



Reduced timeframe to submit claims for bulk billed services

Last updated: 8 September 2025

- From 5 September 2025, the timeframe to submit claims for bulk billed services will reduce to 1 year.
- As most claims for bulk billed services are already made within 1 year, this change will have minimal impact on providers of bulk billed services.

What are the changes?

- As part of the 2024-25 Budget, the Australian Government announced it would reduce the timeframe to submit claims for Medicare Benefits Schedule (MBS) and Child Dental Benefits Schedule (CDBS) bulk billed services to 1 year.
- The *Health Insurance Act 1973* and the *Dental Benefits Act 2008* have been amended to enact this change.
- This change applies to paper-based and electronic claims for bulk billed Medicare services.
- A bulk billed service is when a patient agrees to assign their Medicare benefit to a health professional as full payment for a complete medical service. The health professional submits the claim and receives the benefit directly from Services Australia. The patient incurs no out of pocket costs.

Why are the changes being made?

This change has been made to improve the integrity of Medicare as part of the 2024-25 *Strengthening Medicare* Budget measure.

What does this mean for providers of bulk billed services?

Bulk billed services rendered:

- **on or after** 5 September 2025 may be automatically paid if claimed up to 1 year from the date of service
- **before** 5 September 2025 may be automatically paid if claimed up to 2 years from the date of service.

Existing arrangements to make application for late lodgement of claims outside of the allowable timeframe remain in place.

How will these changes affect patients?

This change will not impact patients.

Where can I find more information?

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.