



Australian Government

**Department of Health,
Disability and Ageing**

Bulk billing incentives in general practice

Frequently asked questions (FAQs) to support practices and GPs

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Bulk billing incentives in general practice

What bulk billing incentives are in place for general practice?

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

- Medicare Benefits Schedule (MBS) bulk billing incentive (BBI) items expanded to all Medicare-eligible Australians. BBIs were only available to children under 16 and Commonwealth concession card holders prior to 1 November 2025.
- the Bulk Billing Practice Incentive Program (BBPIP), which provides an additional incentive payment when all GPs and their practice bulk bill all Medicare-eligible patients for all [eligible services](#).

GPs can claim MBS BBI items when they bulk bill any Medicare-eligible patient. Expanded access to MBS BBIs is available to all GPs, regardless of whether they participate in BBPIP.

Additionally, general practices are able to participate in BBPIP, which provides an additional 12.5% incentive payment split evenly (50/50) between GPs and practices that bulk bill all Medicare-eligible patients for all [eligible services](#). BBPIP requires that all GPs at the practice bulk bill all eligible services for all Medicare-eligible patients.

How does participation in BBPIP benefit my practice?

BBPIP provides an additional incentive payment of 12.5% of the MBS benefits for eligible services to practices that bulk bill every [eligible service](#) for every Medicare-eligible patient. The payment is split evenly (50/50) between the GP and the practice.

Does my practice have to join BBPIP?

BBPIP is voluntary. Practices can choose to opt-in or opt-out at any time.

Can I still claim bulk billing incentive items if I participate in BBPIP?

Yes. GPs and practices that participate in BBPIP can claim relevant MBS BBI items for any Medicare-eligible patient they bulk bill as well as the BBPIP incentive payment. The BBPIP incentive payment is calculated as 12.5% of the MBS benefits for [eligible services](#). MBS benefits from BBIs are not included in the calculation of the BBPIP incentive payment.

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 are able to claim relevant MBS BBI items for any Medicare-eligible patient they bulk bill. Find out more about MBS BBIs at [MBS Online](#).

Eligibility for BBPIP

What are the practice eligibility requirements?

To participate in BBPIP, a practice must:

- Bulk bill all [eligible services](#) for all Medicare-eligible patients
- Promote their participation in BBPIP by registering as a 'bulk billing only' practice on [Healthdirect Australia's National Health Services Directory](#) and display Medicare Bulk Billing Practice signage at the entrance and reception areas of the practice. Full requirements are outlined in the [BBPIP Healthdirect and Signage requirements](#)
- Be registered with MyMedicare. Practices registering in MyMedicare for the first time to participate in BBPIP are exempt from MyMedicare accreditation requirements.
- Register to participate in BBPIP via [Services Australia](#).

Practices must also meet the requirements set out in the [BBPIP Program Guidelines](#).

How do practices promote their participation in BBPIP?

Participating practices are required to meet the [BBPIP Healthdirect and Signage requirements](#). As part of these requirements, practices must:

- Register as a 'bulk billing only' practice on [Healthdirect Australia's National Health Services Directory](#) (NHSD). Guidance to assist practices in registering or updating their details on the NHSD is available [here](#).
- Display Medicare Bulk Billing Practice signage at the entrance and reception area of their practice. Signage can be ordered at: [Order Medicare Bulk Billing Practice signage for Bulk Billing Practice Incentive Program | Australian Government Department of Health, Disability and Ageing](#)

Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Medical Services (AMS), mobile and outreach services and practices without a physical location are not required to meet the signage requirements. All practices are still required to register in Healthdirect's NHSD.

How to order Medicare Bulk Billing Practice signage?

Practices participating in BBPIP can order Medicare Bulk Billing Practice signage and information for patients about eligible services.

You can order signage by contacting National Mailing and Marketing at health@nationalmailing.com.au

In your email, quote the [order ID numbers](#) of the signage you require, the quantity of the resource you wish to order and provide your practice name and delivery address.

Instructions on how to order signage, including a preview of signage items and patient information, are available at: [Order Medicare Bulk Billing Practice signage for BBPIP](#).

It will take about 1-2 weeks to receive signage after placing an order.

I haven't received the Medicare Bulk Billing Practice signage I ordered, what do I do?

It will take about 1-2 weeks to receive signage after ordering it. If you have not received your signage after 2 weeks, please contact National Mailing and Marketing to check on your order at health@nationalmailing.com.au

Practices can participate in BBPIP while waiting for their Medicare Bulk Billing Practice signage to arrive. Practices are required to order signage within 24 hours of registering for BBPIP and display their signage within 5 days of receiving the materials. The time taken for signage to be received once ordered will not impact a practice's eligibility for BBPIP.

Does my practice need to be accredited to participate in BBPIP?

Practices previously registered in MyMedicare must continue to meet the existing MyMedicare accreditation requirements to participate in BBPIP, including being accredited against the National General Practice Accreditation (NGPA) Scheme within 12 months of registering for MyMedicare or under a current exemption.

Practices registering in MyMedicare for the first time to participate in BBPIP are exempt from MyMedicare accreditation requirements, if they wish to register with MyMedicare and participate in BBPIP.

Practices that receive a BBPIP accreditation exemption for MyMedicare are not automatically eligible for any other MyMedicare linked incentive or initiative. Practices are required to meet the eligibility criteria of other MyMedicare-linked initiatives and incentives.

