18 November 2026

Providers and plan managers must review outstanding claims now and submit eligible claims as soon as possible before the new 90-day claiming timeframe starts.

From 1 December 2026, claims for supports must be submitted within 90 days of the date the support was delivered.

Claims submitted more than 90 days after the support was delivered won't be paid unless exceptional circumstances apply.

The new timeframe supports timely and accurate claiming, strengthens accountability and helps protect NDIS funding from incorrect or inappropriate payments.

What providers and plan managers need to do before 1 December

Providers and plan managers must act now to identify outstanding claims, address delays and make sure eligible claims are submitted on time.

- Identify and review outstanding claims including why they haven't been submitted.
- Submit eligible claims promptly, particularly claims for supports delivered more than 90 days ago.
- Check claim details to make sure they are complete, compliant and accurate, with the required evidence and approvals.
- Keep accurate records and supporting evidence showing that the supports were delivered.
- Send outstanding invoices promptly if you're a provider who invoices a plan manager or participant, so they have time to arrange payment or submit eligible claims.
- Check your claims process to make sure systems can identify claims nearing 90 days and resolve claims on time.
- Keep effective controls to check information, reconcile systems, and identify issues that could delay claims.
- Make sure relevant staff and affected individuals understand the change and what they need to do.
- Address any issues early and escalate them when needed.

Don't wait until the new timeframe starts to review outstanding claims.

What the change means for you

Providers

Submit invoices and eligible claims as soon as possible after delivering supports.

Make sure service dates and other claim details accurately reflect the supports delivered. These details mustn't be changed to bring a claim within the 90-day timeframe.

Providers must keep appropriate records and evidence to support their claims.

The NDIA may carry out integrity checks and request supporting evidence before paying claims. Claims that don't meet NDIS requirements may be rejected.

If you invoice a plan manager, send invoices promptly so they can review and submit claims within the required timeframe.

Plan managers

Plan managers must take responsibility for checking claims before submitting them to the NDIA.

Review outstanding provider invoices and claims now. Make sure claims are compliant, and supported by evidence to show the support was delivered.

This includes:

- confirming with the participant that they received the support being claimed
- checking the claim is in line with a participant's plan including available funding and supports
- working with providers to resolve missing or incorrect information promptly
- addressing unpaid invoices and outstanding claims without delay.

Holding invoices, delaying approvals or failing to resolve claim issues can put payments at risk.

Make sure service dates are correct and submit eligible claims within the required timeframe.

Exceptional circumstances and late claims

Submit an individual Claim and Payment Enquiry as soon as possible if exceptional circumstances prevent you from submitting a claim within 90 days.

Explain the circumstances and provide supporting evidence showing why you couldn't submit the claim on time.

We will consider each enquiry individually. Submitting an enquiry doesn't guarantee that we will pay the claim.

Why the timeframes are changing

The new 90-day claiming timeframe strengthens safeguards against incorrect, inappropriate and potentially fraudulent claims.

Submitting claims promptly helps the NDIA check that payments are for supports delivered and meet NDIS requirements.

Accurate claiming practices and appropriate supporting evidence help protect participants' funding from misuse and reduce payment delays.

The NDIA is increasing its scrutiny of older claims and may request evidence before paying claims.

Providers and plan managers must make sure claims are accurate, supported by appropriate evidence and submitted on time.

Find out more

Learn more about getting paid as a my provider, working as a provider or working as a plan manager for information about submitting claims and the responsibilities of providers and plan managers.

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