

TAIRAWHITI PRIMARY OPTIONS ACUTE CARE

****THE PATIENT IS RESPONSIBLE FOR FUNDING THE INITIAL CONSULTATION TIME OF THEIR ACUTE PRESENTATION**

Version: Dec 2025

| Abdominal pain | | | |
|--|----------|-----------------|---|
| Patients with abdominal pain, who are haemodynamically stable and can be safely managed in the community | | | |
| IV Medication | \$89.61 | Package of care | Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |
| Rehydration | \$162.74 | Package of care | IV rehydration only in adults, oral rehydration only in children. Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Follow up consultation for management post ultrasound result |
| RN Follow-up consult | \$40.17 | | |
| Abdominal Ultrasound to support management and avoid acute admission | | | |

| Acute ECG | | | |
|--|---------|-----------------|--|
| Treatment of patients with low risk undifferentiated chest pain (within 5 days of presentation) where the diagnosis is unclear, but the patient would otherwise be sent acutely to hospital for ECG. | | | |
| ECG | \$64.89 | Package of care | Includes consult time and any consumables |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Follow up consultation for management post ECG |
| RN Follow-up consult | \$40.17 | | |

| Asthma | | | |
|--|-------------|-----------------|---|
| Patients with moderate asthma exacerbation that can be safely managed in the community | | | |
| Practice observations | \$1 .03/min | Maximum 2 hours | Practice observations can only be claimed at the time of the initial consult. POAC funding cannot be utilised for care provided between triage and the initial GP/NP consultation |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Limited to one consult within the acute episode of care |
| RN Follow-up consult | \$40.17 | | |

| Cellulitis - Standard | | | |
|---|----------|------------------|--|
| Oral antibiotic treatment for patients aged 15 years and older with moderate cellulitis. ACC cellulitis cases are not funded under this pathway | | | |
| * the first two visit are unfunded. All visits must be an in-person visit. | | | |
| Standard Cellulitis | \$109.25 | Maximum 5 visits | Maximum of 5 visits within 7 days of initial appointment for oral antibiotic management of cellulitis. |

| Cellulitis - High Risk | | | |
|--|----------|------------------|--|
| Oral antibiotic treatment for patients aged 15 years and older with moderate cellulitis. ACC cellulitis cases are not funded under this pathway. Please include the patient's high risk eligibility within your claim. | | | |
| High Risk patients criteria: •Symptomatic peripheral vascular disease | | | |
| •Symptomatic or clinically overt venous insufficiency •CSC holders •Obesity BMI>40 | | | |
| •Recurrent cellulitis(2 or more episodes within 12 months) | | | |
| High Risk Cellulitis RN | \$44.85 | One only | First followup within 72 hours of initial appointment. Can be in-person or virtual |
| High Risk Cellulitis GP/NP | \$109.25 | Maximum 5 visits | After a funded RN first followup, within 7 days of the initial appointment. Must be in-person. |

| Congestive heart failure - exacerbation | | | |
|---|---------|-----------------|---|
| Adults with acute heart failure that can be safely managed in the community | | | |
| IV Medication | \$89.61 | Package of care | Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |
| GP/NP/CP Extended consult | \$81.37 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Limited to one consult within the acute episode of care |
| RN Follow-up consult | \$40.17 | | |
| CXR to rule out pneumonia/pneumothorax | | | |

| COPD | | | |
|---|---------|-----------|--|
| Patients with an acute or sub-acute COPD exacerbation that can be safely managed in the community | | | |
| GP/NP/CP Extended consult | \$81.37 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Follow up consultation for management post CXR result |
| RN Follow-up consult | \$40.17 | | |
| CXR to support management and avoid acute admission | | | |

Additional information

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

Based on treatment provided as evidenced in clinical notes. This can be claimed provided no IV administration invoices are claimed. This invoice can only be claimed at the time of the initial consultation. In-clinic observations can be claimed based on 3 x 10-minute baseline observations per hour. Practice observations can only be claimed at the time of the initial consult.

GP/NP/CP extended consultation

To cover an additional 15 minutes of GP/NP/CP time beyond the initial 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/NP/CP follow up

RN follow up

A follow-up visit may be funded (based on treatment provided as evidenced in clinical notes). This is limited to one consult within the acute episode of care. While follow up consultations can be virtual, to be eligible for funding, documentation needs to include a two-way conversation between the practice and the patient. A sent message with no documented response does not meet the definition of a consultation.