Practices need to ensure that their accreditation or exemption details in the Organisation Register cover the entire BBPIP assessment period. Practices may be ineligible for BBPIP incentive payments if accreditation or an exemption is not current for the entire assessment period.

What if my practice wants to stop participating in BBPIP?

BBPIP is voluntary. Practices can choose to opt-in or opt-out at any time.

If a practice has multiple locations, do all locations need to bulk bill all eligible services to participate in BBPIP?

Each individual practice location is able to decide if it participates in BBPIP.

Practice locations that decide to participate in BBPIP must bulk bill all eligible services delivered to all Medicare-eligible patients at that location to receive the BBPIP incentive payment.

Practice locations that decide not to participate in BBPIP are not subject to the bulk billing requirement.

If there are multiple health services at a location, do all practices need to participate in BBPIP?

There may be multiple health services delivering general practice services in the same building. If these services are considered separate practices, each business can decide if they participate in BBPIP. To be considered separate practices to participate in BBPIP, businesses must:

- Be located at a separate physical address.
- Have a separate entry and no shared facilities, consultation rooms, reception areas or corridors.
- Have clear and distinctive business branding, including meeting the [BBPIP Healthdirect and Signage requirements](#) if participating in BBPIP.
- Be registered as separate organisations or organisation sites in [Service Australia's Organisation Register](#).

Participating practices may be co-located with Medicare Urgent Care Clinics or state-led health services and health services that do not deliver GP services, such as allied health providers or pharmacies.

All GPs delivering services at a BBPIP participating practice are required to be linked to the practice via the [Organisation Register](#).

Do all GPs need to bulk bill for the practice to participate in BBPIP?

Yes, to be eligible for BBPIP, all GPs at a BBPIP participating practice are required to bulk bill all [eligible services](#) for Medicare-eligible patients. All GPs at a participating practice are required to be linked to the practice via the [Organisation Register](#).

Practices and GPs are encouraged to jointly consider participation in the program, including considering independent financial advice. A Bulk Billing Incentives calculator is available at health.gov.au/BBPIP to assist practices and GPs assess the benefits of BBPIP and bulk billing incentives.

What practice types are eligible to participate in BBPIP?

The following practice types are eligible to participate in BBPIP:

- General Practices including mobile practices, outreach practices and sole providers
- Aboriginal Community Controlled Health Services and Aboriginal Medical Services
- After Hours and Medical Deputising Services

Further details about BBPIP eligible practices types are outlined in the [BBPIP Program Guidelines](#).

We currently have our books closed. Do we need to take on new patients to the practice if we participate in BBPIP?

There is no requirement for practices to take on new patients to participate in BBPIP.

GP Eligibility for BBPIP

What are the General Practitioner eligibility requirements?

To be eligible to participate in BBPIP, GPs must:

- be one of the following:
 - vocationally registered GP
 - non-vocationally registered GP
 - a GP registrar.
- bulk bill all [eligible services](#) for all Medicare-eligible patients.
- have a valid Medicare Provider Number.
- be linked to a participating practice through MyMedicare and the [Organisation Register](#).

GPs must also meet the requirements set out in the [BBPIP Program Guidelines](#).

I am a sole provider, can I register in BBPIP?

Yes. Sole providers are eligible to register in MyMedicare and BBPIP.

Sole providers already registered with MyMedicare may be eligible for an accreditation exemption to 31 December 2026.

Sole providers not already registered with MyMedicare who would like to register and join BBPIP are exempt from the MyMedicare accreditation requirements.

If my practice participates in BBPIP, do I need to participate?

To be eligible for BBPIP, all GPs at a participating practice are required to bulk bill all [eligible services](#) for all Medicare-eligible patients. All GPs at a practice are required to be linked to the practice via the [Organisation Register](#).

Practices and GPs are encouraged to jointly consider participation in the program, including considering independent financial advice. A Bulk Billing Incentives calculator is also available at health.gov.au/BBPIP to assist practices and GPs to assess the benefits of BBPIP and bulk billing incentives.

GPs must also meet the requirements set out in the [BBPIP Program Guidelines](#).

Do locums need to bulk bill at participating locations?

Yes, locums working at BBPIP practices are required to bulk bill all [eligible services](#) for all Medicare-eligible patients for the practice to be eligible for BBPIP incentive payments. Locums are required to have a valid Medicare Provider Number that is unique to the participating practice and be linked to the participating practice via the [Organisation Register](#).

I work at two practices, do I have to bulk bill at both?

GPs are only required to bulk bill all their Medicare-eligible patients for all eligible services at practices participating in BBPIP.

I have multiple provider numbers, which one should I use at the BBPIP participating practice?

All GPs at a participating practice must ensure when their Medicare Provider Number is linked to the Organisation Site, that the street number, street address, city, state and postcode match the Organisation Site address.

If a GP works across multiple practices or practice locations, they must ensure the practice links the correct distinct Medicare Provider Number for that practice location.

If the same Medicare Provider Number is linked to multiple practice locations (Organisation Sites), eligibility to receive BBPIP incentive payments may be impacted. If this occurs, please contact Services Australia on 132 150 (option 2).

Practice Registration in BBPIP

How do I register my practice for BBPIP?

