

****THE PATIENT IS RESPONSIBLE FOR FUNDING THE FIRST 15 MIN CONSULTATION OF THEIR ACUTE PRESENTATION**

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/CP Extended consult	\$79.00	One only	
Acute Declined Follow Up Consult	\$126.00	Two only	

Abdominal pain			
Patients with abdominal pain, who are haemodynamically stable and can be safely managed in the community			
IV Medication	\$87.00	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
Rehydration	\$158.00	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	\$79.00	One only	Follow up consultation for management post ultrasound result
RN Follow-up consult	\$39.00		
Abdominal Ultrasound to support management and avoid acute admission			

Acute ECG			
The diagnosis is unclear, but the patient would otherwise be sent acutely to hospital for ECG. This funding does not cover the cost of a routine ECG			
ECG	\$63.00	Package of care	Includes consult time and any consumables
GP/NP/CP Follow-up Consult	\$79.00	One only	Follow up consultation for management post ECG
RN Follow-up consult	\$39.00		

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
GP/NP/CP Follow-up Consult	\$79.00	One only	Limited to one consult within the acute episode of care
RN Follow-up consult	\$39.00		

Cellulitis			
Adult >= 15 years with moderate cellulitis that can be safely managed in the community			
IV Cellulitis	\$87.00	Three only *	* extra IV antibiotic doses can be claimed if approved by secondary care - this must be documented
Oral Cellulitis (in person)	\$79.00	Three only	

Cellulitis (ACC)			
Adult >= 15 years with moderate cellulitis (ACC funded) that can be safely managed in the community			
ACC - IV Cellulitis	\$47.00	Two only	Cannot be claimed for the first dose of IV antibiotics
ACC - Oral Cellulitis (in person)	\$39.00	Two only	Cannot be claimed for the first consult for oral antibiotics

COPD			
Patients with an acute or sub-acute COPD exacerbation that can be safely managed in the community			
GP/NP/CP Extended consult	\$79.00	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP Follow-up Consult	\$79.00	One only	Follow up consultation for management post CXR result
RN Follow-up consult	\$39.00		
CXR to support management and avoid acute admission			

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			
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	\$79.00	One only	Follow up consultation following ultrasound
DVT Prophylactic Enoxaparin	\$79.00		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	\$49.00	One only	Follow up consultation following ultrasound
ACC DVT Prophylactic Enoxaparin	\$39.00		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	\$158.00	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

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 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		

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

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	\$79.00	One only	Follow up consultation with patient post radiological investigations only
RN Follow-up consult	\$39.00		
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.			
•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	\$147.00	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
IV Medication	\$87.00	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
Rehydration	\$158.00	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	\$79.00	One only	Follow up consultation for management post ultrasound result
RN Follow-up consult	\$39.00		
Renal ultrasound: to support management and avoid acute admission 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	One only	To cover the initial consultation co-payment

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			
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).			

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	\$89.00	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
Rural GP/NP/CP Follow up consult	\$89.00		Limited to one consult within the acute episode of care
Rural RN Follow up consult	\$49.00		

In all categories where extended consultations and follow up consultations can be claimed, the following can be claimed when the care is provided after 5pm, on weekends or on public holidays.			
After hours GP/NP/CP Extended consultation	\$99.00	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
After hours GP/NP/CP Follow up consult	\$99.00		Limited to one consult within the acute episode of care
After hours RN Follow up consult	\$59.00		

****THE PATIENT IS RESPONSIBLE FOR FUNDING THE FIRST 15 MIN CONSULTATION OF THEIR ACUTE PRESENTATION**

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 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 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/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.			
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.			