

# FAQs: Change to how TAC funds care in public health settings

## Contents

Overview .....	3
<b>November 2025</b> .....	3
What is changing? .....	3
What is not changing? .....	3
Why is this changing? .....	4
How will this impact hospital funding? .....	4
Will this be adopted statewide? .....	4
What is a private setting? .....	4
Will this impact patients? .....	4
What costs are included? .....	4
Will this change simplify hospital administration? .....	4
What will the pricing be? .....	5
When will the NWAU price be released? .....	5
How are health services being consulted? .....	5
How are clinicians being informed? .....	5
Will this affect payments to clinicians? .....	5
When will we receive more information? .....	6
<b>December 2025</b> .....	6
Does this change the approval process for TAC patients? .....	6
How will invoicing be different from 1 July 2026? .....	6
How can I confirm a TAC patient's claim details? .....	6
Some items I have previously billed are now being rejected on my invoice. I thought the change was not taking effect until 1 July 2026? .....	7
What if a TAC patient requires an ambulance transfer? .....	7
Our hospital uses a third-party diagnostic provider. Do they continue to invoice the TAC directly? .....	7
<b>January 2026</b> .....	7
Does this change affect the approval process for TAC patients? .....	7
Will the TAC audit the payments hospitals make to clinicians? .....	8
As a block-funded small rural health service, how will we be funded for TAC patients? .....	8
Will gait analysis be NWAU-funded? .....	8
What is the TAC's definition of 'supervision' when a surgeon manages multiple theatres running at once? .....	9



Can a patient submit a TAC claim without a police report? ..... 9

**April 2026** ..... 9

    With the upcoming changes, how will health services know when the TAC has approved treatment and services after the first 90-day period following the transport accident? ..... 9

    How will billing arrangements for TAC patients differ between Urgent Care Clinics and Emergency Departments? ..... 10

    Does sub-acute care include both inpatient and outpatient services? ..... 10

    How will equipment for TAC patients be funded under the new arrangements? ..... 10

    What if a TAC patient requires an ambulance transfer? ..... 11

    Our health service uses a third-party diagnostic provider. Do they continue to invoice the TAC directly? ..... 11

    Our health service utilises an external billing platform. Has the TAC engaged with these vendors regarding the funding model change? ..... 11

**May 2026** ..... 11

    Will TAC patients be considered ‘public patients’ from 1 July 2026? ..... 11

    Will practitioners providing services to TAC patients need to be engaged in private practice, or can these services now be provided within the scope of a practitioner’s engagement for public patient services for the health service? ..... 12

    What is the impact of the funding model changes on billing for services provided to TAC patients in a community setting? ..... 12

    Our health service (non-metropolitan) has a GP clinic that operates on campus, with the hospital retaining a facility fee. Our medical practitioners also operate under rights of private practice. How will this service be funded for TAC patients from 1 July? ..... 12

    How will the funding model change affect cross-border health services? ..... 12

    What’s the impact of the funding model change to services provided to interstate TAC clients? ..... 13

    What is the definition of ‘episode of care’? ..... 13

    How will this change affect medical practitioners who work in both public and private hospitals? ..... 13

    Can medical practitioners who provided services on or before 30 June 2026 send their invoices to the TAC after 1 July? ..... 13

How do I raise queries or provide feedback? ..... 13

Finding more information ..... 14



## Overview

The Transport Accident Commission (TAC) supports Victorians injured in a transport accident in their recovery, by paying for treatment and rehabilitation services provided in Victorian public health services.

From 1 July 2026, funding the services provided by Victorian public health services for TAC patients will shift to a single payment per episode of care (activity-based funding). This will replace the current model of separate billing by health services, medical practitioners, and diagnostic providers.

The new model will apply to all services provided by Victorian public health services including emergency, admitted (acute and mental health), sub-acute and non-admitted care.

From this date, medical practitioners and diagnostic providers will no longer be able to invoice the TAC directly for services provided to TAC patients within public health services. These payments will be made directly by health services.