To register in BBPIP, practices need to:

1. register to participate in MyMedicare (or already be registered in MyMedicare) and link all GPs to the practice via the [Organisation Register](#).
2. register to participate in BBPIP via [Services Australia](#)

Instructions on how to register in MyMedicare and BBPIP are available on the Services Australia [Health Professional Education \(HPE\) Resources website](#).

Practices registering for BBPIP are required to meet the eligibility requirements set out in the [BBPIP Program Guidelines](#).

How do I know if my BBPIP registration was successful?

Once you have successfully registered for BBPIP via the [Organisation Register](#), BBPIP will show as one of the linked incentives in the MyMedicare program under the Program Registration tab of a practice's Organisation Site Record.

What if I register after 1 November? Can I backdate my registration?

Practices registering for BBPIP can backdate their registration start date for up to 180 days, but not before 1 November 2025 or the date the practice started operating (organisation site record date).

When registering for BBPIP via the [Organisation Register](#), practices can input the desired registration start date. Practices that have already registered for BBPIP and wish to backdate their registration start date can call Services Australia on 132 150 (Option 2) to manually backdate their registration start date.

Eligibility for BBPIP incentive payments will begin from the nominated registration start date. GP claims with a date of service that is on or after the registration start date will be used to calculate BBPIP incentive payments.

We recommend that practices assess their current situation to determine the most suitable registration start date. This is especially important for practices that are migrating from a mixed billing to bulk billing practice model, noting practices will need to meet all requirements outlined in the [BBPIP Program Guidelines](#) from the registration start date, to be eligible for incentive payments.

For more information on registering for BBPIP through the Organisation Register, practices can follow the Services Australia HPE resource: [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

If I'm already registered in MyMedicare, do I need to register again?

Practices already registered in MyMedicare do not need to register for MyMedicare again. However, practices need to register for BBPIP via the [Organisation Register](#).

How do GPs at participating practices register in BBPIP?

To register in BBPIP, your practice will need to:

1. register to participate in MyMedicare (or already be registered in MyMedicare) and link all GPs to the practice via the [Organisation Register](#).
2. register to participate in BBPIP via [Services Australia](#)

All GPs at a participating practice must ensure when their Medicare Provider Number is linked to the Organisation Site, that the street number, street address, city, state and postcode match the Organisation Site address.

If a GP works across multiple practices or practice locations, they must ensure the practice links the correct distinct Medicare Provider Number for that practice location.

If the same Medicare Provider Number is linked to multiple practice locations (Organisation Sites), eligibility to receive BBPIP incentive payments may be impacted. If this occurs, please contact Services Australia on 132 150 (option 2)

Do I need to link all GPs at my participating practice?

If a practice is participating in BBPIP, all eligible providers at the practice must participate in BBPIP and be linked to the practice via the [Organisation Register](#). If an eligible provider at a BBPIP participating practice is not linked via the Organisation Register, eligibility to receive BBPIP incentive payments may be impacted.

Practices must ensure the information provided in the Organisation Register accurately reflects the structure of the practice and that all eligible providers who provide services at the practice are correctly linked. This includes Locums. Eligible providers can be a vocationally registered GP, non-vocationally registered GP, or a GP registrar. Eligible providers must also have a valid Medicare Provider number. For information about how to link a GP, see slide 10 of the following HPE resource: [ORGREGM03-Creating an Organisation Site Record](#).

Do patients also need to be registered for MyMedicare?

No. Patients do not need to be registered for MyMedicare for the practice to participate in BBPIP.

Can a practice end their BBPIP registration and re-register in the same quarter? How do incentive payments work in this case?

Participation in BBPIP is voluntary and a practice can end their registration or re-register at any point.

If a practice decides to opt-out and then opt back into BBPIP within a single assessment period, the practice will be assessed against the BBPIP eligibility requirements for the entire assessment period to determine their eligibility to receive incentive payments.

BBPIP Bulk Billing Requirements

What MBS services do I need to bulk bill?

Practices participating in BBPIP must bulk bill every eligible service for all their Medicare-eligible patients to receive the BBPIP incentive payment. Eligible services include the most common GP services such as time-tiered consultation items, health assessments, mental health treatment items, and chronic disease management items.

The full list of MBS eligible services that need to be bulk billed for a practice to participate in BBPIP can be found at [health.gov.au/BBPIP](https://www.health.gov.au/BBPIP). The list of eligible services are subject to change over time. Changes to the eligible services list will be advertised in advance on the department's website and via communication with peak bodies and partners (including Primary Health Networks). Practices participating in BBPIP will also receive communication on the changes via their Services Australia HPOS mailbox.

Do I need to bulk bill non-eligible items (i.e. MBS items not included on the eligible services list)?

All GPs at participating practices are required to bulk bill all eligible services for all Medicare-eligible patients. GPs and practices participating in BBPIP may privately bill non-eligible items (i.e., items not on the BBPIP eligible services list).

Do I need to bulk bill all patients?

Practices and providers participating in BBPIP are required to bulk bill all Medicare-eligible patients, including eligible DVA patients, for all eligible services. Medicare eligibility requirements can be found on the department's webpage: [About Medicare | Australian Government Department of Health, Disability and Ageing](#).

