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Claims and payments in our new computer system

Providers should continue to use the [myplace provider portal](#) to manage their financial transactions with the NDIA, including:

- submit a claim
- raise a complaint or send feedback
- view the status of claim and payment enquiries submitted in the myplace provider prior to 6 May 2024.

There are no changes to how providers make claims in the myplace provider portal, NDIS support item descriptions, or the codes used to make claims.

Providers should continue to use the existing NDIS support item descriptions or codes to make their claims. These descriptions and codes will automatically point to the relevant budgets in our new computer system.

We will continue to use the myplace provider portal while new and existing participants transition to our new computer system.

Claim and payment enquiries

Providers should use the my NDIS provider portal to submit claim and payment enquiries.

Providers can log into the my NDIS provider portal to submit their claim and payment enquiry from the enquiry page.

If a provider logs into the myplace provider portal and clicks on the 'claim and payment enquiry' tile they will be automatically redirected to the enquiries page of the my NDIS provider portal.

To submit a claim and payment enquiry in the my NDIS provider portal, providers will need to:

- navigate to the enquiries page
- select if it is a new enquiry or following up on a closed enquiry
- select the type of enquiry
- enter the details into the fields displayed on the screen
- click the submit button.

Providers have told us, when submitting a claim and payment enquiry in the my NDIS provider portal, the NDIS support category options don't always relate to their issue. We recently added a new NDIS support category called 'Other claim or payment enquiry'. When this category is selected, providers will need to add an 'enquiry title' and 'enquiry description'.

For claim and payment enquiries where the 'claims rejected' category option is selected, providers need to submit one claim and payment enquiry per participant and include all rejected claims.

For 'claims rejected', 'payment not received' and 'issue cancelling claims' category options, providers need to make sure they are entering the support dates for the total period from earliest to latest.

For 'claims rejected' and 'payment not received' category options, providers need to include the total value of the claims instead of individual claim amounts.

Providers can learn more on how to submit a new claim and payment enquiry in the my NDIS provider portal in the provider learning environment and the [my NDIS provider portal guide](#).

Providers can find more information on accessing the provider learning environment and the my NDIS provider portal on the [my NDIS provider portal and resources page](#).

To make sure our language is consistent across NDIS plans and portals, the name of the NDIS support catalogue item in the plan will be the same name in the participant and provider portals.

Pricing arrangements and limits are the same, regardless of whether a participant's plan is developed in our new or old computer system. Providers can keep up to date with the regular [pricing updates](#).

System change: learning new ways of doing things

Some of the improvements we've introduced mean some providers may need to learn new ways of doing things or stop doing some of the things they've done before.

We acknowledge change can sometimes be hard, and adapting to different processes can take some time. We are committed to the changes we've introduced because participants, providers, the disability community and the Australian Government told us these were improvements they wanted to see and we needed to make.

We removed service bookings because participants wanted more flexibility in how they could use their funding. While service bookings gave funding surety to providers, they limited choice and control for participants.

We introduced 6 new NDIS [support categories](#) and lifted the budget to the NDIS support category level, so that participants could have more flexibility in how they purchased their NDIS supports. We will still have stated and flexible NDIS supports, and the line items for claiming does not change.

Providers should continue to use the existing NDIS support item descriptions or codes to make their claims. These descriptions and codes will automatically point to the relevant budgets in our new computer system.

System controls: protecting participant plans

The Australian Government is committed to protecting the consumer rights of participants and ensuring reasonable pricing practises.

We have improved business intelligence in our new computer system. This means we can better understand when a participant's spending pattern is higher or lower than usual. We will work directly with them to make sure they have the funding, NDIS supports and providers in place to support their needs and goals.

Increased plan security with a new process called my providers, for participants to record their longer-term relationships with providers and when some or all of their NDIS supports are Agency-managed. When recorded as a my provider, participants are letting us know that the provider can receive payments for claims on their NDIS plan.

We have introduced an additional claim validation process for participants, so they can review payment claims submitted for their plan by providers who are not recorded as their my provider for Agency-managed NDIS supports.

We have improved our quality assurance processes and the way we manage and resolve payment claims, for faster and more consistent outcomes. We want to make sure that all claims for payment are valid, can be claimed and are recorded correctly.

Providers can be confident with the introduction of quality control measures including:

- consistent checks on claims
- removing service bookings
- introducing my providers.