This change aims to modernise and simplify funding arrangements. It will improve transparency for each TAC patient episode, streamline billing and payment processes, and strengthen the integrity and sustainability of the TAC scheme through clearer oversight, reduced risk of fraud and billing errors, improved cost efficiency, and reduced administrative burden.

## November 2025

### What is changing?

From 1 July 2026, funding of care provided by Victorian public health services for TAC clients will move to a single payment per episode of care (activity-based funding) and away from the separate billing by health services, medical practitioners and diagnostic providers.

Medical practitioners and diagnostic providers will no longer be able to invoice the TAC directly for services provided in public health services after 1 July 2026. Payment will be provided directly by health services.

It is recognised this change will require health services to amend administrative processes, and to work with medical practitioners and diagnostic providers to establish new agreed payment arrangements for the care of TAC clients.

It is anticipated that WorkSafe Victoria will also adopt this funding approach in future years.

### What is not changing?

Medical practitioners and diagnostic providers can continue to bill the TAC directly for services delivered in public hospitals to 30 June 2026.

Direct billing by medical practitioners and diagnostic providers to the TAC for services provided in **private settings** remains unchanged.

This change does not impact any other TAC benefits.



## Why is this changing?

Victorians expect our world-leading health system to be equitable, transparent, and always focused on delivering the best possible care, no matter who needs it.

This change aims to improve the transparency on the funding of each TAC patient episode and streamline billing and payment processes for all parties.

## How will this impact hospital funding?

The total level of funding provided by the TAC to support the care of Victorians injured in transport accidents will remain consistent with current arrangements, ensuring all services required will continue to be provided.

The total level of funding to support care in public health services will be provided directly to the public health services (via Hospitals Victoria), who will be responsible for covering all associated costs of care delivery, including medical and diagnostic services.

## Will this be adopted statewide?

This change will apply to all public health services in Victoria. The pricing will be the same for all health services.

## What is a private setting?

A private setting refers to care provided in a private hospital, health service or outpatient setting. This change does not apply to services delivered in private settings.

## Will this impact patients?

This change will not impact the level of care, or treatment and services provided to patients in public hospitals following a transport accident.

## What costs are included?

From 1 July 2026, funding for services will be provided via a single price per National Weighted Activity Unit (NWAU) that will encompass all elements of care including attendance/admission, clinician and diagnostic billings.

This will be consistent across all public health services and all activity types and reflect the full cost to deliver the services.

An itemised list of in-scope service types will be provided to public health services before the end of the year. This will assist health services to prepare for the change.

## Will this change simplify hospital administration?

It is recognised this change will require health services to amend administrative processes, and to work with medical practitioners and diagnostic providers to establish new agreed payment arrangements for the care of TAC clients.



In the long term, this change is designed to streamline and simplify administration and billing processes for all parties.

### What will the pricing be?

The TAC is working closely with Hospitals Victoria to determine the price per NWAU.

There will be a new TAC price per NWAU that will apply to all public health services. This will be higher than the current price, taking into account the additional services to be included.

All TAC activity will remain uncapped.

The TAC is committed to ensuring a consistent level of funding for public health services and will be closely monitoring this change with a 12-month review process to ensure there is no financial impact to health services.

### When will the NWAU price be released?

We expect to provide more information on the price per NWAU in quarter four of this financial year (April – June 2026).

### How are health services being consulted?

We are engaging directly with Victoria's major health services who support the highest volume of TAC clients, as well as peak medical and diagnostic bodies, acknowledging the critical role medical practitioners play in the care of TAC clients.

All public health services will receive regular updates and are encouraged to raise queries via the online form (see below).

### How are clinicians being informed?

The TAC has informed its current registered medical practitioners and diagnostic providers that this change is coming.

Health services will need to engage with impacted clinicians and diagnostic providers and undertake appropriate contract and Private Practice Agreement reviews/negotiations on a case-by-case basis.

### Will this affect payments to clinicians?

This change means that individual medical practitioners (including surgeons, anaesthetists, specialist physicians and other medical specialists) and diagnostic companies will no longer be able to invoice the TAC directly for services provided to patients in Victorian public health services.

Payments for services provided by individual practitioners and diagnostic companies will be managed by the public health services directly from 1 July 2026. This means health services will need to work with medical practitioners and diagnostic providers to establish new agreed payment arrangements for the care of TAC clients.