Practices and providers can check a patient's enrolment in Medicare via ECLIPSE: [Verify patient eligibility with ECLIPSE - Health professionals - Services Australia](#).

Patients that are not Medicare-eligible can be privately charged.

What if I cannot bulk bill a patient? (e.g. newborn baby)

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 are enrolled in Medicare. Practices and providers can check a patient's enrolment in Medicare via ECLIPSE: [Verify patient eligibility with ECLIPSE - Health professionals - Services Australia](#).

If a patient who is eligible for Medicare legitimately cannot be bulk billed at the time of the service because they are not enrolled in Medicare or do not have a Medicare card number, the patient may be privately billed for the service. Administrative arrangements are in place for BBPIP to ensure the practice and provider remain eligible for the incentive payment while legitimately charging 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.

Are services delivered to Department of Veterans Affairs (DVA) patients included in BBPIP?

Participating practices and GPs are required to bulk bill all Medicare-eligible patients, including eligible DVA patients. The 12.5% incentive payment is paid at 100% of the MBS fee of the original item claimed, even if a DVA payment is also provided.

Can I privately charge a membership fee or charge for consumables (e.g. wound dressings) used when delivering eligible services under BBPIP?

To participate in BBPIP, all GPs at a participating practice are required to bulk bill all Medicare-eligible patients for all eligible services. Practices and GPs participating in BBPIP are also required to adhere to existing Medicare requirements, including the following billing procedures:

- Charging additional fees to guarantee bulk billing or for a bulk billed service is not permitted under section 20A (1) of the *Health Insurance Act 1973*, with one exception for un-funded vaccines. When bulk billing, the provider must accept the Medicare benefit as full payment of the medical expenses incurred, and cannot charge additional fees such as:
 - Administration fees.
 - Subscription style fees, including registration, recordkeeping, bookkeeping or co-operative membership fees, or any fees charged periodically/annually to 'guarantee' bulk billing services to patients.
 - Fees for any consumables required to perform the service, such as bandages and wound dressing (excluding vaccines where they are not funded by a government program).
 - Any additional payment for the bulk billed service.
- These fees cannot be charged regardless of when a fee is charged (for example annually, quarterly, before, or after a service).

More information about the Medicare requirements outlined above can be found here: [Note GN.7.17 | Medicare Benefits Schedule](#). If you have further questions relating to interpretations of the MBS, you can contact AskMBS at AskMBS@health.gov.au.

How do I bill a patient under BBPIP where there is no MBS item number (e.g., iron infusions)?

BBPIP requires that all GPs at the practice bulk bill all eligible services for all Medicare-eligible patients. Eligible services include the most common GP services such as time-tiered consultation items, health assessments, mental health treatment items, and chronic disease management items. A full list of BBPIP eligible services is available at: [Bulk Billing Practice Incentive Program: eligible services](#).

As such, where a procedure for which no dedicated MBS item exists, such as an iron infusion, is billed using a general attendance item (such as item 23), the general attendance item must be bulk billed and no additional charge can be raised.

Note also that practices can claim the usual bulk billing incentives (BBIs) in addition to receiving the BBPIP payment. Detailed guidance on these BBIs is available in reference tables on MBS Online at [MBS Online - Bulk Billing Incentives – Changes to Eligibility](#), and in explanatory notes MN.1.1 - MN.1.8. The reference tables show the items which can be claimed with specific BBIs and the incentives for services provided at or from practices in different Modified Monash (MM) locations. Item descriptors and explanatory notes can be viewed by searching for the item or note number at www.mbsonline.gov.au.

If instead, a procedure for which no dedicated MBS item exists, is billed outside of the MBS (no MBS items claimed) such that the patient is required to pay totally out-of-pocket, practices and providers must seek informed financial consent prior to the service. In this circumstance, these services do not contribute to the 12.5% incentive payment amount.

If you have further questions relating to interpretations of the MBS, you can contact AskMBS at AskMBS@health.gov.au.

How do I bill a patient for a consultation and skin excision on the same day under BBPIP?

BBPIP requires that all GPs at the practice bulk bill all [eligible services](#) for all Medicare-eligible patients. Eligible services include the most common GP services such as time-tiered consultation items, health assessments, mental health treatment items, and chronic disease management items. A full list of BBPIP eligible services is available at: [Bulk Billing Practice Incentive Program: eligible services](#).

Currently, there are no procedures included on the [eligible services](#) list. This means that practices participating in BBPIP are not required to bulk bill these items. Where a practice elects to bill MBS items not on the eligible services list (such as item 30071) they may charge a gap fee to the patient, noting that informed financial consent should be sought prior to the service. There have been no changes to [MBS billing requirements](#) with the launch of BBPIP and it is the responsibility of the health practitioner and practice to ensure they comply with MBS requirements. Including observing co-claiming rules if more than 1 MBS item is claimed on the same day for the same patient, see [common scenarios for billing multiple MBS items - Health professionals - Services Australia](#). Additional information can also be found here: www.health.gov.au/topics/medicare/compliance/how-to-comply.

Note also that practices can claim the bulk billing incentives (BBIs) in addition to receiving the BBPIP payment. Detailed guidance on these BBIs is available in reference tables on MBS Online at [MBS Online - Bulk Billing Incentives – Changes to Eligibility](#), and in explanatory notes MN.1.1 - MN.1.8. The reference tables show the items which can be claimed with specific BBIs and the incentives for services provided at or from practices in different Modified Monash (MM) locations. Item descriptors and explanatory notes can be viewed by searching for the item or note number at www.mbsonline.gov.au.

