

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 |

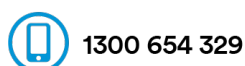
^Reimbursements will be made only to hospitals with approved facilities

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.



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