Frequently Asked Questions (FAQ)

BULK BILLING CHANGES – EFFECTIVE 1 NOVEMBER 2025

Version 1 October 2025

UPCOMING CHANGES TO BULK BILLING IN GENERAL PRACTICE

1. What's changing?

The Australian Government's investment to support bulk billing has two components:

- expansion of eligibility for the Medicare Benefits Schedule (MBS) bulk billing incentive (BBI) items to all Medicare-eligible Australians, and
- establishing the Bulk Billing Practice Incentive Program (BBPIP) which will provide an additional incentive payment when GPs and their practice bulk bill all Medicare eligible patients for all eligible services.

BULK BILLING INCENTIVE

2. Can I still claim bulk billing incentive items if my practice doesn't join BBPIP?

Yes. GPs and practices that do not participate in BBPIP will be able to claim relevant MBS BBI items for any Medicare-eligible patient they bulk bill.

3. Is the use of the Bulk Billing Incentive and The Bulk Billing program compulsory?

No. Practices can opt-in and opt-out if the choose to do so.

4. Is the bulk billing incentive index?

Yes. The Bulk Billing Incentive items for all Australians are indexed as per the current arrangements.

- This will occur on 1 July each year. In the 2023–24 Federal Budget, alongside tripling the bulk billing incentive for concession card holders and under 16s the Government provided an additional $1.5 billion into indexation and changed the indexation formula.
- The 12.5% Bulk Billing Practice Incentive Payment is a 12.5% payment on MBS benefits paid. The items that count towards the 12.5% are indexed as per the arrangements above, so the 12.5% will be applied to an indexed group of MBS benefits. This will see the dollar value of the 12.5% increase each year.

5. What items will be triple bulked bill, and which ones will stay single from 1 November?

There will be no change, except to the expanded patient eligibility. If it was single, it stays single. If it was triple, it stays triple.

BULK BILLING PRACTICE INCENTIVE PROGRAM (BBPIP)

6. Will GPs be required to Bulk Bill all services?

Only GP Non-Referred Attendances are required to be bulk billed to be eligible for the Bulk Billing Practice Incentive Program. This means that procedures such as Implanon insertion or skin lesion excisions do not need to be bulk billed. It also does not apply for care provided where there is no MBS item number such as iron infusions.

7. Does this interact with any other PIP?

No, this does not sit with the existing PIP and does not influence them. This program sits in My Medicare system.

8. How does the BBPIP work if a practice operates multiple sites or locations?

For multisite practices, each practice location can register in the organisational register as its own site, and sites can choose if they want to register for BBPIP or not. However, all the providers at the BBPIP registered site must bulk bill at that site.

9. Are urgent care clinics eligible to register for BBPIP?

Urgent care clinics not eligible to register, as already funded these practices are already funded to bulk bill.

10. Can different GPs within the same practice choose different models?

No, all GPs must bulk bill, you cannot have a mixed model.

11. How does the 12.5% works for practices?

At the end of each quarter, an assessment will occur for bulk billed items claimed for that quarter and 12.5% will be applied, along with the equal 50/50 split will be applied.

Practices will deliver eligible MBS services through existing Medicare claiming system; they will need to just need to ensure that the practice is registered for BBPIP. Forecasting tool will also be available for Practice Managers to use on the HPOS system to see how they are tracking against eligibility requirements and funding value. Individual GPs will be able to have the function to use to check as well.

BBPIP PAYMENTS:

12. When will the incentive payments be made?

The incentives will be paid on all eligible billings in the previous quarter with the first payments to commence in the first quarter of 2026.

13. Is reporting required?

No, the current Medicare systems will be able to do this through the HPOS systems and payments will be made accordingly

14. How will payments work for practices and GPs?

Make sure you enter your bank account details in HPOS to receive payments, these bank details need to be the same for all other MyMedicare programs (e.g. GPACI).

15. **Some practices have many GPs who do not have PRODA and do not want to use PRODA - is it a requirement of accessing the BBPIP that every GP uses it to log their banking details- is there no other way?**

We recommend that providers set up an account through PRODA, as it is used to:

- Add or update provider bank details
- Provide payment statements to providers
- Deliver program notifications to providers
- Provide access to the forecasting tool in the BBPIP system.

It is a once-off requirement for providers to set themselves up in PRODA and once set up a provider can set up delegation arrangements to enable an authorised person to undertake actions on their behalf. Providers will still be required to review and approve changes to bank account details undertaken by a delegate.

Providers may contact Services Australia to provide or update bank account details for BBPIP however, this option will not enable providers to access all the other BBPIP program features available in the BBPIP system accessed through PRODA, for example the BBPIP forecasting tool.
Services Australia Health Professional Education resources provide detailed guidance on accessing PRODA, HPOS and MyMedicare systems in order to participate in BBPIP. Please see this link to the relevant HPOS bank details HPE information on the Services Australia website.

BBPIP MBS BILLING:

16. **For specific services (ECG, Spiromtry, LARC/IUDs), do these need to be bulk bulled to retain BBPIP eligibility and how do you combined/ complex claims work?**

Co-billing rules are still all the same. Most Procedural items cannot be co claimed, but there are exceptions. NON-GP NRA items can be privately billed, under the BBPIP only the eligible GP NRA items need to be bulk billed.

17. **How do practices bill for iron infusions under the BBPIP?**

There are Case studies coming in late 2025 to support this question from the Department of Health Disability and aging.

18. **How will practices bill for Skin checks and Skin procedures?**

Skin check can be bulk billed; however, procedures are not included. Skin check can be bulk billed; procedure can then be billed out of pocket

19. **If a practice is expected to operate as fully bulk billing, it may create confusion for patients when certain services still attract a cost. Have any resources been created to support practice with communicating this?**

The Department is developing patient comms on BBPIP eligible and non-eligible services, for practices to give to patients where they have been charged for non-eligible services. Comms under development include a poster, brochure, and talking points for staff to use with patients.

The Department is updating FAQs with information for practices on how to manage circumstances where a patient may be charged. The updated FAQs will be published before program launch on 1 Nov.

20. How should practices manage billing and incentive eligibility under the BBPIP program when patients do not have a valid Medicare card at the time of service (including newborns not yet registered, temporary or reciprocal Medicare card holders, and instances where private billing occurs in error) to ensure compliance and avoid disruption to incentive payments?

To participate in BBPIP, all GPs at a participating practice are required to bulk bill all Medicare eligible patients for all eligible services. There may be situations in which a Medicare eligible patient cannot be bulk billed as a patient's eligibility cannot be determined, or the patient does not have a Medicare Card Number. Patients who may not have a Medicare Card Number at the time of service may include newborn babies, newly arrived migrants and non-citizens under a reciprocal health care agreement.

- When these situations arise, practices should check a patient's Medicare eligibility to determine if they can be bulk billed. More information can be found on Services Australia's webpage: Verify patient eligibility with ECLIPSE - Health professionals - Services Australia
- If a patient legitimately cannot be bulk billed at the time of the service, the practice may privately bill the patient for the service. Administrative arrangements are in place for BBPIP to ensure the practice and provider remain eligible for the incentive while legitimately charging of private fees in situations where a Medicare eligible patient cannot be bulk billed. Under these arrangements, eligible services that are privately billed to Medicare-eligible patients do not contribute to the 12.5% incentive payment amount.