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SERVICE SCHEDULE FOR RURAL GENERAL PRACTICE SERVICES

CONTRACT NO: RGPAXXXX

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING RURAL GENERAL PRACTICE SERVICES

1.1 The Term for the provision of Rural General Practice Services ("RGPA Services") is the period from 1 July 2024 ("Start Date") until the close of 30 June 2026 ("End Date") or such earlier date upon which the period is lawfully terminated or cancelled.

2. SERVICE LOCATION

2.1 It is expected that the majority of Consultations and Procedures will be performed from within the Practice Setting, however there may be rare occasions when a Consultation or a Procedure might be performed outside of the Practice Setting. Level D and Catastrophic (refer Part B clauses 5.1.3 and 5.1.4) Consultations are only to be provided within a Practice Setting unless approved by ACC.

3. SERVICE PROVIDER PROVIDING THE CARE

3.1 The RGPA Services will only be provided by a registered General Practitioner, Nurse Practitioner, Registered Nurse, Enrolled Nurse or Paramedic ("Service Provider"). Any Service Provider delivering treatment must be acting within their scope of practice.

3.2 Health Care Assistants will, as appropriate, support Service Providers in the delivery of treatment.

3.3 The General Practice will ensure that the Service Provider providing the services is suitable and properly qualified to provide RGPA Services, is acting within their scope of practice, and meets the practice quality standards set out in this Service Schedule including in clause 5.5 of Part B.

4. SERVICE ITEMS AND PRICES

4.1 Tables 1, 2, and 3 below outline the Consultation rates that apply to RGPA Services delivered to Clients. These tables should be read in conjunction with Table 4, which outlines Procedures that can be invoiced separately, and Table 5 which outlines Other Procedures included within the Consultation rates.

4.2 The General Practice must ensure that the clinical record demonstrates, as per Clause 5.1.3 of Part B, that the Consultation involves appropriate professional activities commensurate with the duration of RGPA Services provided.

Table 1: Service Items and Prices

Service Item Code	Consultation description	Price (excl. GST)	Pricing Unit
RP01	**Level A Consultation.** A short consultation of up to 5 minutes. Includes provision of the services as described in Clause 5.1.3 of Part B, and Other Procedures as described in Table 5.	$29.13	Per Consult
RP02	**Level B Consultation**. Normal general practice Consultation. Expected range treatment time is 5–20 minutes. Includes provision of the services as described in Clause 5.1.3 of Part B, and Other Procedures as described in Table 5.	$59.86	Per Consult
RP03	**Level C Consultation.** Extended general practice Consultation. Expected range of treatment time is 21–40 minutes. Includes provision of the services as described in Clause 5.1.3 of Part B, and Other Procedures as described in Table 5.	$115.11	Per Consult
RP04	**Level D Consultation**. Extended and complex rural general practice Consultation. Expected range of treatment time is more than 40 minutes. Level D Consultation may be claimed ONLY when a Client requires continuing one-on-one supervision. Includes provision of the services as described in Clause 5.1.3 of Part B, and Other Procedures as described in Table 5.	$231.16	Per Consult
RP05	Catastrophic Level Consultation As described in Clause 5.1.5 of Part B: Service Specification.	$187.55	Per Hour
RP08	Additional Payment – Child Under 14 Zero fees for all children under 14 years of age. No co-payment will be charged. This code is charged in addition to the appropriate Consultation code (as provided in Clause 4.4.1. of Part C).	$29.09	Per visit

Service Item Code	Consultation description	Price (excl. GST)	Pricing Unit
RPCS	Additional Payment – Community Service Card (CSC) holders Discounted visits for all CSC holders. A maximum co-payment of $19.50 (incl. GST) will be charged. This code is charged in addition to the appropriate Consultation code (as provided in Clause 4.4.1 of Part C).	$22.29	Per visit
RPCD	Additional Payment – Dependant of CSC holders (14 – 17 years) Discounted visits for all CSC holder's Dependants. A maximum co-payment of $13.00 (incl. GST) will be charged. This code is charged in addition to the appropriate Consultation code (as provided in Clause 4.4.1 of Part C).	$28.38	Per visit

Table 2: Telehealth Codes

Service Item Code	Consultation description	Price (excl. GST)	Pricing Unit
RPT1	**Level A Telehealth Consultation.** A short consultation of up to 5 minutes.	$29.13	Per Consult
RPT2	**Level B Telehealth Consultation**. Normal general practice Consultation. Expected range treatment time is 5–20 minutes.	$59.86	Per Consult
RPT3	**Level C Telehealth Consultation**. Extended general practice Consultation. Expected range of treatment time is 21–40 minutes.	$115.11	Per Consult

4.3 The Pricing table (Table 3) below is only applicable if the General Practice has Opted In to provide capped co-payments for CSC Holders and CSC dependants visits After-Hours.

