



# IV Iron Infusion

A programme by **WellSouth**

Last Updated 24/01/2024

## Intended Purpose

WellSouth has a suite of Primary Options for Acute Care (POAC). POAC are designed to either prevent a hospital admission or offer the patient a service which is normally provided in a hospital, or at a general practice. This may be at the patients usual general practice or at another nearby practice.

**HealthPathways Link:** <https://southern.communityhealthpathways.org/288018.htm>

## Presenting Concerns

- Symptomatic iron deficiency, or
- Maternity: trimester 2 or 3 only, or
- Chronic heart failure, or
- Inflammatory bowel disease, or
- Chronic kidney disease, or
- Postpartum

Please see Appendix overleaf for detailed criteria.

## Exclusions

- Maternity: Trimester 1
- Any patient weighing less than 35kg

## Key Information

- Also eligible are patients who have already had an IV Iron Infusion within the last 3 months and need to have a 2nd infusion because a dose of >1000mg is required or on consultant advice. This must be clearly documented in the portal and include the name of consultant.

## Claiming

Claiming is via the WellSouth PHN portal.

POAC - Primary Options for Acute Care	<a href="#">New IV Antibiotics Therapy Consult</a> <a href="#">New Cellulitis Follow-Up</a> <a href="#">New IV Fluids Claim</a> <a href="#">New Urinary Catheterisation</a> <a href="#">New Zoledronic Acid Infusion Claim</a> <a href="#">New IV Iron Infusion Claim</a> <a href="#">New Extended Treatment Claim</a>
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## Service codes for your PMS

Please set these up prior to using the programme.

Code	Amount (incl. GST)	Description
WPPIII	\$143.75	IV IRON Infusion

## Payment Rates (excl. GST)

\$125 + GST IV IRON Infusion

## Can a co-payment be charged?

No co-payment can be charged.

## When does the claim need to be completed?

Claiming must be completed within 2 months of treatment.

*If your PMS is aligned to the WellSouth Clinical BCTIs, please contact [practicenetwork@wellsouth.org.nz](mailto:practicenetwork@wellsouth.org.nz) with your new Account Internal ID.*

# Appendix



## Symptomatic Iron Deficiency

### Symptomatic Iron Deficiency

#### Symptomatic Iron Deficiency:

- a. Diagnosed symptomatic iron deficiency anaemia AND
- b. Ferritin < 20ug/L (or Ferritin < 50ug/L if the CRP is > 5mg/L) AND
- c. Failure of 3-month trial of oral iron therapy

## Chronic Heart Failure

### Chronic Heart Failure

#### Chronic Heart failure with reduced ejection fraction and:

- a. Ferritin < 100ug/L  
OR
- b. Ferritin 100 – 300ug/L with transferrin saturation < 20%

## Inflammatory Bowel Disease

### Inflammatory Bowel Disease

#### Inflammatory Bowel Disease with:

- a. Ferritin < 100ug/L  
OR
- b. Transferrin saturation < 16%

## Chronic Kidney Disease

### Chronic Kidney Disease

#### Chronic Kidney Disease

- Anaemia of inflammation or functional iron deficiency with
- Hb <100g /L and
- Ferritin >20ug/L

Or on consultant recommendation only

## Maternity (Trimester 2& 3 Only)

### Maternity - Trimester 2 or 3

#### Maternity Trimester 2 or 3 – must have:

- a. Hb < 105g/L
- b. Ferritin < 30ug/L (or Ferritin < 50ug/L if the CRP is > 5mg/L) with other deficiencies excluded or corrected  
AND
- c. At least 1 of the following:
  - i. Fetal compromise
  - ii. Failure of oral iron therapy trial, e.g. < 10 g/L rise in Hb and ferritin remains low, poorly tolerated side-effects, or high oral iron requirements
  - iii. 36 weeks or more gestation  
OR  
Severe iron deficiency anaemia with both of the following:
    - i. Hb < 85g/L
    - ii. Ferritin < 20ug/L (or Ferritin < 50ug/L if the CRP is > 5mg/L)

with other deficiencies excluded or corrected

## Postpartum

### Postpartum

#### Postpartum

- Must be haemodynamically stable  
AND
- Hb < 85g/L with or without previous blood transfusion