

3 May 2022

PURPOSE

This document provides guidance on the nationally set COVID-19 fees that can be claimed by general practices for COVID-19 vaccination, COVID-19 testing and COVID-19 Care in the Community.

In addition to these funding streams, the Ministry of Health (the Ministry) also fully funds telephone and video translation services for COVID-19 related consultation. Please contact your PHO for access information.

COVID-19 CARE IN THE COMMUNITY FLOW DIAGRAM



FEES SCHEDULE

Conditions for claiming include:

- No fee to patient (including no charge for prescription).
- No claim for Clawback.
- Limited to one claim per day per person, per practice. There is ability to make additional claims based on clinical discretion.
- No simultaneous claiming against any other funding stream.
- All dollar values **exclude GST**.

COVID-19 VACCINATIONS

Service	Description	Price Per Dose		Assessment Claim
		Standard Claim	After Hours Claim	
Vaccination Event	Pfizer	\$36.05	\$48.72	-
	AstraZeneca or Novavax	\$36.05	\$48.72	\$60.00
Third Primary Dose Assessment	Simple virtual assessment	-	-	\$60.00
	Complex in-person assessment	-	-	\$120.00
Medical Exemption Assessment	Simple virtual assessment without patient exam	-	-	\$60.00
	Complex in-person assessment with patient exam	-	-	\$120.00
Vaccine prescription	Assessment and prescription for off-label use	-	-	\$60.00
Vaccine Adverse Event Assessment	Virtual limited assessment	-	-	\$60.00
	In-person full assessment	-	-	\$120.00

Notes

- After-hours on weekday is between 8pm-8am Monday – Thursday. Weekend rate covers 5pm Friday- 8am Monday and any public holiday.
- For COVID-19 vaccine adverse events, claims must be for events within two weeks of vaccination.
- Third primary dose:
 - Individuals aged 12 and older with severe immunocompromise can receive a third primary dose of the Pfizer COVID-19 vaccine.
 - The third primary dose is available by prescription only that must be prescribed by a medical prescriber.
 - The third primary dose should be given at least 8 weeks after the second dose.
 - Some eligible patients may initially decline the third primary dose. That consultation will be funded at \$60. If the patient later reconsiders and decides to receive their third primary dose, then the subsequent consultation subsidy will apply at the \$60 virtual or \$120 in-person rates.
- Boosters:
 - Individuals aged 16 can receive a booster vaccine.
 - The booster dose should be given at least 3 months after the second dose.
- AstraZeneca and Novavax:
The AstraZeneca and Novavax COVID-19 vaccines will be provided as an alternative to the Pfizer vaccine for people who are:
 - unable to be vaccinated with the Pfizer vaccine, especially those who are required to be vaccinated by the Vaccination Order or their employer; or
 - those hesitant to take an mRNA vaccine.
 If a consumer has become hesitant to receive a second primary dose of the Pfizer vaccine or a booster dose of the Pfizer vaccine, and wishes to receive a dose of the AstraZeneca or Novavax vaccine as a substitute, this will require a prescription to reflect its off-label use as well as a written consent form.
- Medical Exemptions:
 - Information on medical exemptions can be found on the Ministry of Health's [website](#).
 - All medical exemptions that can be submitted without a patient examination will be funded at \$60.
 - All medical exemptions that require a patient examination will be funded at \$120.

COVID-19 ASSESSMENTS AND TESTING

Service	Description	Test Type	Claim
COVID-19 Virtual Assessment	COVID-19 virtual assessment by a nurse, nurse practitioner or general practitioner.	No test	\$60.00
COVID-19 In-person Assessment and Test (<i>complex and/or symptomatic people</i>)	A COVID-19 clinical assessment by a nurse, nurse practitioner or general practitioner for complex cases, and COVID-19 test for symptomatic patients. The RAT can either be supervised at the practice or unsupervised if the patient is able to self-administer the RAT themselves at home.	RAT or PCR	\$120.00

Notes

- General practices will be funded to undertake a combined clinical assessment and provide a test (either a RAT or PCR).
- In Phase 3, the test will predominately be a RAT and only PCR where clinically indicated.
- The RAT can either be supervised at the practice or unsupervised if the patient is able to self-administer the RAT themselves at home. This includes the provision of RATs for symptomatic patients and household contacts. They should be provided with at least three RATs for each member of the household. This funding will be reviewed at the end of May 2022.
- Once a case is confirmed COVID-19 positive (either via a RAT or a PCR), general practices will have access to the COVID-19 Care in the Community general practice funding. This includes funding for further assessments, reviews and clinical escalation.
- Large-scale drive through CBAC/CTC models, and isolation and quarantine facilities are excluded from the scope of the framework.

COVID-19 CARE IN THE COMMUNITY

Service	Description	Standard Claim	After Hours Weekday Claim	Weekend Claim
Chart Review and Contact	For people requiring some, but not the full initial clinical assessment	\$34.00	-	\$56.10
Initial Clinical Assessment	Standard	\$187.50	\$309.38	\$309.38
	High needs / unenrolled	\$243.75	\$402.19	\$402.19

Regular Review	Standard	\$34.00	-	\$56.10
	High needs	\$44.20	-	\$72.93
Clinical Escalation	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
Clinical Assessment	Post transfer of care out of hospital to primary care	\$125.00	-	\$206.25
Clinical Discharge	Standard	\$83.33	-	-
	High needs	\$108.33	-	-
Follow-Up Check	A single post-COVID-19 review within six weeks of the onset of infection	\$62.50	-	-
In-Home Care	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	Full assessment where clinically required	\$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 and contact	Chart review and contact (via text, email, patient portal) for patients who are higher risk but do not require a full initial assessment
Initial Clinical Assessment	Initial clinical assessment can be undertaken by any clinical member of the general practice team. 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. Active clinical management: The frequency of regular reviews is determined according to clinical need based on risk and acuity. Self-management pathway: 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 identifies a new need or when a deterioration is found through regular review, clinical care should be escalated to an appropriately qualified clinician.
Clinical Assessment (post transfer)	Re-assessment following transfer of care from hospital to primary care.
Clinical discharge	Clinical team determines whether the patient has clinically recovered and can be discharged from clinical regular reviews.
Follow-up check	Where required the clinical team may provide a single follow-up review. Timing of follow-up will be clinically determined.

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.
- 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.