

Medicare Update: Increase to validity period for imaging requests.

From **1 July 2026**, patients will have 14 days rather than 7 days to complete all imaging services listed on a single diagnostic imaging request form.

Amendments to Health Insurance Act 1973, diagnostic imaging regulations

Amendments to the Health Insurance Act 1973 will extend the timeframe during which patients can receive all Medicare-eligible imaging services listed on a single diagnostic imaging request form.

What are the changes?

From 1 July 2026, patients have up to 14 days after their first scan to complete any remaining items on that same form. This rule applies to all Medicare-funded diagnostic imaging services covered under the Health Insurance Act 1973.

Why are the changes being made?

The previous 7 day timeframe may not always reflect the practical realities of modern healthcare delivery.

Patients could experience:

- Difficulty coordinating multiple appointments
- Limited appointment availability
- Travel challenges, particularly in regional and rural areas
- Clinical circumstances requiring examinations on different days

Extending the timeframe to 14 days aims to provide greater flexibility while preserving the integrity of Medicare request requirements.

What does this mean for requestors and providers?

- Reduced administrative burden for the issuing of repeat requests
- Patients can complete their diagnostic imaging under a single, uninterrupted referral pathway
- Improved continuity of care

How will these changes affect patients?

- Regional patients travelling for imaging services may benefit from increased scheduling flexibility
- Minimise disruption to work, family responsibilities and travel commitments, particularly for regional patients
- Reduces the need for repeat appointments for additional imaging requests

Preparing for the change

Practices and imaging providers may wish to:

- Update any patient-facing information that references the 7 day requirement
- Ensure clinicians understand the new timeframe
- Inform scheduling staff of the extended validity period
- Update internal procedures where required including FAQs, website content and referral instructions where relevant

Does this alter the initial validity period of a referral?

No. Standard Medicare referral validity periods remain completely unchanged. The 14 day rule applies strictly to the timeframe allowed for completing multiple services after the very first service on that form has been performed.

What happens if services are scheduled more than 14 days apart?

A new referral is required for any outstanding scans, depending on the clinical circumstances and standard Medicare regulations.

Does this change Medicare eligibility or clinical guidelines?

No. This is an administrative rule regarding referral timelines. It does not alter Medicare eligibility criteria for individual scans, nor does it change clinical indications for imaging.