

Private hospital (non-arrangement) services fees

Effective 1 July 2023

The TAC has extended the funding of temporary telehealth services previously scheduled to end on 30 September 2020 until further notice, giving clients the ongoing convenience and flexibility of accessing health services from home.

Some TAC clients may not have access to videoconferencing. Telephone consultations may be used if videoconferencing is not possible.

For private hospital services provided on or after 1 July 2023

Service Description	TAC Item Number	Maximum Payment Rate
INPATIENT SERVICES		
Advanced Surgical Patients	1 - 14 Days	\$926.11
	15 + Days	\$712.64
General Surgical Patients	1 - 14 Days	\$829.30
	15 + Days	\$712.64
Special Medical Patients	1 - 14 Days	\$829.30
	15 + Days	\$702.43
General Medical Patients	1 - 14 Days	\$648.21
	15 + Days	\$597.90
Psychiatric Patients	1 - 30 Days	\$829.30
	31 - 65 Days	\$702.43
	66 + Days	\$597.90
Rehabilitation Patients	1 - 25 Days	\$809.25
	26 + Days	\$617.98
Intensive Care Unit[^]	1 - 4 Days	\$2,262.04
	5 + Days	Original Patient Classification or High Dependency Unit
Intensive Care Unit (Metropolitan)[^]	1 - 4 Days	\$3,386.90

	5 + Days	Original Patient Classification or High Dependency Unit
Coronary Care Unit^	1 - 4 Days	\$2,018.44
	5 + Days	Original Patient Classification or High Dependency Unit
High Dependency Unit Hospitals must seek recognition of HDU's from the TAC prior to any payments being considered.	1 - 3 Days	\$1,402.83
	4 + Days	Original Patient Classification
Nursing Home Type Patient Applies when an Acute Care Certificate is not submitted to TAC for a surgical or medical patient after 35 days hospitalisation or each period up to 31 days thereafter.		\$229.41
Same Day Patient Bed Fee Only applicable if a procedure or operation is performed.		\$320.23
Bed Leave / Hospital Leave Fee		75% of the applicable bed fee
Hospital in the Home	HIT	\$464.44
Facility Fee - Emergency Department Patients A facility fee is only payable to hospitals with an approved Emergency Department.		\$53.62
Theatre Fees		
Band	1A	\$128.90
	1	\$405.17
	2	\$575.34
	3	\$722.63
	4	\$944.79
	5	\$1,275.04
	6	\$1,592.32
	7	\$2,144.68
	8	\$2,856.70
	9A	\$3,120.30
	9	\$4,170.64
	10	\$5,700.59
	11	\$6,229.92

	12	\$7,842.74
	13	\$8,862.23
	0 (Lithotripsy)	\$3,822.04
	Electroconvulsive Therapy	\$290.00
	(Individual approval is required for electroconvulsive therapies)	
Therapy Services	Refer Outpatient Services	

^Reimbursements will be made only to hospitals with approved facilities

OUTPATIENT SERVICES

These fee and item numbers also apply to therapy services provided to Inpatients.

Fees are for 30 minute sessions unless otherwise stated. For times greater than 30 minutes, fees are charged in 15 minute units.

Hydrotherapy (by a Physiotherapist)

Individual Session	99923	\$68.86
Group Session	99922	\$41.53

Dietician

Individual Session - Face to Face or Telehealth	99917	\$62.95
---	-------	---------

Driving Assessment

Driving Assessment by Occupational Therapist	99921	\$69.45
Driving Instruction By Driving School (30 minutes) (charge in 30 minute units)	99957*	\$66.04

Occupational Therapy

Individual Session	99920	\$62.95
Individual Session - Telehealth	99920T	\$62.95
Group Session	99919	\$37.85
Worksite / Home Assessment & Report (charge in 30 min units)	99967	\$62.95
Worksite / Home Assessment & Report - Telehealth (charge in 30 min units)	99967T	\$62.95

Physical Education

Individual Session	99958*	\$62.95
Group Session	99959*	\$37.85

Physiotherapy

Individual Session	99913	\$68.86
--------------------	-------	---------

Individual Session - Telehealth	99913T	\$68.86
Group Session	99914	\$41.53
Worksite / Home Assessment & Report (charge in 30 min units)	99966	\$68.86
Worksite / Home Assessment & Report - Telehealth (charge in 30 min units)	99966T	\$68.86
Podiatry		
Individual Session - Face to Face or Telehealth	99941	\$62.95
Psychology		
Individual Session	99908	\$108.04
Individual Session - Telehealth	99908T	\$108.04
Group Session	99907	\$64.85
Rehabilitation Assessments & Reports		
Initial Assessment and Preparation of Rehabilitation Plan	99904	\$704.51
Medical & Like Report / Reviews (Only payable when requested by TAC)	99905*	\$267.93
Rehabilitation Counselling		
Individual Session - Face to Face or Telehealth	99928	\$59.96
Group Session	99937	\$35.76
Social Work		
Individual Session - Face to Face or Telehealth	99940	\$62.95
Group Session	99952	\$37.85
Special Education / Accredited Teacher		
Individual Session	99912*	\$60.51
Group Session	99936*	\$36.21
Speech Therapy		
Individual Session - Face to Face or Telehealth	99930	\$62.95
Group Session	99929	\$37.85

^Reimbursements will be made only to hospitals with approved facilities

For private hospital services provided between 1 July 2022 and 30 June 2023

Service Description	TAC Item Number	Maximum Payment Rate
---------------------	-----------------	----------------------

