

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 13553</b>	<b>Date: December 19, 2025</b>
	<b>Change Request 14298</b>

**SUBJECT: National Fee Schedule for Vaccine Administration Quarterly Update - January 2026**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to provide instructions for the Medicare contractors to download, test, and implement the National Fee Schedule for Vaccine Administration Quarterly Update (VAXA) for January 2026. The rates from the VAXA file will be applied to preventive service and monoclonal antibody claims beginning January 1, 2026.

**EFFECTIVE DATE: January 1, 2026**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 5, 2026**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

## Attachment - Recurring Update Notification

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### **II. GENERAL INFORMATION**

**A. Background:** Under section 1861(s)(10) of the Act, Medicare Part B covers both the vaccine and its administration for the specified preventive vaccines—the influenza, pneumococcal, and Hepatitis B Virus (HBV) vaccines. Under sections 1833(a)(1)(B) and 1833(b)(1) of the Act, respectively, there is no applicable beneficiary coinsurance, and the annual Part B deductible does not apply for these vaccinations. Section 1861(s)(10)(A) of the Act, as amended by section 3713 of the Coronavirus 2019 (COVID-19) Aid, Relief, and Economic Security Act (CARES Act) (Pub. L. 116– 136) includes the COVID–19 vaccine and its administration in the same subparagraph as the influenza and pneumococcal vaccines and their administration.

Medicare will continue to cover and pay COVID-19 monoclonal antibody products for post-exposure prophylaxis or treatment of COVID-19 under the Part B preventive vaccine benefit through the end of the calendar year in which the Secretary ends the current Emergency Use Authorization (EUA) declaration for COVID-19 drugs and biologicals.

Medicare will continue to cover and pay for monoclonal antibodies that are used for pre-exposure prophylaxis (PrEP) of COVID-19 under the Part B preventive vaccine benefit even after the EUA declaration for drugs and biological products is terminated, so long as after the EUA declaration is terminated, such products have market authorization and meet applicable coverage requirements.

Relevant HCPCS codes for COVID-19 monoclonal antibody products and their administration can be found on the Centers for Medicare & Medicaid Services (CMS) COVID-19 Vaccine Pricing website at <https://www.cms.gov/medicare/payment/part-b-drugs/vaccine-pricing> under “COVID-19 Vaccines & Monoclonal Antibodies.”

**B. Policy:** The national fee schedule for Medicare Part B vaccine administration reflects Healthcare Common Procedure Coding System (HCPCS) codes that are payable for dates of services beginning January 1, 2026. The payment amounts are updated to reflect the annual increase in the Medicare Economic Index and are subsequently adjusted for geographic locality using the Geographic Adjustment Factor (GAF), based upon the Physician Fee Schedule locality where the preventive vaccine or monoclonal antibody is administered.

### **III. BUSINESS REQUIREMENTS TABLE**

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

[illegible]

Number	Requirement	Responsibility								
		A/B MAC			DM E  MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
.2	when the replacement file and/or data in the cloud service is available for retrieval, along with the file name, through an e-mail notification via the Part A/B Functional Workgroup.									PCS
14298.2 .3	Contractors shall be ready to implement any replacement files no later than January 5, 2026, the implementation date of this CR, unless otherwise directed by CMS.	X	X							
14298.3	Contractors shall notify CMS of successful receipt of the VAXA and/or VAXA replacement file via e-mail to price_file_receipt@cms.hhs.gov, stating the name of the file received (e.g., CLAB, Average Sales Price, etc.), and the entity for which it was received (i.e., include states, workload numbers, quarter, and if Part A, Part B, or both). <b>Note:</b> The business requirement is not applicable for data downloaded from the cloud service. It only applies if mainframe files are used.	X	X							
14298.4	Contractors shall not apply beneficiary coinsurance or deductible for Part B Vaccine Administration HCPCS codes and Current Procedural Terminology (CPT) codes listed on the Monoclonal Antibody Product Administration Fee Schedule.	X	X							

#### IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

**Impacted Contractors:** A/B MAC Part A, A/B MAC Part B

## **V. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information:** N/A

## **VI. CONTACTS**

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VII. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**