4.3.1 In accordance with Part B Clause 5.2.2. the decision of the General Practice under this Service Schedule to Opt In or Opt Out is recorded below:

General Practice Opt-In or Opt-Out Decision:	The General Practice under this Agreement has [Opted In] [Opted Out]

Table 3: After-Hours Codes (Part B, Clause 5.2)

Service Item Code	Consultation description	Price (excl. GST)	Pricing Unit
RPCA	Additional Payment – Community Service Card (CSC) holders Discounted visits for all CSC holder's outside of normal business hours. Only applicable to General Practices who have Opted in (Clause 4.3 of Part A) A maximum co-payment of $19.50 (incl. GST) will be charged. This code is charged in addition to the appropriate consultation code (Clause 4.4.1 of Part C).	$42.04	Per Consult
RPDA	Additional Payment – Dependant of CSC holders (14 – 17 years) Discounted visits for all CSC holder's Dependants outside of normal business hours. Only applicable to General Practices who have Opted In (Clause 4.3 of Part A). A maximum co-payment of $13.00 (incl. GST) will be charged. This code is charged in addition to the appropriate consultation code (as provided in Clause 4.4.1 of Part C).	$48.12	Per Consult

Table 4: Procedure Codes

Service Item Code	Procedure description	Price (excl. GST)	Pricing Unit
RP10	Skin and subcutaneous tissue or mucous membrane, repair of wound (not more than 7 cm long) requiring skin closure by suture, clips, skin adhesive strips or glue	$111.76	Per Procedure
RP11	Significant burns or abrasions (not including fractures) at multiple sites (<4 cm); necessary wound cleaning, preparation and dressing	$81.62	Per Procedure
RP12	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane >7 cm long; any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic and dressing	$149.34	Per Procedure
RP13	Shoulder treatment for dislocation, requiring active reduction with IV or IM sedation and analgesia. Including splinting where necessary (this item will generally involve radiological investigation)	$159.78	Per Procedure
RP14	Elbow, treatment of dislocation, requiring active reduction with IV or IM sedation and analgesia. Includes splinting where necessary (this item will generally involve radiological investigation)	$148.13	Per Procedure

Service Item Code	Procedure description	Price (excl. GST)	Pricing Unit
RP15	Carpal fractures, including scaphoid, treatment of fracture of, not requiring reduction	$111.76	Per Procedure
RP16	Radius and/or ulna, distal end of, treatment of fracture of, by cast immobilisation	$111.76	Per Procedure
RP17	Radius and/or ulna, shaft of, treatment of fracture of, by cast immobilisation	$148.13	Per Procedure
RP18	Humerus, proximal or shaft of, treatment of fracture of, requiring cast immobilisation	$148.13	Per Procedure
RP19	Humerus, distal (supracondylar or condylar) or proximal radius and ulnar, treatment of fracture of	$148.13	Per Procedure
RP20	Tibia shaft and/or fibula, treatment of fracture by cast immobilisation	$253.01	Per Procedure
RP21	Distal tibia and/or fibula, treatment of fracture of, not requiring reduction, includes immobilisation	$229.06	Per Procedure
RP22	Calcaneum or talus, treatment of fracture requiring cast immobilisation	$229.06	Per Procedure
RP23	Tarsus, (including tarsal or metatarsals and excluding calcaneum or talus), treatment of fracture of, requiring cast immobilisation	$229.06	Per Procedure
RP24	Closed reduction of fracture or dislocation of proximal, middle or distal phalanx of hand, requiring injection of anaesthetic	$71.20	Per Procedure
RP25	Metacarpal(s), treatment of fracture by closed reduction-requiring injection of anaesthetic	$105.89	Per Procedure
RP26	Radius or ulna, distal end of, treatment of fracture by closed reduction. Requiring ischaemic limb block anaesthesia or other form of regional anaesthesia (generally proven radiologically)	$235.30	Per Procedure
RP27	Ankle, Achilles' tendon rupture managed by non-operative treatment	$229.06	Per Procedure
RP28	Nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both	$105.89	Per Procedure
RP29	Administration of activated charcoal	$36.51	Per Procedure
RP30	Internal Examination for Maternal Birth Injury	$69.33	Per Procedure
RPE1	Crutches Hire: one pair per case	$40.28	1 per Client per claim
RPE2	Moon boots: one moon boot per Client per claim	Actual and reasonable cost	1 per Client per claim

