			Abdominal pain			
Patients with abdominal pain, who are haemodynamically st			·			
IV Medication		Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables			
Rehydration		Package of care	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						
Eligibility criteria broadened, can claim IV medication and r	rehydration,	can no longer claim extended con				
	C 1	11. 11. 11.	Asthma			
Patients with moderate asthma exacerbation that can be saf						
Practice observations		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 per episode of care within 3 days of the initial consult			
RN Follow-up consult	\$39.00	,	,			
Can now claim follow up consult						
			Cellulitis			
Adult >= 15 years with moderate cellulitis that can be safely		· · · · · · · · · · · · · · · · · · ·				
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 *				
No change						
Cellulitis (ACC)						
Adult >= 15 years with moderate cellulitis (ACC funded) that	can be safel	y 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 dose of oral antibiotics			
Can now claim for ACC cellulitis						
			Acute ECG			
The diagnosis is unclear, but the patient would otherwise be	sent acutely	to hospital for ECG. This funding d	oes not cover the cost of a routine ECG			
ECG	_	Package of care	Includes consult time and any consumables			
GP/NP/CP Follow-up Consult	\$79.00					
RN Follow-up consult	\$39.00	One only	Follow up consultation for management post ECG			
Can now claim follow up consult	JJ3.00					
can now claim tonow up consult						
			COPD			
Patients with an acute or sub-acute COPD exacerbation that	can ba safah	y managed in the community	COPD			
	_	, , ,	At the time of earte proceedation to a province of 20 princtes			
GP/NP/CP Extended consult	-	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						
Pathway now COPD only not COPD/Pneumonia						
			DVT			
			ent 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		One only	Follow up consultation following ultrasound			
DVT Prophylactic Enoxaparin	\$79.00		Administration of enoxaparin where oral treatment is unsuitable			
Ultrasound						
No change						
No change			DVT (ACC)			
No change	oositive D-dir	mer : Superficial venous thrombosis	by (ACC)  s: Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately with relevant hospital specialist (and documented)			
No change		mer : Superficial venous thrombosis	· <i>'</i>			
ACC related: Suspected DVT with a Wells Score of >= 2 or a p			s: Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately with relevant hospital specialist (and documented)			
ACC related: Suspected DVT with a Wells Score of >= 2 or a p ACC GP/NP/CP Follow-up Consult	\$49.00		: Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately with relevant hospital specialist (and documented)  Follow up consultation following ultrasound			
ACC related: Suspected DVT with a Wells Score of >= 2 or a p ACC GP/NP/CP Follow-up Consult ACC DVT Prophylactic Enoxaparin	\$49.00		: Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately with relevant hospital specialist (and documented)  Follow up consultation following ultrasound			
ACC related: Suspected DVT with a Wells Score of >= 2 or a p ACC GP/NP/CP Follow-up Consult ACC DVT Prophylactic Enoxaparin Ultrasound	\$49.00		: Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately with relevant hospital specialist (and documented)  Follow up consultation following ultrasound			
ACC related: Suspected DVT with a Wells Score of >= 2 or a p ACC GP/NP/CP Follow-up Consult ACC DVT Prophylactic Enoxaparin Ultrasound	\$49.00 \$39.00	One only	S: Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately with relevant hospital specialist (and documented)  Follow up consultation following ultrasound  Administration of enoxaparin where oral treatment is unsuitable  Dehydration			
ACC related: Suspected DVT with a Wells Score of >= 2 or a p ACC GP/NP/CP Follow-up Consult ACC DVT Prophylactic Enoxaparin Ultrasound Can now claim for ACC DVT	\$49.00 \$39.00	One only  metic that can be safely managed in	Follow up consultation following ultrasound Administration of enoxaparin where oral treatment is unsuitable  Dehydration The community			
ACC related: Suspected DVT with a Wells Score of >= 2 or a page ACC GP/NP/CP Follow-up Consult ACC DVT Prophylactic Enoxaparin Ultrasound Can now claim for ACC DVT  Adults with moderate dehydration not responsive to oral fluit	\$49.00 \$39.00 sids +/- antier te dehydration	One only  metic that can be safely managed in	Follow up consultation following ultrasound Administration of enoxaparin where oral treatment is unsuitable  Dehydration The community			
ACC related: Suspected DVT with a Wells Score of >= 2 or a page ACC GP/NP/CP Follow-up Consult ACC DVT Prophylactic Enoxaparin Ultrasound Can now claim for ACC DVT  Adults with moderate dehydration not responsive to oral fluic Children aged between 6 months and 15 years with moderate	\$49.00 \$39.00 sids +/- antier te dehydration	One only  metic that can be safely managed in on or at risk of getting severely deh	S: Management of a pregnant women with a clinical suspicion of DVT must be discussed immediately with relevant hospital specialist (and documented)  Follow up consultation following ultrasound  Administration of enoxaparin where oral treatment is unsuitable  Dehydration  In the community  Sydrated, that can be managed safely in the community			
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In all categories where extended consultations and follow up consultations can be claimed, rural practices can claim the following can be claimed						
Rural GP/NP/CP Extended consultation	\$89.00 M	Naximum 2	At the time of acute presentation to a maximum of 30 minutes			
Rural GP/NP/CP Follow up consult	\$89.00	0ne only	Limited to one per episode of care within 3 days of the initial consult			
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 M	Naximum 2	At the time of acute presentation to a maximum of 30 minutes			
After hours GP/NP/CP Follow up consult	\$99.00	One only	Limited to one per episode of care within 3 days of the initial consult			
After hours RN Follow up consult	\$59.00					

## 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 and the patient. A sent message with no documented response does not meet the definition of a consultation.

## Practice observations

Practice observations – maximum 2 hours and 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

# 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 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.

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

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.