period should be claimed via a follow up

- Positive COVID-19 community care home/practice visit: \$287.50
- Positive COVID-19 community care home/practice visit A/H and weekends: \$474.38
- Positive COVID-19 community care mileage (per km): \$0.71

Follow up - Patient initiated

Follow up consultations must be patient initiated and apply to COVID-19 related clinical concerns only. This can only be claimed once and must be after the 7 day acute/isolation period ends, but within six weeks.

• Positive COVID-19 community care – follow up: \$71.88

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.