

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

| 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 | |
| RN Follow-up consult | \$39.00 | One only | Follow up consultation for management post ultrasound result |
| 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 | |
| RN Follow-up consult | \$39.00 | One only | Follow up consultation for management post ECG |
| 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 | |
| RN Follow-up consult | \$39.00 | One only | Limited to one consult within the acute episode of care |
| 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 |
| Congestive heart failure - exacerbation | | | |
| Adults with acute heart failure that 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 |
| 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 | Limited to one consult within the acute episode of care |
| RN Follow-up consult | \$39.00 | One only | |
| RN home visit | \$79.00 | One only | Limited to one consult within the acute episode of care |
| GP/NP/CP home visit | \$126.00 | One only | Limited to one consult within the acute episode of care |
| 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 | \$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 | |
| RN Follow-up consult | \$39.00 | One only | Follow up consultation for management post CXR result |
| CXR to support management and avoid acute admission | | | |
| DVT | | | |
| 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 must be discussed immediately with relevant hospital specialist. | | | |
| GP/NP/CP Follow-up Consult | \$79.00 | One only | Follow up consultation following ultrasound |
| DVT Prophylactic Enoxaparin | \$79.00 | One only | Administration of enoxaparin where oral treatment is unsuitable |
| Ultrasound | | | |
| DVT (ACC) | | | |
| ACC related: 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 must be discussed immediately with relevant hospital specialist. | | | |
| ACC GP/NP/CP Follow-up Consult | \$49.00 | One only | Follow up consultation following ultrasound |
| ACC DVT Prophylactic Enoxaparin | \$39.00 | One only | 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 |
| ENT | | | |
| ENT conditions that can be acutely and safely managed in the community, such as epistaxis | | | |
| Practice observations | \$1 /min | Maximum 3 hours | Practice observations can only be claimed at the time of the initial consult |
| 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 | |
| RN Follow-up consult | \$39.00 | One only | Limited to one consult within the acute episode of care |
| Fever unknown origin - children | | | |
| Febrile (>38 C) children with moderate/amber symptoms or signs that can be safely managed in the community | | | |
| Practice observations | \$1 /min | Maximum 3 hours | Practice observations can only be claimed at the time of the initial consult |
| 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 | |
| RN Follow-up consult | \$39.00 | One only | Limited to one consult within the acute episode of care |
| RN home visit | \$79.00 | One only | Limited to one consult within the acute episode of care |
| GP/NP/CP home visit | \$126.00 | One only | Limited to one consult within the acute episode of care |
| 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 | \$79.00 | 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 | \$110.00 | 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 | \$79.00 | 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 | | | |
| Neurology | | | |
| Patients with acute neurological conditions that can be managed safely in primary care e.g. migraine | | | |
| 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 |
| IV Medication | \$87.00 | Package of care | Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |
| RN home visit | \$79.00 | One only | Limited to one consult within the acute episode of care |
| GP/NP/CP home visit | \$126.00 | One only | Limited to one consult within the acute episode of care |
| 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 | |
| RN Follow-up consult | \$39.00 | One only | Follow up consultation for management post ultrasound result |
| Renal ultrasound: to support management and avoid acute admission where CT is not available or appropriate | | | |
| 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 | |
| RN Follow-up consult | \$39.00 | One only | Follow up consultation for management post CXR result |
| CXR to support management and avoid acute admission | | | |
| 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 reshome bed is booked. | | | |
| GP/NP/CP Extended consult | \$79.00 | Maximum 2 | At the time of acute presentation to a maximum of 30 minutes |
| GP/NP/CP home visit | \$126.00 | One only | Limited to one consult within the acute episode of care |
| RN home visit | \$79.00 | One only | Limited to one consult within the acute episode of care |
| 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/min | Maximum 3 hours | Practice observations can only be claimed at the time of the initial consult |
| 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 | |
| RN Follow-up consult | \$39.00 | One only | Limited to one consult within the acute episode of care |
| 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 | \$87.00 | Package of care | Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables |
| Practice observations | \$1/min | Maximum 3 hours | Practice observations can only be claimed at the time of the initial consult |
| 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 | |
| RN Follow-up consult | \$39.00 | One only | Limited to one consult within the acute episode of care |
| RN home visit | \$79.00 | One only | Limited to one consult within the acute episode of care |
| GP/NP/CP home visit | \$126.00 | One only | Limited to one consult within the acute episode of care |
| Pelvic ultrasound: for suspicion of ruptured ovarian cyst or 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 | One only | 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 | One only | Limited to one consult within the acute episode of care |
| After hours RN Follow up consult | \$59.00 | | |

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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.