

TAIRAWHITI PRIMARY OPTIONS ACUTE CARE

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

Version: July 2026

Abdominal pain			
Patients with abdominal pain, who are haemodynamically stable and can be safely managed in the community			
IV Medication	\$91.99	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
Rehydration	\$167.07	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	\$83.53	One only	Follow up consultation for management post ultrasound result
RN Follow-up consult	\$41.24		
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	\$66.62	Package of care	Includes consult time and any consumables
GP/NP/CP Follow-up Consult	\$83.53	One only	Follow up consultation for management post ECG
RN Follow-up consult	\$41.24		

Asthma			
Patients with moderate asthma exacerbation that can be safely managed in the community			
Practice observations	\$1 .06/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	\$83.53	One only	Limited to one consult within the acute episode of care
RN Follow-up consult	\$41.24		

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	\$112.16	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	\$46.04	One only	First followup within 72 hours of initial appointment. Can be in-person or virtual
High Risk Cellulitis GP/NP	\$112.16	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	\$91.99	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	\$83.53	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP Follow-up Consult	\$83.53	One only	Limited to one consult within the acute episode of care
RN Follow-up consult	\$41.24		
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	\$83.53	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP Follow-up Consult	\$83.53	One only	Follow up consultation for management post CXR result
RN Follow-up consult	\$41.24		
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	\$83.53	One only	Follow up consultation following ultrasound
DVT Prophylactic Enoxaparin	\$83.53		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	\$51.81	One only	Follow up consultation following ultrasound
ACC DVT Prophylactic Enoxaparin	\$41.24		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	\$167.07	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	\$94.11	One only	Initial consultation for a redirected patient.
ED redirect GP/NP consultation after hours	\$105.74		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 .06/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	\$83.53	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP Follow-up Consult	\$83.53	One only	Limited to one consult within the acute episode of care
RN Follow-up consult	\$41.24		

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 .06/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	\$83.53	One only	Limited to one consult within the acute episode of care. Can be same day as practice obs, to review the patient prior to leaving the practice.
RN Follow-up consult	\$41.24		

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	\$83.53	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	\$116.31	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	\$83.53	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	\$83.53	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
Rehydration	\$167.07	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	\$91.99	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	\$83.53	One only	Follow up consultation for management post CXR result
RN Follow-up consult	\$41.24		
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			
Acute catheter insertion	\$155.44	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
IV Medication	\$91.99	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
Rehydration	\$167.07	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	\$83.53	One only	Follow up consultation for management post ultrasound result
RN Follow-up consult	\$41.24		
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	\$83.53	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP home/resthome visit	\$133.23	One only	Limited to one consult within the acute episode of care
RN home/resthome visit	\$83.53		

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 .06/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	\$83.53	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP Follow-up Consult	\$83.53	One only	Limited to one consult within the acute episode of care
RN Follow-up consult	\$41.24		

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. Please indicate in the notes that the patient was attended to by St John and redirected to the practice.			
St John Redirect GP consult	\$83.53	One only	To cover the initial consultation co-payment
St John Redirect ACC surcharge	\$49.70	One only	To cover the ACC surcharge for the initial consult if the patient's condition is ACC related

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			
IV Medication	\$91.99	Package of care	Cannot be claimed with any other invoice on the same day. Includes consult time and any consumables
Practice observations	\$1 .06/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	\$83.53	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
GP/NP/CP Follow-up Consult	\$83.53	One only	Limited to one consult within the acute episode of care
RN Follow-up consult	\$41.24		
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	\$94.11	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
Rural GP/NP/CP Follow up consult	\$94.11	One only	Limited to one consult within the acute episode of care
Rural RN Follow up consult	\$51.81		

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	\$104.68	Maximum 2	At the time of acute presentation to a maximum of 30 minutes
After hours GP/NP/CP Follow up consult	\$104.68	One only	Limited to one consult within the acute episode of care
After hours RN Follow up consult	\$62.39		