

General Practitioner Fee for Service

HICCO – Hospital Initiated Clinic Call Out Within The Medical Practice Business Hours

Reference: South Australian Rural Medical Fee Agreement (Versions AMA 2017 & RDASA 2017) Item 3.22 'Hospital Initiated Clinic Call Out Within The Medical Practice Business Hours'.

This item can be claimed in situations where the medical practitioner is called back to their hospital⁽¹⁾ during booked consulting sessions for events not already covered under the SAMSOF for SARMFA emergency item numbers.

An applicable consulting fee and/or procedural item number including ECG, CTG, IVT, baby resuscitation and assistance at non-booked (emergency) LSCS, is payable at 100% of the Commonwealth Medical Benefits Scheme rate when accompanied by a claim for HICCO.

Routine post-operative management (where included as part of the global fee), deliveries and assessment in labour are not eligible to be accompanied by a claim for HICCO.

Payment is only applicable where the interruption is significant, requires the medical practitioner to be recalled to the hospital from their clinic⁽¹⁾ and be absent for at least 30 minutes during a booked morning or afternoon consulting session, and where patients have to be rescheduled. There is to be clear documentary evidence indicating the arrival and departure time of the medical practitioner, the reason for the call back to the hospital and medical services provided.

Call outs that do not intrude by at least 30 minutes into a booked morning or afternoon session, or occur during a normal lunch break or after completion of an afternoon session for the usual consulting times for the practice, will not be eligible for this payment.

This payment will be as per the current SARMFA agreement.

Eligibility for a travel payment will apply where the return distance between the medical practice and hospital by the nearest route is greater than 40 kilometres.

This item does not apply where a patient presents at the Emergency Department during business hours and is assessed as not requiring urgent medical attention. In this situation, the patient is either referred to the medical practice for treatment by their medical practitioner, or is attended at the hospital at a later time by their medical practitioner.

The applicable rate will be indexed on 1 July each year by the Adelaide CPI.

(1) Interpretation of call back can include situations where the medical practitioner, although not yet at the practice to undertake a scheduled consultation session, is required due to an acute clinical episode needs to remain at (or return to) the hospital to provide patient care that could not be rescheduled until later in the day. Such instances do not extend to the inclusion of life threatening emergencies that fall outside of the scope of this item.

Claimant Details

Hospital _____

Medical Practitioner Name _____

Medical Clinic _____

Address _____

Claimant Declaration

I _____ (name) declare that I was called back to the hospital which required me to be absent from a booked consulting session for at least 30 minutes, which required patients to be rescheduled. (Details provided as attached).

Signature _____

Medical Practitioner _____ Date _____

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Date and Time of HICCO	
HICCO time component (Total hours)	
1 x 30 minutes	\$
() x 15 minutes	\$
Total HICCO	\$
I am claiming travel of km (excluding first 40 km) @ \$/km	\$
Total amount of Fee for Service claimed	\$
TOTAL HICCO CLAIM	\$

(Office Use Only)

Authorised for payment by a Financial Delegate on behalf of the Local Health Network

Signature _____

Name _____

Date _____

Position held _____

Claim Processed: _____

Batch _____

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DETAILS OF HICCO Claim

Date: _____ Medical Practitioner: _____ Hospital: _____

Called By: _____ @ _____ hours

Reason for Initial Call Back: _____

Please note: HICCO claim does not apply to Life Threatening Attendances

Time Left Clinic: _____ hours

NB: To be paid at 100% of CMBS rate

MRN / DOB	PATIENT NAME <small>Where more than one patient claimed, please provide reason for subsequent patients being seen</small>	TIME IN	TIME OUT	Item Number / CMB Code	DESCRIPTION OF SERVICES	OFFICE USE ONLY	
						No.	FFS Amount
						TOTAL	

Time Returned to Clinic: _____ hours

