



Vaccine Administration National Fee Schedule: April 2026 Update

Related Change Request (CR) Information	
Number: 14390	Release Date: February 20, 2026
Effective Date: April 1, 2026	Implementation Date: April 6, 2026
Transmittal Number: R13636CP	
Title: National Fee Schedule for Vaccine Administration Quarterly Update – April 2026	

Affected Providers

- Physicians
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for services

Action Needed

Make sure your billing staff knows about coding updates for TYENNE® (tocilizumab-aazg) for intravenous administration in hospitalized adults with COVID-19.

Key Updates

CMS approved TYENNE® (tocilizumab-aazg), a biosimilar to ACTEMRA® (tocilizumab), for intravenous administration in hospitalized adults with COVID-19 who get systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation.

FDA approved TYENNE® on February 28, 2025. Effective April 1, 2026, we established HCPCS code Q0238 to describe TYENNE® to treat COVID-19 and the associated administrative HCPCS codes M0233 and M0234:

- Q0238: Injection, tocilizumab-aazg, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg
- M0233: Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose
- M0234: Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose

Note: You could bill by reporting a not otherwise classified (NOC) COVID-19 monoclonal antibody product HCPCS code and associated administrative codes (Q0235, M0235, and M0236). See [CR 14195](#) for more information on NOC COVID-19 monoclonal antibody product HCPCS codes.

MACs don't apply patient coinsurance or deductibles for Medicare Part B vaccine administration HCPCS codes and CPT codes listed on the Monoclonal Antibody Product Administration Fee Schedule.

Background

Under section 1861(s)(10) of the [Social Security Act](#), Part B covers both the vaccine and its administration for specified preventive vaccines, such as influenza, pneumococcal, COVID-19, and hepatitis B.

We 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 CY in which the HHS Secretary ends the current Emergency Use Authorization (EUA) for COVID-19 drugs and biologicals
- Monoclonal antibodies used for pre-exposure prophylaxis 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 ends, such products have market authorization and meet applicable coverage requirements

See [COVID-19 vaccine pricing](#) for relevant HCPCS codes for COVID-19 monoclonal antibody products and their administration.

More Information

We issued CR 14390 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

Document History

Date of Change	Description
February 23, 2026	Initial article released.

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