## When will we receive more information?

We will provide more information to public health services before the end of the 2025, including process maps and in-scope service types, to help you undertake necessary planning and activity to adopt the change.

We will continue to provide regular updates and engage with public health services between now and 1 July 2026, to ensure health services are prepared for this transition.

## December 2025

### Does this change the approval process for TAC patients?

This is a funding model change only. There is no change to the TAC approval process for treatments and services.

Within the first 90 days of a patient's accident, the TAC can help pay for some treatments and services without the need for you or the patient to contact us for approval first. The treatment or service must be:

- On our list of **Approved treatments and services for new TAC clients** (linked below), and
- Recommended by a health professional, related to the patient's accident injuries and delivered in line with the TAC Clinical Framework.

You will need TAC approval to help pay for treatments or services **after** the first 90 days of a patient's accident.

[More information can be found on the TAC website.](#)

### How will invoicing be different from 1 July 2026?

Medical practitioners and diagnostic providers will no longer be able to invoice the TAC directly for services provided in Victorian public health services after 1 July 2026. Payment will be provided directly by health services.


This means that if the TAC receives an invoice from a medical practitioner or diagnostic provider for treatment and services delivered to a TAC patient in a public hospital after 1 July 2026, it will be rejected.

Therefore, it is imperative that health services have new payment arrangements in place with impacted clinicians to ensure they can pay all eligible invoices for medical practitioners and diagnostic providers.

### How can I confirm a TAC patient's claim details?

Health services can use the TAC's Provider Online Services (POS) platform to access a TAC patient's claim number. Health services must be registered to access POS. You can register by [completing this form](#) and emailing it to [hdsq\\_admin@tac.vic.gov.au](mailto:hdsq_admin@tac.vic.gov.au).

Once registered, users can access POS via this link: <https://portal.worksafe.vic.gov.au>.



POS requires a patient's name, date of accident and date of birth. It will then show accepted, denied, and pending claims for that patient. If no record is shown, it indicates a claim has not been lodged.

Health services can contact the TAC Lodgement team for queries on 5335 7600 or email [lodgements@tac.vic.gov.au](mailto:lodgements@tac.vic.gov.au)

## Some items I have previously billed are now being rejected on my invoice. I thought the change was not taking effect until 1 July 2026?

The TAC is continually reviewing and refining its payment system controls to ensure they are only paying for eligible treatments and services. Invoice items that cannot be paid will specify a reason for the rejection on the remittance advice. This may relate to adherence to MBS co-billing rules which the TAC adopts and is not related to the funding model change.

If you have specific questions about your current invoicing items or remittance advice, please contact a member of the TAC Customer Service Team on 1300 654 329 or email [payments\\_enquiries@tac.vic.gov.au](mailto:payments_enquiries@tac.vic.gov.au).

## What if a TAC patient requires an ambulance transfer?

There is no change to the way ambulance transfers will be paid. This will not be included in the NWAU single payment per episode of care. Health services or the ambulance provider can continue to invoice the TAC for this service.

## Our hospital uses a third-party diagnostic provider. Do they continue to invoice the TAC directly?

All diagnostic services required for TAC patients **admitted** in Victorian public health services or referred from **non-admitted activity** are included within the in-scope service types and covered by the new TAC price per NWAU.

Third-party diagnostic providers cannot invoice the TAC for these patients. Health Services and third-party diagnostic providers will need to establish new agreed payment arrangements for the care of TAC patients.

If a TAC patient attends a public health service from an external referral (e.g. GP, Specialist) for diagnostic services only, then this activity can be invoiced directly to the TAC.

## January 2026

### Does this change affect the approval process for TAC patients?

This is a funding model change only. There is no change to the TAC approval process for treatments and services.

Within the first 90 days of a patient's accident, the TAC can help pay for some treatments and services without the need for you or the patient to contact the TAC for approval first. The treatment or service must be:



- On the list of **Approved treatments and services for new TAC clients** (linked below), and
- Recommended by a health professional, related to the patient's accident injuries and delivered in line with the TAC Clinical Framework.