For further information regarding professional services related to skin lesions that may be of use, please see [Medicare Benefits Schedule \(MBS\) - Professional Services - Skin lesions - Health Professional Education Resources](#). If you have further questions relating to interpretations of the MBS, you can contact AskMBS at AskMBS@health.gov.au.

Can I charge a 'no-show' or cancellation fee if I don't actually deliver a service?

BBPIP aims to strengthen Medicare through more bulk billing of GP services. The program is designed to support all Australians to see a GP without needing to pay an out-of-pocket fee.

Charging additional fees to guarantee bulk billing or for a bulk billed service is not permitted under section 20A (1) of the *Health Insurance Act 1973*. When bulk billing, the provider must accept the Medicare benefit as full payment of the medical expenses incurred, and cannot charge additional fees such as administration fees, subscription style fees or fees for any consumables required to perform the service.

If a service is not rendered to a patient and there is no Medicare benefit paid (i.e., due to a "no show" or late cancellation), a provider may consider raising a non-attendance or cancellation charge privately, where the patient is made aware in advance of the cost under the principle of informed financial consent.

However, providers are encouraged to consider the appropriateness of charging cancellation fees to patients while participating in BBPIP. Practices should consider communications and patient engagement activities to reduce missed appointments.

What happens if I accidentally privately bill a patient for a BBPIP eligible service?

The department is aware that errors may occur in the process of submitting MBS claims. Where an error in MBS claiming occurs, a provider can make retrospective changes to previously lodged MBS claims as per existing Medicare processes.

If a claiming error is made regarding a BBPIP eligible service, practices can submit a form to Services Australia to adjust the claim. More information can be found on Services Australia's webpage [Submit a manual adjustment request for claim - Health professionals - Services Australia](#).

Adjusting MBS claims may result in a practice and provider's BBPIP incentive payment for a previous assessment period being adjusted and could result in an underpayment or an overpayment for the relevant assessment period. If an MBS claim cannot be adjusted, administrative arrangements are in place to allow practices to continue to be eligible for the BBPIP incentive payment and account for circumstances where a practice cannot bulk bill a Medicare-eligible patient for an eligible service. Under these arrangements, eligible services that are privately billed to Medicare-eligible patients are assessed but do not contribute to the 12.5% incentive payment amount.

What if I need to raise a charge for a service delivered prior to participating in BBPIP?

To participate in BBPIP, practices are required to bulk bill all eligible services delivered to all Medicare-eligible patients while a practice is participating in BBPIP. Assessments for BBPIP incentive payments are based on the date of service of the MBS claim. Any services delivered before the period a practice is registered for BBPIP will not be accounted for in the BBPIP incentive payment and are not required to be bulk billed.

What if one or multiple provider/s at the practice has not bulk billed 100% of patients?

To be eligible for BBPIP, all GPs at a participating practice are required to bulk bill all eligible services for all Medicare-eligible patients.

Services Australia's eligibility assessments (forecast or final assessment) assist practices and providers to monitor their eligibility and incentive payment details for BBPIP, allowing practices to view bulk billing of each linked provider. Providers can view their own bulk billing record.

Where a practice identifies one or multiple provider/s that have not met the bulk billing requirements, practices should review and discuss the circumstances with the provider in conjunction with the following advice:

- If an error in MBS claiming has occurred, a provider can make retrospective changes to previously lodged MBS claims as per existing Medicare processes
- If a patient who is eligible for Medicare legitimately cannot be bulk billed at the time of the service because they are not enrolled in Medicare or do not have a Medicare card number, there are administrative arrangements in place to ensure the practice and provider remain eligible for the incentive payment
- Under these arrangements, eligible services that are privately billed to Medicare-eligible patients are assessed but do not contribute to the 12.5% incentive payment amount.

If you believe a forecast or final assessment is incorrect, please contact Services Australia through the HPOS Messaging Service. HPOS Messages should be directed to the MyMedicare mailbox. Alternatively, practices and providers can call Services Australia's Medicare Provider line on 132 150 (option 2) for assistance.

Practices and providers can appeal a BBPIP payment decision by undertaking a formal Review of Decision (RoD) process. Further information regarding the RoD process for BBPIP is available at Section 10.2 of the BBPIP Program Guidelines.

BBPIP Payments

How often are BBPIP incentive payments made?

BBPIP payments are made quarterly in arrears.

The BBPIP assessment periods are as follows:

- 1 July to 30 September
- 1 October to 31 December
- 1 January to 31 March
- 1 April to 30 June.

BBPIP incentive payments are made within the month following the end of the assessment period.

How is the BBPIP incentive payment calculated?

The BBPIP incentive payment is based on the MBS benefits earned from eligible services. Specifically:

- **Payment:** The payment is calculated at 12.5% of the MBS benefits earned for eligible services bulk billed, during the assessment period. This incentive payment is paid on top of MBS benefits. Please note, MBS benefits from bulk billing incentives (BBIs) are not included in the calculation of the BBPIP incentive payment.
- **Eligibility:** A practice must bulk bill all eligible services for all Medicare-eligible patients to be eligible for the BBPIP incentive payment.
- **Distribution:** The BBPIP incentive payment is split evenly (50/50) between the GP and the practice.