INPATIENT SERVICES

Advanced Surgical Patients	1 - 14 Days	\$849.72
	15 + Days	\$653.86
General Surgical Patients	1 - 14 Days	\$760.90
	15 + Days	\$653.86
Special Medical Patients	1 - 14 Days	\$760.90
	15 + Days	\$644.49
General Medical Patients	1 - 14 Days	\$594.74
	15 + Days	\$548.58
Psychiatric Patients	1 - 30 Days	\$760.90
	31 - 65 Days	\$644.49
	66 + Days	\$548.58
Rehabilitation Patients	1 - 25 Days	\$742.50
	26 + Days	\$567.01
Intensive Care Unit [^]	1 - 4 Days	\$2,075.46
	5 + Days	Original Patient Classification or High Dependency Unit
Intensive Care Unit (Metropolitan) [^]	1 - 4 Days	\$3,107.53
	5 + Days	Original Patient Classification or High Dependency Unit
Coronary Care Unit [^]	1 - 4 Days	\$1,851.95
	5 + Days	Original Patient Classification or High Dependency Unit
High Dependency Unit Hospitals must seek recognition of HDU's from the TAC prior to any payments being considered.	1 - 3 Days	\$1,287.12
	4 + Days	Original Patient Classification
Nursing Home Type Patient Applies when an Acute Care Certificate is not submitted to TAC for a surgical or medical patient after 35 days hospitalisation or each period up to 31 days thereafter.		\$210.49
Same Day Patient Bed Fee Only applicable if a procedure or operation is performed.		\$293.82

Bed Leave / Hospital Leave Fee		75% of the applicable bed fee
Hospital in the Home	HIT	\$426.13
Facility Fee - Emergency Department Patients		\$49.20
A facility fee is only payable to hospitals with an approved Emergency Department.		
Theatre Fees		
Band	1A	\$118.27
	1	\$371.75
	2	\$527.88
	3	\$663.02
	4	\$866.86
	5	\$1,169.87
	6	\$1,460.98
	7	\$1,967.78
	8	\$2,621.07
	9A	\$2,862.92
	9	\$3,826.63
	10	\$5,230.38
	11	\$5,716.05
	12	\$7,195.83
	13	\$8,131.23
	0 (Lithotripsy)	\$3,506.78
	Electroconvulsive Therapy	\$266.08
	(Individual approval is required for electroconvulsive therapies)	
Therapy Services	Refer Outpatient Services	
^Reimbursements will be made only to hospitals with approved facilities		

OUTPATIENT SERVICES

These fee and item numbers also apply to therapy services provided to Inpatients.

Fees are for 30 minute sessions unless otherwise stated. For times greater than 30 minutes, fees are charged in 15 minute units.

Hydrotherapy (by a Physiotherapist)

Individual Session	99923	\$63.18
Group Session	99922	\$38.10
Dietician		
Individual Session - Face to Face or Telehealth	99917	\$57.76
Driving Assessment		
Driving Assessment by Occupational Therapist	99921	\$63.72
Driving Instruction By Driving School (30 minutes) (charge in 30 minute units)	99957*	\$60.59
Occupational Therapy		
Individual Session	99920	\$57.76
Individual Session - Telehealth	99920T	\$57.76
Group Session	99919	\$34.73
Worksite / Home Assessment & Report (charge in 30 min units)	99967	\$57.76
Worksite / Home Assessment & Report - Telehealth (charge in 30 min units)	99967T	\$57.76
Physical Education		
Individual Session	99958*	\$57.76
Group Session	99959*	\$34.73
Physiotherapy		
Individual Session	99913	\$63.18
Individual Session - Telehealth	99913T	\$63.18
Group Session	99914	\$38.10
Worksite / Home Assessment & Report (charge in 30 min units)	99966	\$63.18
Worksite / Home Assessment & Report - Telehealth (charge in 30 min units)	99966T	\$63.18
Podiatry		
Individual Session - Face to Face or Telehealth	99941	\$57.76
Psychology		
Individual Session	99908	\$99.13
Individual Session - Telehealth	99908T	\$99.13
Group Session	99907	\$59.50
Rehabilitation Assessments & Reports		
Initial Assessment and Preparation of Rehabilitation Plan	99904	\$646.40

Medical & Like Report / Reviews (Only payable when requested by TAC)	99905*	\$245.83
Rehabilitation Counselling		
Individual Session - Face to Face or Telehealth	99928	\$55.01
Group Session	99937	\$32.81
Social Work		
Individual Session - Face to Face or Telehealth	99940	\$57.76
Group Session	99952	\$34.73
Special Education / Accredited Teacher		
Individual Session	99912*	\$55.52
Group Session	99936*	\$33.22
Speech Therapy		
Individual Session - Face to Face or Telehealth	99930	\$57.76
Group Session	99929	\$34.73

^Reimbursements will be made only to hospitals with approved facilities

GST

If your business entity is **not registered** for GST, then you must only claim the lower of the rates provided at each item number. This is the "Maximum Payment rate - Non registered for GST". A business entity **not registered** for GST:

- Is not legally permitted to charge GST; and
- Should indicate on all invoices submitted your status as 'not registered for GST'

A business entity that is **registered** for GST should claim the higher rates provided at each item number. This is the "Maximum Payment Rate - Registered for GST". Where TAC believes an item is a taxable supply, an allowance for GST has been factored into the payment rate. You should not markup GST on the Maximum Payment Rate quoted for a GST registered entity.

This Payment Limit relates to the following services

- [Hospital treatment](#)
- [Rehabilitation services](#)



Generated: May 7, 2024 12:35 pm

URL: <https://www.tac.vic.gov.au/clients/how-we-can-help/treatments-and-services/payment-rates/fee-schedule/non-arrangement-private-hospital-services>