# How to invoice under the Rural General Practice Services contract

26 OCTOBER 2023

Hosted by **Leigh Aston**Portfolio Advisor

#### **Mary Higham**

Engagement and Performance Manager



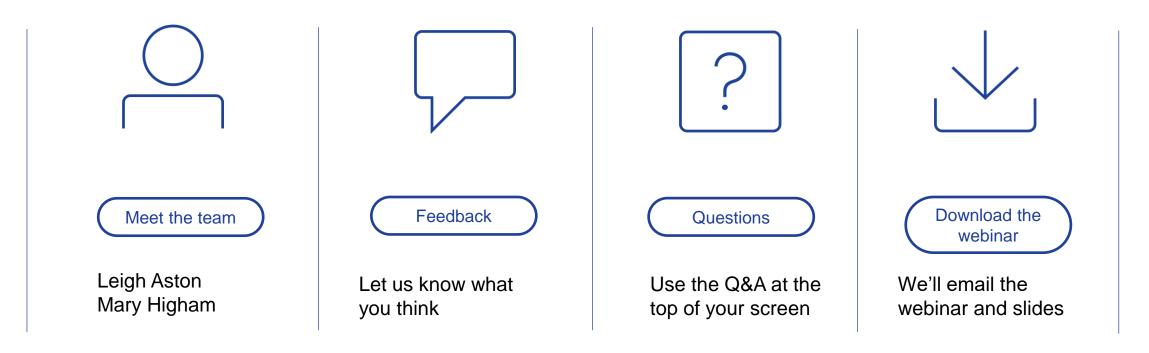
He Kaupare. He Manaaki. He Whakaora.

prevention. care. recovery.



### Nau mai, Haere mai

Welcome to How to invoice under the Rural General Practice Services (RGP) contract





# Agenda

About the RGP contract

Consultation codes

Procedure codes

Interaction with PRIME contract

**Examples** 

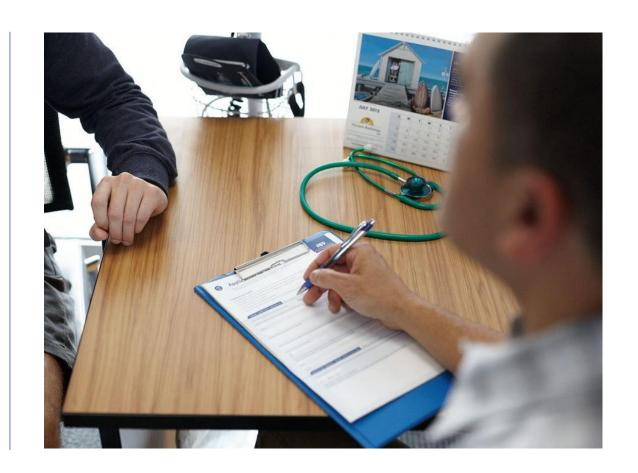
6 Questions

### About the RGP contract



### RGP contract

- ✓ Practice must be defined as rural by Te Whatu Ora
- Clinical staff don't register individually with ACC
- ✓ Payments are provider agnostic
- ✓ Practice sets own co-payments



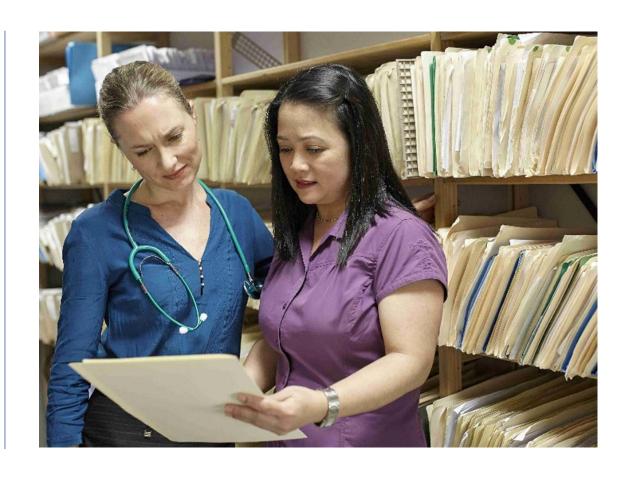
Rural General Practice Service Schedule



### RGP providers

- ✓ General Practitioner
- ✓ Nurse Practitioner
- Registered Nurse
- ✓ Enrolled Nurse

Health care assistants may support the delivery of treatment





### RGP providers

- ✓ Nurses can work independently
- ✓ A GP is not required to see the patient at every consultation
- ✓ All clinical staff need current PRIME or equivalent resuscitation training





### GP, Nurse and Nurse Practitioner costs

### The contract sets out the amount you can invoice for:

- consultations
- ✓ procedures
- equipment
- ✓ orthotics





### Consultation codes



### Consultation rates

- ✓ Paid on a time basis
- Includes GP and nurse time
- ✓ Includes treatment for minor procedures
- One consult per patient per day

A consultation rate is for an examination or assessment of a client with an injury covered by ACC. In person or by telehealth.