You will need TAC approval to help pay for treatments or services **after** the first 90 days of a patient's accident.

Find out more about [what we can pay for on the TAC website](#).

## Will the TAC audit the payments hospitals make to clinicians?

No. Contractual and payment arrangements between individual health services and their clinicians are independent of the TAC.

The TAC cannot determine, influence, or monitor the individual fee and billing arrangements between health services and individual clinicians and diagnostic providers.

The TAC may review patient episodes of care to ensure TAC activity and its associated costs are reasonable and appropriate. This is in line with their commitment to ensure payments are efficient, fair, and well-governed. The new funding model has been designed to include greater controls and checkpoints, which will help reduce the risk of fraud and billing errors, and strengthen the integrity and sustainability of the transport accident scheme.

The TAC also has a billing review program to ensure payments for services provided to TAC clients are appropriate and comply with TAC policies and fee schedules. Find out more about the [billing review program on the TAC website](#).

Health services will continue to be responsible for ensuring they adhere to standards, specifications, and data quality processes related to various health data collections to support accurate reporting and data integrity.

Where anomalous episode data is identified, the TAC will engage with the health service to review and address this. The TAC may request existing clinical information from a health service for specific patient episodes to support a review process.

## As a block-funded small rural health service, how will we be funded for TAC patients?

The project team is actively reviewing how the new TAC funding model will apply to block-funded rural health services. Hospitals Victoria is working with the relevant business teams in the Department to determine the most appropriate approach. Further guidance will be provided as soon as the details are confirmed.

## Will gait analysis be NWAU-funded?

Gait analysis will be **included** as an in-scope service as part of the funding model changes for TAC patients from 1 July 2026. Gait analysis will be paid per NWAU using the new TAC-agreed price and combined into the standard DH data extract to TAC.



## What is the TAC's definition of 'supervision' when a surgeon manages multiple theatres running at once?

The TAC aligns with the Royal Australian College of Surgeons and the Medicare Benefits Schedule's (MBS) definition of 'supervision' in a clinical and compliance context.

Under TAC guidelines, supervision during surgical procedures requires the supervising specialist to be physically present and actively contributing to the procedure.

If a surgeon is concurrently managing multiple theatres, they must not claim for overlapping services and must be directly involved in each supervised procedure. Claims cannot be made for supervising surgical assistance, and hospital records must clearly document the specialist's supervisory role.

In non-surgical settings, services must be personally performed by the medical practitioner unless the MBS explicitly allows otherwise.

For further details, please refer to GN.12.30 "Professional Services" and GN.12.31 "Services rendered on behalf of Medical Practitioners" of the MBS. Check out the TAC website for more information about [medical services reimbursement rates](#) .

## Can a patient submit a TAC claim without a police report?

A police report is required to make a TAC claim. Before processing the claim, the TAC will ask the patient for evidence that they have lodged or attempted to lodge a police report, such as:

- the event number
- station name
- police officer's name and badge number.

Patients can submit a claim over the phone or via the [TAC online claim lodgement form](#). If the patient is admitted to hospital because of their transport accident, hospital Patient Liaison Officers can lodge a claim on the patient's behalf.

## April 2026

## With the upcoming changes, how will health services know when the TAC has approved treatment and services after the first 90-day period following the transport accident?

The only change from 1 July relates to the funding model. There is no change to the TAC approval process for treatments and services or how the TAC communicates the decision. When the TAC approves a treatment or service, the decision will continue to be communicated directly to the requestor and the patient.

Health professionals will still need to seek TAC pre-approval for any treatment and/or services provided **after** the first 90 days following a patient's accident.

It is recommended that health services set up an internal process to ensure TAC approval has been received before delivering treatment and/or services requested by health professionals after the initial 90-day period.



The TAC will pay for treatment and/or services once approval has been granted.

## How will billing arrangements for TAC patients differ between Urgent Care Clinics and Emergency Departments?

Urgent Care Clinics will continue to bill the TAC directly for patients who present after a transport accident, using the new TAC UCC price from 1 July.

For patients who present to a Victorian public emergency department, the health service will report this presentation to the Department of Health through the VAEMD or VEMD.