For further info please see the website:

www.pinnaclepractices.co.nz/programmes

**NB. This resource is a 'snapshot' view of what is claimable for each service under POAC. Please familiarise yourself with the business rules as well as the eligibility criteria and exclusions for each service, which can be found on the website.*

Primary Options Contact Details

Email: Infoprimaryoptions@pinnacle.health.nz
Mobile: 027 687 7312

| DVT | | | |
|---|---------|----------|---|
| Suspected DVT with a Wells Score of >= 2 or a positive D-dimer : Superficial venous thrombosis : Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately with relevant hospital specialist (and documented) | | | |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Follow up consultation following ultrasound |
| DVT Prophylactic Enoxaparin | \$81.37 | | Administration of enoxaparin where oral treatment is unsuitable |
| Ultrasound | | | |

| DVT (ACC) | | | |
|--|---------|----------|---|
| ACC related: Suspected DVT with a Wells Score of >= 2 or a positive D-dimer : Superficial venous thrombosis : Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately with relevant hospital specialist (and documented) | | | |
| ACC GP/NP/CP Follow-up Consult | \$50.47 | One only | Follow up consultation following ultrasound |
| ACC DVT Prophylactic Enoxaparin | \$40.17 | | Administration of enoxaparin where oral treatment is unsuitable |
| Ultrasound | | | |

| Dehydration | | | |
|--|----------|-----------------|--|
| Adults with moderate dehydration not responsive to oral fluids +/- antiemetic who 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,who can be managed safely in the community | | | |
| Rehydration | \$162.74 | Package of care | IV rehydration only in adults, oral rehydration only in children Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |

| ED Redirect | | | |
|---|----------|----------|---|
| This service is designed to ensure low acuity presentations to ED are actively redirected back to primary care. ED will not redirect a patient unless the receiving practice has accepted them. | | | |
| ED redirect GP/NP consultation | \$91.67 | One only | Initial consultation for a redirected patient. |
| ED redirect GP/NP consultation after hours | \$103.00 | | Initial consultation for a redirected patient after 6pm on a weekday, on weekends or public holidays. |
| ED redirect sundries | Variable | | This requires an itemised list of any extra charges incurred by the patient. |

| ENT | | | |
|---|-------------|-----------------|---|
| ENT conditions that can be acutely and safely managed in the community, such as epistaxis | | | |
| Practice observations | \$1.03 /min | Maximum 3 hours | Practice observations can only be claimed at the time of the initial consult. POAC funding cannot be utilised for care provided between triage and the initial GP/NP consultation |
| GP/NP/CP Extended consult | \$81.37 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Limited to one consult within the acute episode of care |
| RN Follow-up consult | \$40.17 | | |

| Fever unknown origin - children | | | |
|---|-------------|-----------------|---|
| Children presenting with a fever (>38 C), with moderate/amber symptoms or signs that can be safely managed in the community | | | |
| Practice observations | \$1 .03/min | Maximum 3 hours | Practice observations can only be claimed at the time of the initial consult. POAC funding cannot be utilised for care provided between triage and the initial GP/NP consultation |
| GP/NP/CP Extended consult | \$81.37 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Limited to one consult within the acute episode of care |
| RN Follow-up consult | \$40.17 | | |

| Ingested foreign body | | | |
|---|---------|-----------|--|
| Ingested metal foreign body in children – with no red flags i.e. if object is a disc battery, sharp object, Object >5cm, multiple magnets | | | |
| GP/NP/CP Extended consult | \$81.37 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| CXR | | | |

| IV Adenosine in the management of SVT | | | |
|--|----------|-----------------|---|
| Patients with rapid palpitations and a systolic BP >100, where an ECG performed shows a regular narrow complex (QRS<= 120msec) tachycardia in whom vagal manoeuvres have been unsuccessful | | | |
| IV Adenosine | \$113.30 | Package of care | Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |

| Musculoskeletal | | | |
|---|---------|----------|---|
| Adults for suspicion of pathological fracture where there is no history of injury : Children aged 8-16 years for suspicion of SUFE | | | |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Limited to one consult within the acute episode of care |
| Hip X ray: for suspicion of SUFE. X ray: for suspicion of pathological fracture where there is no history of injury | | | |

Radiology

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.

There are a number of radiology providers contracted under Primary Options for Acute Care (POAC). Further details can be found on the website.

The following X-rays and ultrasounds are funded in the the below circumstances only.

-Pelvic ultrasound: for suspicion of ruptured ovarian cyst or 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).

-Abdominal ultrasound: to support management and avoid acute admission

-Renal ultrasound: for suspicion of renal colic/stones

-Ultrasounds under the **DVT** pathway.

-Chest X ray: for the investigation of Pneumonia

-X-ray AP Pelvis and lateral of the hip: for suspicion of SUFE for children aged 8-16 years.