### Consultation rates

#### The rates are different:

- ✓ If the patient is under 14
- ✓ If the patient is a Community Services Card holder, or a dependent of
- ✓ If you opt-in for additional after-hours rates





## Choosing the right code

- ✓ The time should reflect the severity of injury and significance of management required
- ✓ Add up the total time taken to treat the patient
- ➤ Don't add combined GP & Nurse times
- ✗ Don't include waiting time
- ✗ Don't include HCA time

Some minor procedures are included in the consultation fee - refer to Table 5: Other Procedures in the contract

Table 5: Other Procedures

Level	Description	Other procedures
A	A short consultation of up to 5 minutes	Provide simple advice about rehabilitation process
В	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
С	Consultation of between 21-40 minutes	<ul> <li>Ongoing neurological observations</li> <li>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</li> <li>Management of dislocation finger/toe with splint/strapping</li> <li>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</li> <li>Drainage of abscess or haematoma with incision (with or without infiltration of local anaesthetic agent)</li> <li>Closed reduction of fracture of phalanx (proximal, middle or distal) of digit</li> <li>Immobilisation of fracture of rib or ribs</li> <li>Closed reduction of fracture of metatarsus (not requiring cast)</li> </ul>



### Procedure codes



### Procedure codes

Invoiced when the injury requires a significant amount of time and consumables.

- ✓ Includes time for the procedure and any consumables
- Usually invoiced with a Level B consult





### Multiple procedures

Patients may need more than one procedure on the same day.

#### Invoice:

- ✓ 100% of the most expensive procedure
- ✓ 50% of the subsequent procedure/s

Where there is more than one claim, invoice procedures against the correct claim.



# Interaction with PRIME contract



### PRIME contract

# When a PRIME provider is called out to attend an accident, invoice for:

- ✓ The total time they spend on the call at the PRIME hourly rate (ATT)
- ✓ The total distance they travelled at the PRIME per km rate (DIS1)
- ✓ A RGP consultation (RP02)
- ✓ Any procedures used to treat the patient

If multiple patients are treated at the PRIME callout, invoice one attendance fee only, plus a consultation for each patient. Distance is divided between multiple patients.



# Examples



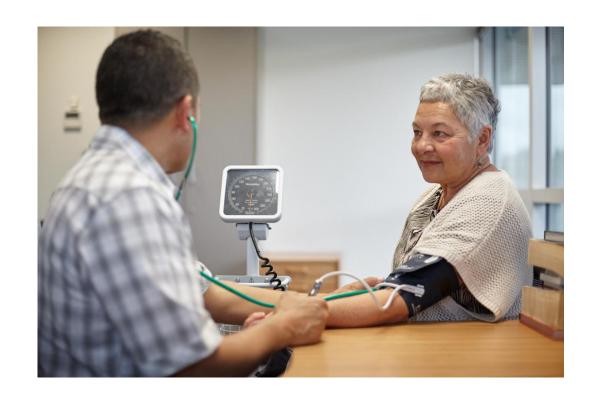
### RP01 – Level A consultation

55-year-old CSC holder Hinemoa comes in to see the GP for routine review of her blood pressure medication.

She also asks for a repeat script for antiinflammatories for her back which she injured two months ago.

Invoice: RP01 plus RPCS

You can charge a patient co-payment of up to \$19.50 (incl. GST)





### RP02 – Level B consultation

10-year-old Caleb had a knee laceration sutured 10 days ago. His caregiver brings him in to see the nurse to have the sutures removed.

Invoice: RP02 plus RP08

You can't charge a patient co-payment as Caleb is under 14.





### RP03 – Level C consultation + procedure

25-year-old Marcus has swelling in his wrist after landing on his hand. The GP examines and refers for imaging (15 mins).

He returns a few hours later with his x-ray results – which confirms distal radius fracture.

The GP sees Marcus again and writes a FFSW medical certificate (9 mins).

The nurse applies a cast to Marcus' wrist.

Invoice: RP03 plus RP16

Where a Level C or D consultation is invoiced with a procedure, document the reason for the longer consult in the clinical notes.



### RP05 – Catastrophic Level consultation

16-year-old Jasmine is trampled by a horse and is rushed to the medical centre by her family.

She has multiple traumas which requires care from three general practitioners and two nurses for two hours before being air lifted to hospital.

RP05 can be used in exceptional circumstances where a standard consult code won't cover the time spent by the clinician/s

Invoice: RP05 x 2 hours

- + RP04 Level D consult
- + Any applicable procedure codes



# Any questions? Pātai?



### Contact us

#### Provider help:

Call 0800 222 070 providerhelp@acc.co.nz

#### Primary care portfolio:

Contract - <u>primarycare@acc.co.nz</u>

# Contact our provider relationship team (EPMs):

Contact our provider relationship team (acc.co.nz)

#### **Provider Education Lead:**

provider.education@acc.co.nz



# Ngā mihi nui