We are all contributing to safeguarding the Scheme.

Using the new system: Replacement supports claims

Claims for providers

Providers must not provide or claim a replacement support for a participant without evidence of approval. For example, a replacement support approval letter.

To claim an approved replacement support for a participant providers can submit a claim and payment enquiry.

Providers must include the following information:

- Category field: select 'other claim or payment enquiry'
- Enquiry title field: select 'requesting payment for an approved replacement support'
- Enquiry description field: include
 - participant details: name, NDIS Number and date of birth
 - claim details: replacement support purchased, date and funding amount claimed.

Attach any documents to support your enquiry field: include:

- evidence of approval: replacement support approval letter
- receipt or invoice: that clearly states replacement support, date and funding amount claimed or paid.

Claims for plan managers

Plan managers must not claim a replacement support for a participant without evidence of approval. For example, a replacement support approval letter.

To claim an approved replacement support for a participant, plan managers can submit a claim and payment enquiry.

Plan managers must include the following information:

- Category field: select 'other claim or payment enquiry'
- Enquiry title field: select 'requesting payment for an approved replacement support'
- Enquiry description field: include:
 - participant details: name, NDIS Number and date of birth
 - claim details: replacement support purchased, date and funding amount claimed.

Attach any documents to support your enquiry field: include:

- evidence of approval: replacement support approval letter
- receipt or invoice: that clearly states replacement support, date and funding amount claimed or paid.

Using the new system: Bulk payment claims

As participants and their plans move to our new computer system, providers will not be able to use the single line-item claim function.

All claims will continue to be made in the myplace portal with the same service and NDIS support details used now.

Claims will need to be made using the [Bulk Payment Request template \(CSV 1KB\)](#).

Providers should consider adjusting their business practices to submit all single claims via the bulk upload process. If providers use the bulk payment request template, they don't need to understand if a participant has an NDIS plan in our new computer system because all claims should be made through the myplace provider portal.

Using the bulk uploads process will also reduce the likelihood of providers receiving single claim error messages, duplicating processes, and experiencing payment delays.

Providers can watch our video on making bulk payment claims to learn more.

[Transcript for 'How to make a bulk payment request'](#)

Using the new system: Claims when a plan has ended

Claiming for services after the end date of plan

Providers need to make sure claims are in line with the participant's plan dates and claim using the bulk upload template.

Previous plan managers need to make sure they submit any claims before the end of their plan management period with a participant. New plan managers can submit claims for entire plan period if they are recorded as plan manager role.

Claims for participants who have left the NDIS

Providers can still claim for NDIS supports delivered before the participant has left the NDIS. We recommend claiming within 90 days from the participant's date of leaving the NDIS, or of the participant's death.

If a provider is claiming for NDIS supports delivered after the participant has left the NDIS, the claim will be rejected, and the provider will need to contact the Agency to have it reviewed.

The NDIS Bereavement Addendum lists NDIS support items that providers can claim after an NDIS participant has died.

Using the new system: My providers

Payments – for providers recorded as a my provider

Providers with existing active service bookings, who deliver home and living, behaviour supports, and specialist disability accommodation, will automatically be recorded as my providers at the NDIS support category level when the participant's plan is approved in our new computer system.

Automatically recording my providers with previous active service bookings helps to reduce delays or claim rejections when providers not recorded as my providers at the NDIS support category level submit claims for payment.

Payments for NDIA-managed plans and NDIS supports from my providers are generally paid within 2 to 3 business days.

Payments – for providers not recorded as a my provider

When a payment claim is made:

- on an NDIA-managed plan or NDIS support and
- from a provider who is not recorded as a my provider

We will check with the participant or their nominee by SMS to make sure:

- the NDIS support was agreed to
- the claim has valid details
- the participant or their nominee has agreed to the NDIS support.

Valid claims on NDIA-managed plans or supports from providers who are not recorded as a my provider generally take 10 days to be paid.

Claims from providers for specialist disability accommodation, home and living supports and behaviour supports who aren't listed as a my provider for the participant's plan will be automatically rejected.

Providers can now submit a provider relationship request in the my NDIS provider portal. Providers can also ask a participant to accept their request to be a my provider, including at the NDIS support specialised category level for behaviour support, home and living and specialist disability accommodation (SDA).

Learn more about [my provider relationship requests](#).

More claims and payment support

[Read more about troubleshooting common claims and payments errors and rejections.](#)

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