Service Item Code	Procedure description	Price (excl. GST)	Pricing Unit
RPE3	Thermoplastic orthotics: wrist or finger splints made from thermoplastic materials. This procedure code cannot be invoiced in conjunction with RP15, RP16, RP17, RP18, RP19. Limited to one orthotic per injury site per claim.	Actual and reasonable cost	Per Orthotic

4.4 The table below provides a non-exclusive list of procedures (other than Procedures listed in Table 4 of this Part A) which are to be provided as part of the applicable Consultation. The table also provides an example of the Consultation type (as outlined in Table 1 of this Part A) that should be carried out when performing such Other Procedures.

Table 5: Other Procedures

Level	Description	Other procedures
A	A short consultation of up to 5 minutes	• Provide simple advice about rehabilitation process
B	Consultation of between 5–20 minutes	• Removal of sutures • Removal of non-embedded foreign body from eye, mouth, auditory canal or other site (excluding rectum or vagina), without incision • Perform plaster checks • Removal of packing of nose, or packed abscess or haematoma • Irrigate eye • Administer tetanus toxoid, antibiotic via IM route • Syringe ear to remove non-embedded foreign body
C	Consultation of between 21-40 minutes	• Ongoing neurological observations • Simple soft tissue injuries; management of simple sprain of wrist/ankle/knee/elbow/or other soft tissue injury requiring crepe bandage or similar immobilisation not requiring formal strapping • Management of dislocation finger/toe with splint/strapping • Removal of foreign body from cornea or conjunctiva, or from auditory canal, or nasal passages, from skin or subcutaneous tissue with incision, or from rectum or vagina • Drainage of abscess or haematoma with incision (with or without infiltration of local anaesthetic agent) • Closed reduction of fracture of phalanx (proximal, middle or distal) of digit • Immobilisation of fracture of rib or ribs • Closed reduction of fracture of metatarsus (not requiring cast) • Closed reduction of fracture of toe (great or otherwise)

Level	Description	Other procedures
		• Closed reduction of fracture of nasal bones • Application of pressure dressing • Injection of steroid into joint, tendon, bursa, or other subcutaneous tissue or space • Repositioning and splinting of displaced tooth • Replantation of tooth • Sedative dressing (or anaesthetic) for emergency dental treatment • Closure of open wounds less than 2 cm – any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic and dressing • Nail, simple removal of • Treatment of single burn <4 cm • Treatment of significant abrasions <4 cm in size at a single site
D	Extended and complex Consultation taking over 40 minutes When a Client requires continuing one-on-one supervision from the Service Provider involving clinical interventions and care	• Fractured clavicle • Insertion of IV for administration of fluids, medications, blood • Dislocation of thumb – closed reduction and immobilisation • Soft tissue injury (other than splinting of dislocated or fractured digit) unless specified elsewhere; application of plaster, padded splint, or specific strapping within agreed guidelines (includes splinting of Achilles tendon injury and serious ankle sprains) • Pinch skin graft • Amputation of digit – including use of anaesthetic, debridement of bone and soft tissue, closure of wound • Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane 2 cm to 7 cm long: any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic, and dressing • Treatment of significant burns or abrasions (not including fractures) at multiple sites (>4 cm); necessary wound cleaning, preparation and dressing • Nail, removal of or wedge resection – requiring the use of digital anaesthesia • Fractured fibula (without tibial fracture): immobilisation with soft tissue strapping • Closed reduction of dislocation of talus • Application of pressure trousers • Performing cricothyrotomy (including any associated care such as resuscitation, monitoring, and patient transfer)

Note: The ACC contribution for Other Procedures and related consumable costs, and any services provided by Health Care Assistants in relation to any service item price, is included in the Consultation.