-X-ray: for suspicion of pathological fracture where there is no history of injury

| Neurology | | | |
|--|----------|-----------------|--|
| Patients with acute neurological conditions that can be managed safely in primary care e.g. migraine | | | |
| GP/NP/CP Extended consult | \$81.37 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| Rehydration | \$162.74 | Package of care | IV rehydration only in adults, oral rehydration only in children Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |
| IV Medication | \$89.61 | Package of care | Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |

| Pneumonia | | | |
|---|---------|----------|---|
| Adults with suspected pneumonia that can be managed safely in primary care – moderate pneumonia (CRB65 score 1 or 2 – see below) with no other co-morbidities : Children with pneumonia that can be safely managed in the community | | | |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Follow up consultation for management post CXR result |
| RN Follow-up consult | \$40.17 | | |
| CXR to support management and avoid acute admission | | | |

| Renal/Urological | | | |
|---|----------|-----------------|---|
| Patients with acute urological problems who can be managed safely in primary care e.g. | | | |
| <ul style="list-style-type: none">•Acute indwelling catheter insertion for patient in acute urinary retention in the absence of red flags i.e. acute trauma – straddle injury/fractured pelvis, perineal haematoma•Blocked catheter, which cannot be unblocked by flushing•Uncomplicated pyelonephritis•Renal colic with no red flags i.e. AAA, temperature >38, pyelonephritis, peritonitis, biliary colic, testicular torsion, ovarian torsion, ectopic pregnancy | | | |
| Acute catheter insertion | \$151.41 | Package of care | Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |
| IV Medication | \$89.61 | Package of care | Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |
| Rehydration | \$162.74 | Package of care | consult time and any consumables |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Follow up consultation for management post ultrasound result |
| RN Follow-up consult | \$40.17 | | |
| Renal ultrasound: to support management and avoid acute admission where CT is not available or appropriate | | | |

| Respite care | | | |
|---|------------|-----------------|---|
| Patients who are acutely unwell and for whom 3 nights of respite care would be sufficient to avoid a hospital admission: Patients have to be assessed in general practice in the 48 hours prior to the request for respite : A definitive plan has to be in place for the patient on discharge from Primary Options funding and is to be communicated at the time of the placement. Must be approved by POAC before resthome bed is booked. | | | |
| GP/NP/CP Extended consult | \$81.37 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| GP/NP/CP home/resthome visit | \$129.78 | One only | Limited to one consult within the acute episode of care |
| RN home/resthome visit | \$81.37 | | |
| | | | |
| Severe allergic reaction | | | |
| Patients with a severe allergic reaction, who have not had anaphylaxis, are haemodynamically stable and can be safely managed in the community: Moderate allergic reaction requiring observation in general practice. | | | |
| Practice observations | \$1.03/min | Maximum 4 hours | Practice observations can only be claimed at the time of the initial consult. POAC funding cannot be utilised for care provided between triage and the initial GP/NP consultation |
| GP/NP/CP Extended consult | \$81.37 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Limited to one consult within the acute episode of care |
| RN Follow-up consult | \$40.17 | | |

| Women's Health | | | |
|---|------------|-----------------|---|
| Patients who are haemodynamically stable with pelvic pain and can be safely managed in the community. 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 | | | |
| IV Medication | \$89.61 | Package of care | Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |
| Practice observations | \$1.03/min | Maximum 3 hours | Practice observations can only be claimed at the time of the initial consult. POAC funding cannot be utilised for care provided between triage and the initial GP/NP consultation |
| GP/NP/CP Extended consult | \$81.37 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| GP/NP/CP Follow-up Consult | \$81.37 | One only | Limited to one consult within the acute episode of care |
| RN Follow-up consult | \$40.17 | | |
| Pelvic ultrasound: for suspicion of ruptured ovarian cyst or for suspicion of retained products of conception in patients not eligible for maternity funding | | | |

| | | | |
|--|---------|-----------|--|
| In all categories where extended consultations and follow up consultations can be claimed, rural practices can claim the following | | | |
| Rural GP/NP/CP Extended consultation | \$91.67 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| Rural GP/NP/CP Follow up consult | \$91.67 | One only | Limited to one consult within the acute episode of care |
| Rural RN Follow up consult | \$50.47 | | |

| | | | |
|---|----------|-----------|--|
| In all categories where extended consultations and follow up consultations can be claimed, the following can be claimed when the care is provided after 6pm, on weekends or on public holidays. | | | |
| After hours GP/NP/CP Extended consultation | \$101.97 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| After hours GP/NP/CP Follow up consult | \$101.97 | One only | Limited to one consult within the acute episode of care |
| After hours RN Follow up consult | \$60.77 | | |