

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

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| 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

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| Practice observations | \$1 /min | Maximum 2 hours | Practice observations can only be claimed at the time of the initial consult |
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Biliary Colic

Patients with RUQ pain, who are haemodynamically stable, where biliary colic is suspected

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| 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

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| 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

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| ECG | \$63.00 | | |
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COPD/Pneumonia

Patients with a moderate COPD exacerbation +/- suspected pneumonia that can be safely managed in the community

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| 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.

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| Practice observations | \$1 /min | Maximum 2 hours | Practice observations can only be claimed at the time of the initial consult |
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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.

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| 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

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| Rehydration | \$158.00 | Package of care | Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |
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Epistaxis

Epistaxis that can be acutely and safely managed in the community

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| Practice observations | \$1 /min | Maximum 1 hour | Practice observations can only be claimed at the time of the initial consult |
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Fever unknown origin - children

Febrile (>38 C) children with moderate/amber symptoms or signs that can be safely managed in the community

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| Practice observations | \$1 /min | Maximum 2 hours | Practice observations can only be claimed at the time of the initial consult |
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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.

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| GP/NP Extended consult | \$79.00 | One only | |
| Frailty admission avoidance follow up | \$126.00 | One only | |

IV Adenosine in the management of SVT

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| 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

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| 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

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| 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

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| 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

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| 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

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| 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.