Table 6: Provider Travel

Service Item Code	Service Item	Amount (excl. GST)	Pricing Unit
DIS	Provider Travel (payable in accordance with Part C, Clause 8 of this Service Schedule)	$0.97	Per Kilometre

5. PRICE REVIEWS

5.1 ACC will review pricing when, at ACC's sole discretion, we consider a review necessary.

5.2 The factors ACC may take into account during a review include, but are not limited to:

- general inflation;
- changes in service component costs;
- substantial changes in the market.

5.3 If ACC finds that the factors we take into account have not had a significant impact on price, the prices will remain unchanged.

5.4 If ACC provides a price increase, the supplier must agree any adjustment in writing. The price increase will take effect from a date specified by ACC.

6. ADDRESS FOR NOTICES

NOTICES FOR ACC TO:

ACC Health Procurement (for delivery)
Justice Centre
19 Aitken Street
Wellington 6011
P O Box 242 (for mail)
Wellington 6140
Marked: “Attention: Procurement Partner”
Phone: 0800 400 503
Email: health.procurement@acc.co.nz

NOTICES FOR SUPPLIER TO:

_____
_____
_____ (for deliveries)
_____
_____
_____ (for mail)
_____
_____ _____
Marked: Attention: _____ _____, _____
Phone: _____
Mobile: _____
Email: _____

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B. SERVICE SPECIFICATION

1. SERVICE OBJECTIVES

1.1 The objective of the RGPA Service is to provide Clients with timely access to quality treatment services as specified in this Service Schedule that facilitate a prompt, cost-effective, and sustainable return to independence and/or work.

2. SERVICE PHILOSOPHY

2.1 The key deliverables for RGPA Services are:

2.1.1 Clients have access to cost-effective treatment services that facilitate a return to as normal a life as possible, having regard to the consequences of the injury;

2.1.2 future presentations for the same or similar problem are minimised; and

2.1.3 ACC receives prompt and accurate information.

3. SERVICE COMMENCEMENT

3.1 A person is entitled to RGPA Services if:

3.1.1 the person has suffered a Personal Injury for which a claim for cover has been made and accepted, or is likely to be accepted in the Service Provider's experience; and

3.1.2 the RGPA Services are not the subject of some other contract for services with ACC (with the exception of Primary Response in Medical Emergency (PRIME) services) including (without limitation):

3.1.2.1 Nursing Services;

3.1.2.2 Impairment Assessments;

3.1.2.3 Rehabilitation Assessments;

3.1.2.4 one-off ACC requested assessments; and

3.1.2.5 Initial Medical Assessments,

in which case that other contract will apply.

3.2 ACC will not pay the General Practice for time spent by a person providing the care to a person who does not fulfil the above criteria.

4. SERVICE LOCATION OR SPECIFIED AREA

4.1 The General Practice will ensure that any person providing the care supplies RGPA Services at locations in accordance with Clause 2, Part A of this Service Schedule.

5. SERVICE REQUIREMENTS

5.1 The General Practice must ensure that any person providing the care supplies RGPA Services for accident and injury conditions in accordance with the following Consultation Levels

5.1.1 The person providing the care will supply either a Level A, B, C, or D Consultation as outlined in Table 1 of Part A to a Client, as appropriate.

5.1.2 Services can be delivered via Telehealth, where clinically appropriate. Services delivered by Telehealth must:

5.1.2.1 have Client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the Client prefers;

5.1.2.2 be preceded by an initial risk assessment to ensure Client safety;

5.1.2.3 meet the same required standards of care provided through an in-person consultation;

5.1.2.4 have clinical records that meet ACC and professional body requirements;

5.1.2.5 meet the requirements outlined in the standards/guidelines of the New Zealand Medical Council. If there is a difference between the regulatory body statements and what is stated in this Service Schedule, then the Service Schedule conditions take precedence;

5.1.2.6 have both the Client receiving the Telehealth service, and the Service Provider delivering the Telehealth service, physically present in New Zealand at the time the service is provided.

