



Changes to Bulk Billing Incentive Items from 1 November 2025

Last updated: 1 September 2025

- Subject to the passage of legislation, from 1 November 2025 all Medicare-eligible patients will be eligible for Medicare bulk billing incentives (BBI).
- The item descriptors for each BBI item will be updated to remove reference to children under 16 and concessional beneficiaries. No other changes will be made to the item descriptors.
- These changes do not affect the BBIs for diagnostic imaging or pathology services.
- This factsheet covers the changes to the Medicare Benefits Schedule (MBS) BBI items only. Information about the Bulk Billing Practice Incentive Program (BBPIP) is available on the Department of Health, Disability and Ageing's (the department's) [website](#).

What are the changes?

From 1 November 2025 all Medicare-eligible patients will be eligible for BBIs.

The item descriptors for all Group M1 BBI items (10990, 10991, 10992, 75855, 75856, 75857, 75858, 75870, 75871, 75872, 75873, 75874, 75875, 75876, 75880, 75881, 75882, 75883, 75884 and 75885) will be updated to remove the references to children under 16 and concessional beneficiaries (i.e. patients with a Commonwealth concession card). There will not be any other changes to the items.

Why are the changes being made?

On 23 February 2025, the Australian Government announced a \$7.9 billion investment to support Australians to be bulk billed when they see a general practitioner by:

1. expanding eligibility for bulk billing incentive items to all Australians, meaning that all Medicare-eligible patients will have the same access to the tripled bulk billing incentives for the most common GP consultations, and standard bulk billing incentives for other services.
2. creating the Bulk Billing Practice Incentive Program (the Program) to incentivise GP practices to bulk bill all patients, for all consultations. Those practices that join the Program and bulk bill all patients for all consultations will be eligible for a quarterly incentive of 12.5% of their MBS revenue.

These changes give effect to the commitment to expand eligibility to BBI items to all Australians.

What does this mean for providers?

These changes will support GPs to bulk bill their patients. Each year around 45.5 million GP services are bulk billed for patients aged 16 years or more and do not hold a Commonwealth concession card are bulk billed. From 1 November 2025 BBIs will be payable for these services, increasing the income for the GP.

How will these changes affect patients?

Patients will have improved access bulk billed GP services.

How will the changes be monitored and reviewed?

The department will continue to publish bulk billing rates.

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department's compliance program can be found on its website at [Medicare compliance](#).

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to receive regular news highlights.

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.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

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.