Please note, practices and GPs participating in BBPIP must meet all requirements outlined in the BBPIP Program Guidelines to be eligible for BBPIP incentive payments.

Practices and providers can generate forecast assessments using eligibility assessments via MyMedicare in HPOS, to track BBPIP incentive payment eligibility throughout an assessment period. For further information, see: MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program (BBPIP).

How is the BBPIP incentive payment split between practices and GPs?

The BBPIP payment is split evenly (50/50) between practices and GPs, for all practice types. MBS BBI benefits are paid directly to the GP.

The split of the payment recognises the important role of both practices and GPs in delivering bulk billed services to patients.

What if a practice doesn't want to split the BBPIP incentive payment 50/50 with GPs?

The BBPIP 12.5% incentive payment is evenly split (50/50) between the GP and the practice. The incentive payment will be split and paid directly into eligible practices' and GP's nominated bank accounts.

As independent businesses, it is at the discretion of the practice and GP to determine how the BBPIP incentive payments are managed, including:

- the bank account that receives the BBPIP incentives payment; and any allocation of the BBPIP incentive payment after it has been received.

How is the BBPIP incentive payment paid?

Payments are administered by Services Australia. Participating practices and providers will receive the BBPIP incentive payment paid directly into their nominated bank accounts through the Organisation Register.

Payment advice is sent electronically via HPOS after each payment to all recipients.

To receive BBPIP incentive payments:

- Practices must nominate their banking details in the Organisation Register under Program Registration.
- GPs must nominate their banking details in their individual HPOS account under 'My details' and selecting 'My personal details'.

If a GP does not want to create a PRODA account to access HPOS, they will need to contact Services Australia on 1800 700 199 (Option 1) to discuss the pathways available to have their bank details manually entered and to establish provider delegations to their practice.

If a GP delivers services across multiple locations, they must nominate bank details for the MyMedicare incentive program for each Medicare Provider Number location.

The practice or GP is notified via HPOS messages if a payment fails (e.g., due to missing bank account details) and is required to update this information to receive the BBPIP incentive payment.

If the practice or providers fail to provide banking details after four payment quarters, any BBPIP incentive payments for that period may be forfeited.

Do I need to track my practice's bulk billing status and provide this information to receive the BBPIP incentive payment?

No. Services Australia assesses the practice's bulk billing at the end of each assessment period to ensure all eligible services for all Medicare-eligible patients were bulk billed during the previous assessment period, and makes payments based on this data.

Practices and providers can generate forecast assessments using eligibility assessments via MyMedicare in HPOS, to track BBPIP incentive payment eligibility throughout the assessment period. For further information, see details below and: [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

Can I nominate which bank account the BBPIP incentive payment is paid into?

Yes, practices and providers **must** nominate bank accounts to receive BBPIP incentive payments. The payments are made to GP and practice nominated bank accounts in the MyMedicare Organisation Register (practices) and individual HPOS accounts (providers).

How can I see the details of my BBPIP incentive payments?

Practices and providers can access details of their BBPIP incentive payments through MyMedicare in HPOS. Payment details for each assessment period will be available in the month following the end of the assessment period.

Further information on how to access payment details is available at [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

I don't have access to HPOS, how do I add my bank account details?

GPs may use their Provider Digital Access (PRODA) account to access HPOS. If a GP doesn't have a PRODA account, they may [register for PRODA](#) online. For more information regarding HPOS and PRODA, please visit the [Services Australia](#) website.

Once a GP has access to HPOS via PRODA, they can nominate MyMedicare incentive bank account details in their individual HPOS account under 'My details' and selecting '**My personal details**'.

If a GP does not want to create a PRODA account to access HPOS, there are alternative pathways for the GP to have their bank account details added. GPs will need to contact Services Australia on 1800 700 199 (Option 1) to discuss the pathways available to have their bank details manually entered and to establish provider delegations to their practice.

Will I be notified about my BBPIP incentive payment?

Payments are administered electronically by Services Australia. Payment advice is sent electronically via HPOS after each payment to all recipients.

The practice or provider is notified via HPOS messages if a payment fails due to missing bank account details and is required to update this information to receive payment.

Practices and providers can access details of their BBPIP incentive payments and payment advice via MyMedicare in HPOS.

For payment enquiries, practices and providers can call Services Australia's Medicare Provider line on 132 150 for assistance.

What is a BBPIP incentive payment reassessment?

Bulk Billing Practice Incentive Program payments may include reassessments to correct underpayments or overpayments that were not included in the previous payment, such as:

- Late or amended claims
- A change in a practice's eligibility
- Administrative error.

Reassessments allow payments to be updated when new or corrected claims are submitted, ensuring practices and providers receive the correct entitlement over time.

Practices and providers can check their payment details through Services Australia's Health Professional Online Services (HPOS) and will also receive a payment notice in their HPOS email inbox showing any reassessment as a separate line item.

If a practice or GP believes the payment or reassessment is incorrect, they should contact Services Australia on 132 150 (option 2). Visit the [Services Australia website](#) for more information.

How are BBPIP payment reassessments applied to providers who work at multiple locations?

