

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13636	Date: February 20, 2026
	Change Request 14390

SUBJECT: National Fee Schedule for Vaccine Administration Quarterly Update - April 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 April 2026. The rates from the VAXA file will be applied to preventive service and monoclonal antibody claims beginning April 1, 2026.

EFFECTIVE DATE: April 1, 2026

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

IMPLEMENTATION DATE: April 6, 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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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 Healthcare Common Procedure Coding System (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: TYENNE® (tocilizumab-aazg), a biosimilar to ACTEMRA® (tocilizumab), is approved for intravenous administration in hospitalized adults with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation.

Effective April 1, 2026, CMS established HCPCS code Q0238 to describe TYENNE® (tocilizumab-aazg) for treatment of COVID-19 and associated administrative codes, HCPCS codes M0233 and M0234. The Food and Drug Administration (FDA) approved TYENNE® (tocilizumab-aazg) on February 28, 2025. Providers could bill by reporting a “Not Otherwise Classified” (NOC) COVID-19 monoclonal antibody product HCPCS code and associated administrative codes – Q0235, M0235, and M0236. Please see Change

Request 14195, issued August 14, 2025, for more information on the NOC COVID-19 monoclonal antibody product HCPCS codes.

- 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”

Effective: April 1, 2026

- 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”

Effective: April 1, 2026

- 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”

Effective: April 1, 2026

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
		A/B MAC			DME MAC	Shared-System Maintainers				Other	
		A	B	HHH		FISS	MCS	VMS	CWF		
14390.1	The CMS shall notify the contractors when the April 2026 National Fee Schedule for Vaccine Administration (VAXA) payment file data in the cloud service is available for downloading through an e-mail notification via the Parts A/B Functional Workgroup.										CMS, PCS
14390.1.1	Medicare contractors shall apply the April 2026 VAXA payment from the cloud service for testing and production.	X									Hybrid Cloud Data Center (HCDC)
14390.2	In the event that corrections are required, and 2026 VAXA replacement payment file data in the cloud service is issued, contractors shall be	X									Hybrid Cloud Data Center (HCDC), PCS

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	prepared to retrieve and apply the replacement Part B VAXA payment file(s) and implement it into their testing and production regions.									
14390.2.1	The CMS shall notify the contractors when the replacement file data in the cloud service is available for retrieval through an e-mail notification via the Part A/B Functional Workgroup.								CMS, PCS	
14390.2.2	Contractors shall be ready to implement any replacement files no later than April 6, 2026, the implementation date of this CR, unless otherwise directed by CMS.	X								
14390.3	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								

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

V. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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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