5.1.3 Level A, B, C, and D Consultations include the provision of the following services where necessary and appropriate:

5.1.3.1 triage;

5.1.3.2 taking of a medical history relevant to the injury;

5.1.3.3 diagnosis of the presenting injury or injuries;

5.1.3.4 review of, and amendment to any existing diagnosis;

5.1.3.5 providing advice to ACC to assist ACC in determining whether the condition is appropriate for cover by ACC;

5.1.3.6 referral to an appropriate Service Provider for any further treatment required;

5.1.3.7 arranging access to, and arranging the provision of, any necessary radiological investigation;

5.1.3.8 interpretation of diagnostic films/reports (note: any necessary x-rays should be undertaken on the day the Client presents with the injury if possible);

5.1.3.9 performing any necessary and appropriate Other Procedure;

5.1.3.10 prescription of any necessary pharmaceuticals;

5.1.3.11 where the Client has an incapacity for employment resulting from their Personal Injury, completing appropriate report (as designated from time to time by ACC) and outlining any time likely to be required off work or any recommended alternative duties [note: only a General Practitioner or Nurse Practitioner can sign a certificate for time off work or alternative duties];

5.1.3.12 liaison with other health and support services;

5.1.3.13 education about caring for the injury and expectations of recovery;

5.1.3.14 provision of injury prevention advice to minimise re-injury or complications; and

5.1.3.15 documentation to register the claim for cover and/or entitlements with ACC, as specified in Clause 5.4.1 below.

5.1.4 In extraordinary circumstances the severity of the Client's condition may necessitate a number of significant procedures, requiring the person providing the care to provide RGPA Services not covered by consultation levels A-D or the procedures in Table 3 in Part A, and clauses 5.1.3 and 5.3 in Part B of this Service Schedule. In those circumstances, the General Practice may request a further contribution at the RP05 Catastrophic Level Consultation rate provided in Table 1.

5.1.5 Under this Service Schedule ACC considers that a catastrophic event is an incident where there has been significant trauma caused by an accident that requires urgent medical attention in a rural area. This differs from what is covered in a PRIME contract as it is not initiated via a 111 call. It usually involves an injured Client requiring critical care from member(s) of the General Practice until the injured Client can be handed over to emergency services.

- **Example:** Client sustains significant injuries after being trampled by a horse. Client gets transferred to the nearest rural medical centre by private vehicle. At the medical centre the Client requires care from three General Practitioners and two Nurses for a total of two hours prior to being transported via helicopter to hospital. In this example, the General Practice could invoice for:
  - **RP05 Catastrophic Level Consultation** x 2 hours (for additional medical and nursing staff requirements above that normally required for an **RP04 consult)**
  - **RP04 Level D Consultation**. Extended and complex rural general practice Consultation
  - Any of the applicable **procedural codes** under this Service Schedule.

5.2 Service After-Hours

5.2.1 After-Hours for the purposes of this Service Schedule is defined as service delivery outside of the normal business hours of the General Practice.

5.2.2 The General Practice may choose, at its sole discretion, to Opt In or Opt Out of providing reduced After-Hours rates to CSC Holders and Dependants.

5.2.2.1 General Practices must notify ACC in writing within 20 working days prior to Opting In or Opting Out.

5.2.2.2 The decision of the General Practice under this Service Schedule to Opt in or Opt out is recorded at Part A, Clause 4.3.1.

5.3 Procedures

5.3.1 In addition to one of the Consultations outlined in Table 1, the Service Provider providing the care may supply one or more Procedures as listed and described in Table 3 of Part A during or following the Consultation, where necessary and appropriate.

5.3.2 It is expected the General Practice will usually invoice ACC for a Level B Consultation when providing a Procedure. Where a longer consultation is invoiced with a Procedure, the General Practice must clearly document why the longer Consultation was required. ACC may use such documentation for audit purposes.

5.4 Documentation

5.4.1 In conjunction with the Consultations and Procedures specified in clauses 5.1 and 5.3 of this Part B, the person providing the care will provide sufficient information for ACC to:

5.4.1.1 process the Client's claim for cover and/or entitlements under the AC Act; and

5.4.1.2 validate that any referral of a Client to another Service Provider and/or certification of alternative work duties or time off work, or any other service provided to a Client, is for the Client's Personal Injury.

5.4.2 The General Practice must ensure that information is provided by the person providing the care on a form(s) and in a manner (e.g., electronic) approved by ACC.

5.4.3 The General Practice must also ensure that the person providing the care maintains reasonable and accurate professional Client records that will validate the necessity and appropriateness of the Consultation level invoiced and of any Procedures undertaken.