Each provider location is assessed independently. If a provider works at multiple practices and is linked to multiple unique Location IDs, they receive separate BBPIP payments for each location. Any reassessment is also managed independently for each location. This approach prevents situations where a reassessment for one practice is unintentionally offset against payments made to another practice.

Can BBPIP payment reassessments apply to earlier quarters?

Yes. BBPIP payment reassessments can be applied to the current assessment period and up to the previous three periods (up to 12 months). BBPIP payments are calculated on the claims submitted to Services Australia within the assessment period.

What happens if an overpayment is identified and the practice is no longer participating in BBPIP?

In cases where an overpayment is identified and the practice has exited BBPIP, Services Australia will raise a debt, and the matter will be referred to the debt recovery team for follow up.

Does an incentive payment of 'not paid' mean a practice was ineligible?

No, a 'not paid' outcome may reflect issues such as missing or incorrect bank details, payment offsetting from a prior overpayment, business or registration changes, or reassessment or administrative processing. It does not automatically indicate ineligibility.

Can I appeal a BBPIP incentive payment decision?

Providers and practices can seek a Review of Decision (RoD) related to the BBPIP incentive payments and assessments. To seek a review, the provider or authorised contact person/owner(s) of the practice must complete the RoD form ([MyMedicare Incentives Review of decision form \(IP034\) - Services Australia](#)) and provide Services Australia with supporting documentation within 28 days of receiving the decision.

The department and Services Australia will review the decision against the published guidelines at the time of the event, and the outcome of the review will be advised in writing. If providers or practices are not satisfied with the decision, they can ask the Formal Review Committee to reconsider it. For further details about the RoD process, please contact Services Australia.

Are there any payroll tax implications for participating in BBPIP?

Payroll tax is the responsibility of state and territory governments with differing approaches across States and Territories.

General practices are private businesses with diverse operating structures and employment models. It is the responsibility of the owner, or the individual in the case of a contractual arrangement, to seek expert advice about their business arrangements.

What does it mean that BBPIP is a demand-driven grant program?

BBPIP is classified as a demand-driven (eligibility-based) grant program. A demand-driven grant arrangement is a funding model where all applicants who meet published eligibility criteria receive funding rather than competing for a limited funding pool. Funding is provided in response to demand from eligible participants and there is no competitive or merit-based assessment. For BBPIP, funding is provided to all eligible participating practices and providers who meet the criteria outlined in the [BBPIP Program Guidelines](#).

BBPIP Eligibility Assessments

What are eligibility assessments and how can I access them?

Eligibility assessments assist practices and providers to monitor and confirm their eligibility and incentive payment details for BBPIP. Practices and providers can access eligibility assessments via the 'View Payment Eligibility' tab in the MyMedicare system through HPOS. These assessments let BBPIP registered practices track and managing their bulk billing activities

Forecast assessments enable participating practices and providers to monitor and confirm their eligibility for BBPIP incentive payments at a point-in-time throughout the quarter. Practices and providers can check if they meet eligibility requirements.

Forecast assessments are based on available point-in-time data and are not used for the final payment determination. Practices and providers are encouraged to actively monitor their progress towards receiving BBPIP incentive payments throughout an assessment period using forecast assessments.

Further information on how to create and search for eligibility assessments is available at [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

How frequently can practices generate a forecast assessment, and what limitations apply?

Practices and providers can generate forecast assessments using eligibility assessments via MyMedicare in HPOS, to track BBPIP incentive payment eligibility throughout the assessment period.

Forecast assessments can only be run once per day per organisation site (by the practice or any of its linked providers). The assessment can be viewed by the practice and all linked providers.

What data sources do forecast assessments rely on, and how current is the information displayed?

Forecast assessments are point-in-time assessments based on available data for all eligible services, for all eligible providers, throughout the assessment period so far.

Forecast assessments are not used to determine final BBPIP incentive payments and the final BBPIP incentive payment assessment may change based on updated data. For further information, see [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

Practices and providers are also assessed against requirements set out in the [BBPIP Program Guidelines](#).

How do eligibility assessments differentiate between forecast assessments and final assessments?

The key difference is that forecast assessments are a point-in-time based on data available at the time of assessment (during the assessment period). Forecast assessments are not used to determine final BBPIP incentive payments. Final assessments are based on data throughout the entire assessment period. Practices and providers can review final

assessments to confirm they have met eligibility for BBPIP incentive payments using the 'Search assessments' function.

Practices and providers can access further details of their BBPIP incentive payments through MyMedicare in HPOS.

What do the different indicators in the eligibility assessments mean?

Practices and providers can access eligibility assessments via MyMedicare in HPOS to view payment eligibility. Practices and providers can also search their BBPIP payment history and access payment details via MyMedicare in HPOS.

- The 'View Payment Eligibility' tile available via MyMedicare in HPOS allows practices and providers to generate and review forecast and final eligibility assessments for BBPIP
- The 'Search Payment History' tile available via MyMedicare in HPOS allows practices and providers to view payment details for BBPIP.

For further information regarding eligibility assessments and payment details, please see [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

Will the eligibility assessments provide alerts when practices meet eligibility requirements?

No. The eligibility assessments, accessed via MyMedicare in HPOS, will not provide any alerts or notifications to practices or providers regarding any changes to their eligibility throughout an assessment period.

