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All claims and payments will continue to be submitted in the current myplace Provider portal.

If you are using the Bulk Payment Request template, you don't need to understand if a participant is part of the Tasmania test or not when submitting a claim. We will continue to have one claims portal for all participants.

As participants and their plans move over to our new computer system in Tasmania, providers will not be able to use the single line-item claim function. Providers will receive an error message.

All claims will need to be made in the current myplace portal using the [Bulk Payment Request template \(CSV 1KB\)](#).

Providers should also continue to use the support item descriptions or numbers they already use.

We have included **Transport Recurring** as a new support category for participants who receive transport funding.

The new Young People in Residential Aged Care (YPIRAC) - cross billing support category has been added so that funding can be allocated in plans for payments for residential aged care subsidies and supplement. Providers are not able to claim against this category.

We will move from 15 to 21 support categories.

We have split some of the existing categories to make the new categories easier to understand.

The 5 new support categories are stated supports, and include:

Support category	Support type
Home and Living	Core
Behaviour Support	Capacity building
Assistive Technology Repairs and Rental	Capital
Specialist Disability Accommodation (SDA)	Capital

Support category	Support type
Transport Recurring	Recurring
Young People in Residential Aged Care (YPIRAC) - Cross Billing	Core

We continue to have over 850+ support items and these will not change.

More information can be found in the mapping of support items [PACE support categories \(XLSX 86KB\)](#).

Claims

When a claim is made for payment, a number of checks are completed. We do these checks to make sure the service has been delivered, the claim has valid details and the participant, or their nominee has authorised the service.

We are testing a new claim validation process for Agency-managed participants in Tasmania.

If a participant-endorsed provider makes a claim on a participant’s plan, we will know this provider can make the claim as the participant has endorsed the provider and the payment of the claim will be automated. Participant-endorsed provider claims are generally paid within 2 to 3 days.

If a claim is made on an Agency-managed participant’s plan by someone or an organisation who is not a participant-endorsed provider, we’ll send the participant, or their nominee, an SMS to let them know they have a claim to check with the NDIS.

Participants will need to call the NDIS on 1800 800 110 within 6 days from when they receive the SMS. We will let the participant know what service the claim is for.

During the phone call, the participant can let us know if they agree to the service by accepting the claim. When the claim has been accepted it will be processed for payment.

If a participant does not agree to the service, they can let us know by disputing the claim. We will review the claim and contact the participant if we need more information.

If the participant or their nominee does not call after receiving the SMS, the claim will be processed for payment after 7 days. This process will generally take 10 days before the claim is paid.

The participant and the provider may be contacted to discuss the claim. The outcome of our review will be visible in the my NDIS portal. Claims that are not authorised for payment will be marked as ‘rejected’.

When a claim is rejected, providers won't be able to see the participant's name. The rejected claim will display the participant's NDIS number only.

If a provider claims for Specialist Disability Accommodation and Behaviour Support services and that provider is not listed as a category level participant-endorsed provider for those specific categories, their claim will be automatically rejected.

Payments

In the Tasmania test:

- validated claims, including participant-endorsed provider claims, will be processed and usually paid within 2 to 3 days
- if claims need some additional checks before they are approved, payment will usually occur within 10 days.

If a claim is rejected, providers and self-managing participants will see advice in their portal which shows the reason why the claim has not been processed.

The majority of claim payment errors can be corrected by providers and self-managing participants in the portals.

For example, administrative errors like wrong dates, a duplicate claim, missing banking or ABN details, or the claim includes a unit price that is more than the maximum price.

Providers can refer to the [system and error messages guide](#) for more information.

Providers will not receive an error code while a payment is being verified. Where the participant does not dispute the claim, the payment will remain as 'open' until it is paid, which usually occurs in approximately 10 days.

Providers and self-managing participants can submit more information in their portal or contact the National Contact Centre for support.

You can read more information and answers to frequently asked questions on claims and payments on our [frequently asked questions for providers in Tasmania](#) web page.

Cancellations

Providers can now cancel claims in the myplace provider portal for participants who have a NDIS plan in our new computer system.

Providers who make a mistake with a payment request can cancel the claim, when it is “pending” or “paid”.

Providers should follow the myplace provider portal step by step guide to cancel their claim.

The process to cancel these claims in the myplace portal is the same for all NDIS plans, regardless of whether they are in our new or old computer system.

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