5.5 Training

5.5.1 The General Practice will ensure that all Service Providers will have:

5.5.1.1 undertaken PRIME training; or

5.5.1.2 attended a New Zealand Resuscitation Council CORE Advanced training course; or

5.5.1.3 attended a Royal Australasian College of Surgeons Early Management of Severe Trauma course; or

5.5.1.4 attended another relevant course as endorsed by Royal New Zealand College of General Practitioners or New Zealand Nursing Council, and approved by ACC,

within 12 months of them commencing services against this Service Schedule.

5.5.2 The General Practice will ensure that Service Providers participate in PRIME refresher courses or other relevant courses as listed in 5.5.1, at least bi-annually.

5.5.3 The General Practice must ensure that General Practitioners will also:

5.5.3.1 be actively engaged in a registered, accredited professional training programme or pathway; or

5.5.3.2 be actively engaged in a registered, accredited professional development or re-certification programme.

5.5.4 The General Practice must ensure that long term locums have met the training requirements as identified in Clause 5.5.1 or be under the specific supervision of a rural General Practitioner who has met all the contractual training requirements.

5.6 Reporting

5.6.1 A General Practice with Service Providers providing Services who have not undertaken training in accordance with Clause 5.5.1, must supply a report to ACC in accordance with Clause 5.6.2 below.

5.6.2 A report must be provided electronically by the General Practice to ACC every six months, on the template attached in Appendix 1 that sets out:

5.6.2.1 the names of all new Service Providers providing the care;

5.6.2.2 the names of all Service Providers who have resigned/left the practice;

5.6.2.3 the length of time that each Service Provider providing the care has been employed;

5.6.2.4 a training plan for achieving the training and quality requirements set out in the above Clause 5.5 (Training) for each Service Provider providing the care;

5.6.2.5 an indication of the progress made toward achieving the training plan for each Service Provider providing the care.

5.6.3 The report will be emailed to health.procurement@acc.co.nz.

6. SERVICE-SPECIFIC QUALITY REQUIREMENTS

6.1 Staffing: Locums

6.1.1 The General Practice must approve, except in the case of an emergency, locum practitioners specialising in rural practice as meeting the practice quality standards set out in Clause 5.5 of Part B as being otherwise suitable and properly qualified to provide RGPA Services before providing RGPA Services to Clients.

7. EXCLUSIONS

7.1 No payment may be claimed or made under this Service Schedule by the General Practice for any Services:

7.1.1 which are not related to a valid claim for Personal Injury which can be accepted by ACC under the AC Act; or

7.1.2 which are funded or obliged to be funded by the Ministry of Health or Health New Zealand - Te Whatu Ora; or

7.1.3 for which a claim for payment has been, or will be, made against ACC under any other contract or service schedule.

C. PAYMENT AND INVOICING

1. ACC CONTRIBUTION

1.1 The contribution payable by ACC for the Services is the contribution specified in Part A Quick Reference Information of this Service Schedule.

2. INVOICING AND PAYMENT ARRANGEMENTS

2.1 The General Practice will invoice electronically unless other arrangements have been made between the General Practice and ACC.

2.2 The General Practice must invoice ACC directly for RGPA Services provided, and ACC will not accept invoices from other Service Providers or subcontractors or staff of the General Practice.

3. CONTRIBUTION TO FEES

3.1 Total contribution

Subject to the provisions of this Service Schedule:

3.1.1 ACC agrees to pay the applicable contribution set out in Part A of the Service Schedule for RGPA Services provided to Clients in accordance with this Service Schedule (Contribution);

3.1.2 the Contributions are the total amounts payable by ACC in respect of all RGPA Services provided or required to be provided under this Service Schedule (including, without limitation, materials, consumable equipment, pharmaceutical items used during treatment, and the short-term loan of orthotics), with the exception of diagnostic films/reports which are payable under regulations or other contracts with ACC.

4. CLAIMING FOR CONSULTATIONS

4.1 The Contribution applicable to a Consultation may be claimed and is payable only once per Client per Consultation irrespective of whether:

4.1.1 RGPA Services are provided in respect of that Client's Personal Injury by more than one person providing the care engaged by the General Practice; or

4.1.2 consultation services are provided during a consultation in relation to more than one Personal Injury, or for a Personal Injury and a medical condition suffered by the Client.

4.2 For the purpose of determining the Contribution appropriate for a Consultation, a Consultation shall be deemed to include:

4.2.1 any additional Consultation that is provided for follow-up care (including follow-up of diagnostic reports and films) on the same day as the first Consultation; or

4.2.2 any additional Consultation that is provided to the Client on the same day as the first Consultation, in relation to the same Personal Injury or injuries; or

4.2.3 any additional Consultation is provided to the Client for the purpose of performing a Procedure that was unable to be carried out during the first Consultation.

