

Updated claiming guidance for general practice clinical assessment of COVID-19 patients

COVID-19 CARE IN THE COMMUNITY (all rates are GST exclusive)

Service	Description	Standard Claim	After Hours Weekday Claim	Weekend Claim
Chart Review to determine eligibility for therapeutics	A chart review can be claimed for every case where that review finds that the person does not meet the eligibility criteria for a proactive clinical assessment. Contacting the person by text or otherwise is optional.	\$34.00	-	\$56.10
Proactive Initial Clinical Assessment for those who meet Pharmac COVID Therapeutics Access Criteria (Primary Care) or who are not enrolled in a general practice	Standard	\$187.50	\$309.38	\$309.38
	High needs / unenrolled	\$243.75	\$402.19	\$402.19
Regular Review – timing and frequency are clinically determined at initial assessment or clinical escalation	Standard	\$34.00	-	\$56.10
	High needs	\$44.20	-	\$72.93
Clinical Escalation (Patient Initiated)	As determined at regular review; when clinically indicated or by self-referral by a person on the self-management pathway, includes transfer of care to hospital level services	\$125.00	\$206.25	\$206.25
Post hospital discharge review	A funded review in primary care to support safe transfer of care back into the community following hospital admission	\$125.00	-	\$206.25

Follow-Up Check - Patient initiated	A single post-COVID-19 review within six weeks of the onset of infection	\$62.50	-	-
In-Home Care for care related to someone with COVID-19	Per hour where clinically required	\$250.00	\$412.50	\$412.50
	Mileage rate per kilometre	\$0.62	\$0.62	\$0.62
In-Person Care in a Clinic for a COVID-19 related presentation.	Full assessment where face to face review is clinically required for a condition related to the COVID infection. This does not cover people presenting with COVID presenting with other conditions i.e. an accident or an unrelated long-term condition.	\$250.00	-	\$412.50

COVID-19 CARE IN THE COMMUNITY DEFINITIONS

Term	Explanation
Consult Type	Virtual clinical care for COVID-19 positive patients includes telephone/video/text/patient portal. In-person clinical care for COVID-19 positive patients includes in-home and in-person care in a health facility where appropriate streaming is available.
Chart review	Chart review for patients to assess whether they are higher risk and meet the Pharmac COVID therapeutics eligibility criteria. Contact by text, email, patient portal or otherwise is optional.
Initial Clinical Assessment	Initial clinical assessment can be undertaken by any clinical member of the general practice team on a person who is COVID positive and is higher risk, meeting the Pharmac COVID therapeutics eligibility criteria or is <u>not</u> enrolled with a primary care provider. A care plan is agreed based on the patient's clinical condition and risk factors. People may be placed on either an active clinical management or a self-management pathway. The clinician and patient should consider whether COVID-19 therapeutics should be used. <u>Active clinical management:</u> The frequency of regular reviews is determined according to clinical need based on risk and acuity. <u>Self-management pathway:</u> Where clinically appropriate, people can self-manage while they have COVID-19. They will be provided with information that enables them to escalate their care to an appropriate provider should their clinical condition deteriorate, or they have a welfare need.
Regular Review	The frequency of regular reviews for those people under active management can be determined clinically. Guidance is available on Health Pathways. Regular review can be carried out by any clinical member of the practice team.
Clinical Escalation	Where a person with COVID self-identifies as requiring clinical review, or when a deterioration is found through regular review by a member of the clinical team requiring escalation to an appropriately qualified clinician.

Post hospital discharge review	Re-assessment following transfer of care from hospital to primary care.
Follow-up check	Where required the clinical team may provide a single follow-up review. Timing of follow-up will be clinically determined.
Primary Care Initiated	This service is initiated by primary care.
Patient Initiated	This is initiated by the person with COVID-19 or their whānau.

Notes

- The Pricing Schedule only applies to COVID-19 positive patients. The prices in the schedule include reimbursement of patient co-payments for COVID-19 positive patients.
- “High needs” is defined as Māori, Pacific peoples, people living in NZ deprivation quintile 4 and 5 areas, refugees and people 75 years-old and over.
- Initial assessment for those people who are not enrolled with a general practice are claimed at the high needs rate. Subsequent regular reviews are claimed at the standard rate unless they meet the high need definition.
- After-hours on weekday is between 8pm-8am Monday – Thursday. Weekend rate covers 5pm Friday- 8am Monday and any public holiday. Most regular reviews are intended to be undertaken during standard work hours (weekdays) with weekend reviews based on clinical need. For COVID-19 positive patients whose condition deteriorates and did not previously meet the Pharmac COVID therapeutics access criteria, the Clinical escalation and regular review funding line can be utilised.
- In-home care per hour rate includes travel time; the type of clinician is not prescribed.
- A claim can be submitted for each person in a household who is COVID-19 positive.
- Conditions of claiming:
 - No fee to patient and no claim for claw back.
 - Regular reviews that identify a clinical need for additional GP or Nurse Practitioner input are eligible for an additional ‘clinical escalation’ claim per day.
 - No simultaneous claiming against any other funding stream.
 - Chart review and contact does not cover bulk text messaging.