# Cellulitis – Enhanced EPC

## Practice Information

Last updated: August 2026

West Coast Health
Community Wellbeing Services

## General Information

This is specific funding for **follow-up care**, post-initial cellulitis treatment with ***oral antibiotics*** only.

Please use the Halcyon Web Portal Form: Cellulitis – Enhanced EPC to claim funding for qualifying individuals.

## Programme Information

Health New Zealand | Te Whatu Ora (HNZ) is moving to a common approach for the management of Cellulitis in the community to align with best practice clinical guidelines and advice from the Antimicrobial Stewardship Group. A standardised funding model across the country supports the updated approach

This service ensures that patients are managed in the community according to evidence-based guidelines and that the service provided is accessible for patients.

The service will generally be provided in General Practice or Urgent Care.

## Programme Objectives

- More accessible healthcare for patients.
- Better health outcomes for patients.
- Reduced use of secondary care services.
- A consistent approach to cellulitis care.
- Ensuring evidence-based healthcare provision for cellulitis treatment.
- Equitable healthcare provision through better accessibility.

## Eligibility Criteria

- Any person eligible for free or subsidised health and disability services in NZ | Aotearoa
- Providers should follow the local 'Cellulitis in Adults' HealthPathway for entry criteria.
- Funding is for follow-up care after the initial cellulitis assessment and treatment
    - Proactive first follow-up within 72 hours
    - Subsequent follow-ups within 7 days of Initial Consult

## Exclusion Criteria

- ACC funded cellulitis claims, which should be claimed via ACC.
- IV antibiotic administration for cellulitis is **not** funded via this agreement.
- Follow-Up that occurs more than 7 days after initial consult date.
- Initial Consults for either pathway
- First Follow-Up for Reactive Pathway

## Programme Process

There are two pathways for non-ACC Cellulitis: **Proactive Follow-Up** and **Reactive Follow-Up**.

Follow Health Pathways guidelines for "Cellulitis in Adults" for assessment, treatment and follow-up escalation.

## Key Clinical Points

- Appropriately dosed oral antibiotics, with probenecid when indicated, are the expected community treatment approach for suitable patients.
- If IV antibiotics are required, hospital referral is usually the appropriate pathway. Community IV antibiotic administration for cellulitis is not funded.
- Services can be provided by a GP, Nurse Practitioner, or registered clinician working within their scope of practice with prescribing rights.

## Proactive versus Reactive follow-up

### Proactive follow-up

- Proactive means the provider decides the patient needs planned/scheduled follow-up because they meet the higher-risk criteria in the pathway.
- Higher risk criteria may include:
    - Symptomatic peripheral vascular disease
    - Symptomatic or clinically overt venous insufficiency
    - Obesity: BMI ≥40kgm$^2$
    - Recurrent cellulitis (more than 2 episodes within 12 months)
    - Community Service Care holder

- In practice:
    - The clinician sees the patient, identifies they need active (proactive) follow-up, and books/checks in with them within the expected timeframe, usually within 72 hours.

What can be claimed

| Service | Who pays / claimable? | Notes |
|---|---|---|
| Initial consultation | Patient Pays | Normal primary care consult |
| First follow-up | **Claimable** | Can be phone or in person; usually nurse led; (**within 72 hours**) |
| Subsequent follow-up | **Claimable** | Must be within 7 days of initial consult. |

## Reactive follow-up

- Reactive means the patient is lower-risk and does not need planned proactive follow-up, but later comes back or needs another review because symptoms have not yet improved, have worsened, or more assessment is needed.
- In practice:
    - The patient has the initial appointment, then returns or contacts the provider because the cellulitis still needs review for a **third** time.

What can be claimed

| Service | Who pays / claimable? | Notes |
|---|---|---|
| Initial consultation | Patient Pays | Normal primary care consult |
| First follow-up | Patient Pays | Treated as routine primary care for low risk patients |
| Subsequent follow-up | **Claimable:** | Only from the second follow-up onwards. |

What can be claimed

## Co-payment

There are to be no copayments or part payments charged when care is claimed.

***No consumable costs to be charged to the patient for funded visits

## Payment

Proactive Pathway

- First Follow-Up (within 72 hrs of initial): $46.05
- Subsequent Follow-Ups (within 7 days of initial): $112.16

Reactive Pathway

- Subsequent follow-ups (within 7 days of initial): $112.16

Questions or Feedback?
Please contact the West Coast Health Clinical Quality Team

Top Floor,
163 Mackay Street
Greymouth, 7805
Phone: +64 3 768 6182

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The table sets out the amount providers can claim for the updated package of care. Note pricing is GST exclusive and excludes consumables.

| | Initial consultation | First follow up | Subsequent follow up |
|---|---|---|---|
| **Reactive follow up** | Patients pay a co-pay at the standard consultation rate* as the initial consultation is considered a routine primary care appointment. | Patients pay a co-pay at the standard consultation rate as the first follow up is considered a routine primary care appointment for low-risk patients. | Subsequent GP/NP* in person follow up will be funded by EPCC at a rate of $95. |
| **Proactive follow up (eligibility defined in flow chart)** | Patients pay a co-pay at the standard consultation rate as the initial consultation is considered a routine primary care appointment. | Patients will receive a phone or in person clinical follow up (usually nurse led) within 72 hours. Funded via EPCC at a rate of $39. Whether this is virtual or in person is up to clinician discretion. | Subsequent GP/NP* in person follow up will be funded by EPCC at a rate of $95. |

*or registered clinician working within their scope of practice with prescribing rights.

There is no limit to the number of follow ups if they occur within 7 days of the initial appointment where cellulitis was identified.

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### Frequently Asked Questions

**Can I claim Cellulitis presentations under the Extended Primary Care?**

- No, Cellulitis claims treated with either IV antibiotics or Oral Antibiotics are not allowed under the Extended Primary Care Programme

**Can I claim for Cellulitis presentations that we are treating with IV antibiotics?**

- No, you cannot claim for any Cellulitis presentations being treated with IV antibiotics.

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