



IncobotulinumtoxinA (Xeomin) injection for the treatment of spasticity associated with neurological disorders

Last updated: 2 October 2026

From 1 November 2026, IncobotulinumtoxinA (Xeomin) branded botox will be added to MBS item 18360 for the treatment of moderate to severe focal spasticity associated with a previously diagnosed neurological disorder.

These changes are relevant for specialist providers including neurologists, orthopaedic surgeons, rehabilitation specialists, plastic surgeons and geriatricians.

Clinicians will now be able to choose from an additional brand of botox, IncobotulinumtoxinA, when treating patients.

What are the changes?

Effective from 1 November 2026, IncobotulinumtoxinA (Xeomin) has been added to the list of injections for the treatment of moderate to severe focal spasticity in MBS item 18360.

For private health insurance purposes, MBS item 18360 will continue to be listed under the following clinical category and procedure type:

- Private Health Insurance Classification:
- Clinical category: Bone, joint, and muscle
- Procedure type: Type C

Why are the changes being made?

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) on 1 April 2026. Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

What does this mean for providers?

There are no changes to existing clinical pathways with this amendment. Providers will have an additional brand of IncobotulinumtoxinA (Xeomin) to choose from when treating patients 18 years and older with moderate to severe focal spasticity associated with a previously diagnosed neurological disorder.

How will these changes affect patients?

The addition of IncobotulinumtoxinA (Xeomin) allows the provider greater choice during treatment for patients, leading to improved health outcomes.

Patients will continue to receive Medicare benefits for services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

Consultation was open to stakeholders and the public during the MSAC assessment process.

Targeted consultation occurred focusing on peak bodies and organisations representing clinicians who provide the service.

Respondents, including the Rehabilitation Medicine Society of Australia and New Zealand, supported these amendments.

How will the changes be monitored and reviewed?

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 of Health, Disability and Ageing's (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.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@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.

Amended item descriptor (to take effect 1 November 2026)

Category 3 - THERAPEUTIC PROCEDURES

Group T11 - Botulinum Toxin Injections

18360

Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), ~~or~~ Clostridium Botulinum Type A Toxin Haemagglutinin Complex (Dysport), ~~or~~ IncobotulinumtoxinA (Xeomin), injection of, for the treatment of moderate to severe focal spasticity, if:

- (a) the patient is at least 18 years of age; and
 - (b) the spasticity is associated with a previously diagnosed neurological disorder; and
 - (c) treatment is provided as:
 - (i) second line therapy when standard treatment for the conditions has failed; or
 - (ii) an adjunct to physical therapy; and
 - (d) the treatment is for all or any of the muscles subserving one functional activity and supplied by one motor nerve, with a maximum of 4 sets of injections for the patient on any one day (with a maximum of 2 sets of injections for each limb), including all injections per set; and
 - (e) the treatment is not provided on the same occasion as a service to which item 18365 applies is provided
- Private Health Insurance Classification:
 - Clinical category: Bone, joint and muscle
 - Procedure type: Type C

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.