4.3 The General Practice must not charge a co-payment on any Consultation for a child under 14 years of age.

4.4 The General Practice can only invoice either a Level A, B, C, or D Consultation code as outlined in Table 1 of Part A for a Client, as appropriate.

4.4.1 The General Practice can only invoice either a RP08, RPCS, RPCD, RPCA, RPDA code as outlined in Table 1 and Table 2 of Part A, once per Client in addition to a Level A, B, C, or D Consultation code.

4.4.1.1 If the General Practice invoices RPCA or RPDA it must have Opted In as outlined in Part A, Clause 4.3.1.

4.4.1.2 If the General Practice has Opted Out as outlined in Part A, Clause 4.3.1 it will not invoice for RPCA and RPDA.

4.5 The General Practice can only invoice a Telehealth Code as outlined in Table 2 of Part A provided that the Client meets the eligibility criteria as per Part B Clause 5.1.2.

4.5.1 The codes RP01, RP02, RP03, RP04 cannot be invoiced in addition to Telehealth consultations.

4.5.2 The codes RP08, RPCS, RPCD, RPCA, RPDA can be invoiced once per Client in addition to either a Level A, B, or C Telehealth Consultation as outlined in Table 2 of Part A.

4.5.3 If the General Practice invoices RPCA or RPDA it must have Opted In as outlined in Part A, Clause 4.3.1.

4.5.4 If the General Practice Opts Out as outlined in Part A, Clause 4.3.1 it will not invoice for RPCA and RPDA.

5. MEDICAL CONDITIONS

5.1 Where a Client presents to the person providing the care with both medical and accident-related conditions, ACC will pay the applicable Contributions for the Consultation, and any Procedure required to treat the Client's Personal Injury, if the accident-related condition was the primary reason for the Consultation.

5.2 If a Client receives treatment for an accident-related condition but this was not the primary reason why the Client presented for treatment, the Level A consultation Contribution set out in Part A, and the Contribution applicable for any Procedures required to treat the Client's Personal Injury, will be payable.

6. CONTRIBUTION TO FEES FOR TWO OR MORE PROCEDURES

6.1 If two or more Procedures are required on separate body sites for separate accidents during one consultation, ACC will pay the Contribution payable for the most expensive Procedure for each body site and half the Contribution payable of any further Procedures.

6.2 If two or more Procedures are required on a single body site during one consultation, ACC will pay the full Contribution payable for the most expensive Procedure and half the Contribution payable for the second or subsequent Procedure.

6.3 If two or more Procedures are required on separate body sites for the same accident during one consultation, ACC will pay the full Contribution payable for the most expensive Procedure and half the Contribution payable for the second or subsequent Procedure.

7. FEES

7.1 The General Practice may set and charge a co-payment for services provided to Clients (except for patients under 14 years of age- refer to Part C, Clause 4.3).

7.2 The General Practice will charge a maximum co-payment of $19.50 incl. GST for CSC holders and $13.00 incl. GST for dependants of CSC holders (aged 14 – 17 years) - refer to Part A, Table 1.

7.2.1 The General Practice will sight and record the CSC number in the Client's records, when invoicing ACC for treatment for a CSC holder or CSC Dependant using Service Item Codes RPCS, RPCD, RPCA or RPDA.

7.3 The person providing the care must make best efforts to inform the Client of the fee for the service including the ACC contribution.

7.4 ACC shall have no liability to the person providing the care for the refusal or failure of any Client to pay any such fee.

8. TRAVEL COSTS

8.1 If a Service Provider is called out to a Client's home on an urgent basis in relation to an ACC covered injury, a travelling fee as per Service Item Code "DIS" will be paid for the distance the Service Provider has to travel to and from the Client's home.

8.2 A travel fee will not be paid for services that would be covered under the PRIME Service Schedule and will only be paid for Rural General Practice Services provided by a General Practitioner, or if no General Practitioner is rostered on at that time, for Rural General Practice Services provided by a Nurse Practitioner, Registered Nurse or Paramedic.