## Does sub-acute care include both inpatient and outpatient services?

Yes. Sub-acute care includes both inpatient admissions and outpatient care.

## How will equipment for TAC patients be funded under the new arrangements?

There is no change to how equipment is provided and paid for under the new funding arrangements.

**During the first 30 days post-discharge**, Victorian public hospitals remain responsible for providing aids, equipment and domiciliary oxygen free of charge (no deposits or hire fees) to facilitate a safe and effective discharge after an acute, sub-acute or rehabilitation admission. If the patient needs equipment that are non-reusable, these should be purchased by the hospital rather than hired.

**After 30 days from discharge**, the TAC takes responsibility for providing aids and equipment. Victorian public hospitals must contact the TAC to confirm whether alternative equipment is needed or whether existing hire arrangements, if any, should continue.

## Do normal request and approval processes still apply for non-admitted patients accessing services or equipment through a public health service?

Yes. There is no change to the TAC approval process for treatments, services and equipment.

The upcoming change is only on the way the TAC pays health services. Equipment and materials for patients are not part of the new funding model and will continue to require a TAC request and pre-approval in line with existing guidelines.

## Are TAC-requested medical reports and Freedom of Information requests in-scope for the change?

TAC-requested medical reports and Freedom of Information requests will remain out of scope for the funding model change, and Victorian public health services will continue to invoice the TAC for these requests. Health services cannot bill the TAC for standard discharge reports.

Any care plans (nursing, allied health) that are required as part of the patient's care are included in the NWAU funding – the TAC cannot be billed separately for these.



Further information on the invoicing requirements for medical and FOI reports can be found on the [Department of Health website](#)

### What if a TAC patient requires an ambulance transfer?

There will be no change to the way ambulance transfers are paid. This service will not be included in the NWAU single payment per episode of care. Health services or the ambulance provider can continue to invoice the TAC for this service.

### Our health service uses a third-party diagnostic provider. Do they continue to invoice the TAC directly?

All diagnostic services required for TAC patients **admitted** in Victorian public health services or referred from **non-admitted activity** are included within the in-scope service types and covered through the new TAC price per NWAU.

Third-party diagnostic providers cannot invoice the TAC directly for their services to patients from 1 July 2026. Health services and third-party diagnostic providers will need to establish new agreed payment arrangements for the care of TAC patients. The TAC has no influence on the agreed arrangement and/or rate health services and diagnostic service providers agree to.

If a TAC patient is referred from an external provider (such as a GP or specialist) to a public health service solely for diagnostic services, this activity remains billable directly to the TAC.

### Our health service utilises an external billing platform. Has the TAC engaged with these vendors regarding the funding model change?

The TAC does not have oversight of the various external vendors that individual health services choose to use for administration and billing. As a result, the TAC has not engaged directly with these vendors about the funding model changes. Each health service is responsible for working with its own vendor to ensure the necessary changes to systems are implemented.

## May 2026

### Will TAC patients be considered 'public patients' from 1 July 2026?

No. TAC patients will continue to be classified as compensable patients, not public patients. However, the new TAC funding model will work in a similar way to how public patient episodes are funded. The TAC will pay health services, via the Department of Health directly, and health services will then manage all costs of care, including medical and diagnostic services.

Health services will receive this funding through an activity-based payment, using a single price per the TAC's National Weighted Activity Unit (NWAU). This price will be the same across all health services and reflects the cost of delivering care. The model will apply to all types of activity in public health services, including emergency, admitted (acute and mental health), sub-acute, and non-admitted care.

**Note:** the following services will continue to be billed directly to the TAC:

- Urgent care centres
- Aids and equipment



- Community mental health
- TAC-requested medical reports & FOI requests
- Discharge and non-admitted medicines (including high-cost, highly specialised S100 & S85 medicines)
- Diagnostics provided from an external referral.

A revised fee schedule for Victorian public hospital services will be in place from 1 July 2026. This will cover the services that remain out of scope under the new funding model.

### Will practitioners providing services to TAC patients need to be engaged in private practice, or can these services now be provided within the scope of a practitioner's engagement for public patient services for the health service?