Practices and providers are encouraged to actively monitor their progress towards receiving BBPIP incentive payments throughout an assessment period using forecast assessments and their own management tools.

When I run a forecast assessment, a provider is showing as having “No Services Claimed”. What does this mean?

There are four main reasons why a provider may be recorded as having “No Services Claimed”:

1. The provider has not claimed any of the eligible BBPIP items in the forecasted period
2. The provider is not one of the eligible provider types for the purposes of BBPIP (e.g. not a GP as per the BBPIP Program Guidelines)
3. The provider's Medicare Provider Number has been identified as an Urgent Care Clinic Medicare Provider Number
4. The provider's Medicare Provider Number has been linked to multiple practices during the same period.

For further information please see [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

Practices may contact Services Australia through the HPOS Messaging Service. HPOS Messages should be directed to the MyMedicare mailbox. Alternatively, practices and providers can call Services Australia's Medicare Provider line on 132 150 (option 2) for assistance.

When I run a BBPIP forecast assessment, I receive a warning message advising that one or more provider(s) do not meet the eligibility requirements. What does this mean?

There are two main reasons why a practice may receive this warning message:

1. The provider's Medicare Provider Number has been identified as an Urgent Care Clinic Medicare Provider Number
2. The provider's Medicare Provider Number has been linked to multiple practices during the same period.

For further information please see [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

Practices may contact Services Australia through the HPOS Messaging Service. HPOS Messages should be directed to the MyMedicare mailbox. Alternatively, practices and providers can call Services Australia's Medicare Provider line on 132 150 (option 2) for assistance.

What do I do if I think my forecast or final assessment is incorrect?

Practices and providers can generate forecast assessments using eligibility assessments via MyMedicare in HPOS, to track BBPIP incentive payment eligibility throughout the assessment period. Forecast assessments are based on available point-in-time data and **are not** used for the final payment determination.

Final assessments are created for each practice and provider in the month following the end of the assessment period. Practices and providers can review final assessments to confirm they have met eligibility for BBPIP incentive payments using the 'Search assessments' function.

Further information on how to view and understand the details of forecast and final assessments is available at: [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

If a forecast or final assessment is incorrect, please contact Services Australia through the HPOS Messaging Service. HPOS Messages should be directed to the MyMedicare mailbox. Alternatively, practices and providers can call Services Australia's Medicare Provider line on 132 150 (option 2) for assistance.

What do I do if the eligibility assessment says I am ineligible for BBPIP payments?

Practices and providers are encouraged to actively monitor their progress towards receiving BBPIP incentive payments throughout an assessment period using forecast assessments.

If a forecast assessment displays 'Requirements not yet met' this indicates the practice or provider has not bulk billed all [eligible services](#) for all Medicare-eligible patients throughout the assessment period so far. If the practice or provider is close to meeting BBPIP requirements, this is indicated by an orange triangle.

If a final assessment displays 'Requirements not met' this indicates the practice has not met eligibility requirements to receive BBPIP incentive payments.

Practices are able to view the bulk billing percentages of each linked provider. Providers can view their own bulk billing percentage.

If an error in MBS claiming has occurred, a provider can make retrospective changes to previously lodged MBS claims as per existing Medicare processes.

If a forecast or final assessment is incorrect, please contact Services Australia through the HPOS Messaging Service. HPOS Messages should be directed to the MyMedicare mailbox. Alternatively, practices and providers can call Services Australia's Medicare Provider line on 132 150 (option 2) for assistance.

Further information on how to view and understand the details of forecast and final assessments is available at: [MYMEDM05-MyMedicare - Bulk Billing Practice Incentive Program \(BBPIP\)](#).

Other Bulk Billing Incentives

What is the difference between BBPIP and the Practice Incentives Program (PIP)?

BBPIP is linked to MyMedicare, while the Practice Incentives Program (PIP) is not.

Incentive payments under BBPIP are made through the Organisation Register and MyMedicare capability.

Practices participating in BBPIP are still eligible for other PIP incentives if they meet program requirements. For more information on PIP, including how to apply, visit the [Services Australia Practice Incentives Program](#) website.

Are there any changes to MBS items attracting single or triple MBS bulk billing incentives from 1 November 2025?

There are no changes to the MBS items attracting either standard (single) or triple MBS BBIs.

The triple BBI MBS items apply to the most commonly claimed general attendance consultation items, namely:

- All face-to-face general attendance consultations that are:
 - longer than 6 minutes (that is Levels B, C, D and E).
 - in any location (in and out of consulting rooms, residential aged care facilities).
 - at any time (business and after-hours items).
- MBS Level B video and telephone general attendance consultations.
- Video and telephone consultations that are longer than 20 minutes (Levels C, D and E (video only)) and the patient is registered with the practice through MyMedicare.

The standard BBI continues to be available for GPs to co-claim when bulk billing:

- MBS Level A (and equivalent) general attendance consultations.
- Level C, D and E video and telephone general attendance consultations where the patient is not enrolled in [MyMedicare](#).
- all other relevant MBS unreferred services, such as antenatal care, mental health services, chronic disease management and health assessments items.

For the most recent advice on MBS items including BBIs, always refer to MBS Online (Note MN.1.1-MN.1.8 provides information on how to use BBIs and claiming tables).