APPENDIX 1 (PART 1, SCHEDULE 4, CLAUSE 3): REPORTING TEMPLATE

PRACTICE NAME

PRACTICE ADDRESS

TIME PERIOD

Name	Date of employment	Status EN, RN, NP, GP, Paramedic	Training course name Requirement fulfils	Where attended	Date attended	Planned date of attendance

Please attach certificate of attendance to this sheet.

APPENDIX 2: DEFINITIONS AND INTERPRETATION

DEFINITIONS

In this Service Schedule, unless the context otherwise requires:

"After-Hours" means service delivery outside of the normal business hours of the General Practice.

"CSC" means Community Services Card. Clients who hold an active CSC are entitled to a reduced co-payment for all consultations, procedures, and consumables.

"Consultation" means an event, defined by a period of time, during which any combination of General Practitioner and/or Registered Nurse, may assess or treat a Client.

"Dependant" means a Client aged 14 to 17 years who is reliant on a CSC holder. Dependants aged under 14 will be charged at "under 14" rates.

"Enrolled Nurse" means a person who is deemed to be registered with the Nursing Council of New Zealand as a practitioner of the profession of nursing whose scope of practice permits the performance of enrolled nursing functions and who provides treatment under the direction and delegation of a suitably qualified health professional.

"General Practice" means the Party whose reference name is "the General Practice" in this Service Schedule and, where the context requires, includes its employees, agents and permitted contractors, and its successors and permitted assigns. "Supplier" also has the same meaning.

"General Practitioner" means a person registered as a medical practitioner under the Health Practitioners Competence Assurance Act 2003 who provides primary and continuing care to individuals, families, and to a practice population; and "GP" has a corresponding meaning.

"Health Care Assistant" means a person who is a non-health professional, or support staff, who works collaboratively with the general practice team to meet the needs of Clients, follows policy and procedures, and works under the direction and delegation of a registered health professional.

"In-person" means the Service Provider and the client are physically present in the same room. "Long Term Locums" means a GP or RN who works in the General Practice's practice for more than two weeks, over any time period.

"Opt In" means a General Practice that has agreed to provide capped co-payments for CSC Holders and CSC dependants visits After-Hours.

"Opt Out" means a General Practice that has opted not to provide capped co-payments for CSC Holders and CSC dependants visits After-Hours.

“Nurse Practitioner” means a nurse who is or is deemed to be registered with the Nursing Council of New Zealand as a practitioner of the profession of nursing whose scope of practice permits the performance of nurse practitioner functions.

“One on One supervision” means that the Client’s clinical status is unstable enough to require a nurse or doctor to be present and observing/treating them at all times.

“Paramedic” means a person who meets the definition of paramedic in the AC Act i.e.: Is registered as a paramedic with the Paramedic Council; and holds a current practising certificate.

“Personal Injury” means personal injury in terms of the ACC Act.

“Person providing the care” means a person engaged by the General Practice to provide any of the Services under this Service Schedule. **“Service Provider”** has the same meaning.

“Practice Setting” means the usual single physical setting the General Practice operates from, normally considered to be a general practice surgery. Any satellite practice operations need to be deemed rural by Health New Zealand – Te Whatu Ora and approved by the ACC Portfolio Manager prior to service commencement under this Service Schedule. Any satellite practice operation will need to have access to a General Practitioner where clinically appropriate.

“PRIME” means Primary Response in a Medical Emergency.

“PRIME contract” means a contract to provide first response to the scene of an accident in rural locations where it is recognised Paramedic ambulance attendance is unavailable or outside normal response criteria.

“PRIME Training Course” means a clinical training course recognised by ACC for the purpose of training PRIME service providers.

“Registered Nurse” means a nurse who is or is deemed to be registered with the Nursing Council of New Zealand as a practitioner of the profession of nursing whose scope of practice is the same as that of a registered nurse; and holds a current practising certificate.

“Referral” means a referral of an eligible Client to the Provider for the provision of Services in accordance with the Referral process described in a Service Schedule; and “Refer”, “Referred” and “Referrer” have a corresponding meaning.

“RGPA Services” means the General Practice Services delivered in a rural setting described in this Service Schedule to be provided under this Service Schedule.

“Telehealth” means the use of information or communication technologies to deliver health care when Clients and care providers are not in the same physical location. For this Service Schedule, Telehealth relates to real-time videoconferencing interactions and telephone consultations. Telehealth excludes electronic messaging, e.g. texts and

emails. A Telehealth consultation is to replace an in-person visit, it does not include a quick triage or check-in phone calls.