Health services will need to work with their medical practitioners and diagnostic providers to establish new agreed payment and contractual arrangements for the care of TAC clients from 1 July 2026. The TAC has no influence on what these arrangements are. Queries relating to these arrangements should be directed to the relevant health service.

### What is the impact of the funding model changes on billing for services provided to TAC patients in a community setting?

The funding model change covers services which are provided mainly in hospital environments. Community-based services, such as nursing and allied health, are often delivered by private providers in metropolitan or regional areas. In smaller regional and rural settings, community-based services are often delivered by public health services. These community services typically sit outside the NWAU funding arrangements.

If equivalent services provided to public patients are not funded through NWAU, they should continue to be billed directly to the TAC.

### Our health service (non-metropolitan) has a GP clinic that operates on campus, with the hospital retaining a facility fee. Our medical practitioners also operate under rights of private practice. How will this service be funded for TAC patients from 1 July?

This type of clinic is similar to a private community GP – this service type is outside the scope of the funding model changes. There are no changes to the current arrangements or processes with these clinics. There will be no change to the processes or guidelines for providing GP services to TAC clients. The TAC pays for GP services in line with the Medicare Benefits Schedule. For more information, check out the TAC medical services [reimbursement rates on their website](#).

### How will the funding model change affect cross-border health services?

The funding model change will only affect cross-border health services that are managed by the Victorian Department of Health.

If a cross-border health service is managed by an interstate health department, then that health service must follow the funding rules set by its own state or territory, not Victoria.



## What's the impact of the funding model change to services provided to interstate TAC clients?

The funding model change is only applicable to Victorian public health services. The funding change will not impact services provided to TAC clients, including those who are interstate. Further information on interstate funding can be found [on the TAC website](#).

## What is the definition of 'episode of care'?

An 'episode of care' is an umbrella term that captures services provided to a patient. This can include admitted patient separations, non-admitted occasions of service, or emergency department presentations. A health service will receive a separate payment each time a different service type is provided to a patient (consistent with the arrangement for public patients) but there will not be separate payments made for any single service type.

Under the current funding arrangements for an admitted patient separation (an 'episode of care'), separate payments may be made for clinician fees, diagnostics and bed fees and other medical costs.

When the new funding arrangements take effect from 1 July, there will only be a single payment made to the health service for that separation that covers all of those elements. If a patient requires further non-admitted occasions of service as part of their treatment, each one will be considered a separate 'episode of care'.

## How will this change affect medical practitioners who work in both public and private hospitals?

Medical practitioners may continue to bill the TAC directly for services provided in public hospitals until 30 June 2026.

From 1 July 2026, the new funding model will apply to services delivered for TAC clients in Victorian public health services, meaning direct billing by practitioners to the TAC will no longer occur in those settings. Direct billing to the TAC for services provided in **private settings** will not change.

## Can medical practitioners who provided services on or before 30 June 2026 send their invoices to the TAC after 1 July?

Yes. Medical practitioners can send their invoices to the TAC after 1 July 2026, as long as it is for services provided to TAC patients on or before 30 June 2026. Providers have up to two years from the date of service to submit their invoice(s) to the TAC.

## How do I raise queries or provide feedback?

A dedicated project team has been established between Hospitals Victoria and the TAC who are working to support this change. We welcome questions from all health services, particularly in relation to the implementation process. We also welcome specific questions or points of clarification from small, rural health services.

Please send us your questions via the [online query form](#)



**Note:** this form is intended to be used by health services only. Feedback or queries from medical practitioners and diagnostic providers should be directed to their relevant health services. All information received will be collated and themed, with responses provided via regular project updates to all health services.

If you have a question that requires a direct response, please email us at [tacwsvpublichospitalfunding@tac.vic.gov.au](mailto:tacwsvpublichospitalfunding@tac.vic.gov.au)

## Finding more information

We continue to provide regular updates to health services to help you prepare for this change.

The Department of Health has established a centralised platform to store all materials that have been circulated to health services. We will continue to add to this over time.

[Click here to access previous FAQ's and accompanying materials via the Department of Health's Canto portal.](#)