



IncobotulinumtoxinA (Xeomin) injection for lower and upper limb spasticity due to cerebral palsy

Last updated: 23 February 2026

- **What?** From **1 March 2026** Medicare Benefit Schedule (MBS) items 18354 and 18361 will be amended to allow providers to use IncobotulinumtoxinA (Xeomin) to treat lower and upper limb spasticity due to cerebral palsy.
- **Who?** These changes are relevant to practitioners/patients already providing/receiving these services for the treatment of upper and lower limb spasticity due to cerebral palsy.
- **What does this mean for patients and providers?** Patients and providers will have additional choice when accessing these MBS services.

What are the changes?

Effective 1 March 2026, MBS items 18354 and 18361 will be amended to include the use of IncobotulinumtoxinA (Xeomin) when treating patients. The new structure includes:

- The ability for providers to use IncobotulinumtoxinA (Xeomin) to treat lower and upper limb spasticity due to cerebral palsy, alongside existing available botox brands Dysport and Botox.
- MBS item 18354 will be amended to remove the requirement for patients to be ambulant to receive treatment.
- The additional brand of botox will not change existing treatment options or pathways.

For private health insurance purposes, items 18354 and 18361 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) in July 2025. 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?

Providers will have access to another brand of botox to treat patients with lower and upper limb spasticity due to cerebral palsy. Additionally, removing the requirement for a patient to be ambulant will allow providers to treat non-ambulant patients with lower limb spasticity due to cerebral palsy via MBS item 18354.

How will these changes affect patients?

The changes will improve access for patients for which IncobotulinumtoxinA (Xeomin) is determined the best treatment for patients with upper and lower limb spasticity. Additionally, non-ambulant patients will now have access to this treatment with the removal of the ambulant requirement in MBS item 18354.

Who was consulted on the changes?

As a part of the MSAC evaluation process, feedback on the proposed service was extended to members of the public and targeted peak medical bodies and groups.

The Rehabilitation Medicine Society of Australia and New Zealand, a medical body representing rehabilitation physicians, positively endorsed the amendments of these MBS services.

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 descriptors (to take effect 1 March 2026)

Category 3 - THERAPEUTIC PROCEDURES

Group T11 - Botulinum Toxin Injections

18354

Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport), or **IncobotulinumtoxinA (Xeomin)**, injection of, for the treatment of dynamic equinus foot deformity (including equinovarus and equinovalgus) due to spasticity **in-an-ambulant from cerebral palsy patient**, if:

- (a) the patient is at least 2 years of age; and
- (b) 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 lower limb), including all injections per set

(Anaes.)

Fee: \$145.65 Benefit: 75% = \$109.25 85% = \$123.85

Private Health Insurance Classification:

Clinical category: Bone, joint and muscle

Procedure type: Type C

18361

Clostridium Botulinum Type A Toxin-Haemagglutinin Complex (Dysport), Botulinum Toxin Type A Purified Neurotoxin Complex (Botox), or **IncobotulinumtoxinA (Xeomin)**, injection of, for the treatment of moderate to severe upper limb spasticity due to cerebral palsy if:

- (a) the patient is at least 2 years of age; and
- (b) 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 upper limb), including all injections per set

(Anaes.)

Category 3 - THERAPEUTIC PROCEDURES

Fee: \$145.65 Benefit: 75% = \$109.25 85% = \$123.85

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.