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National Fee Schedule for Vaccine Administration: October 2025 Update

Related CR Release Date: August 14, 2025	**MLN Matters Number:** MM14195
Effective Date: January 24, 2025 & October 1, 2025	**Related Change Request (CR) Number:** CR 14195
Implementation Date: October 6, 2025	**Related CR Transmittal Number:** R13365CP
Related CR Title: National Fee Schedule for Vaccine Administration Quarterly Update – October 2025	

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:

- AVTOZMA® for post-exposure prophylaxis or COVID-19 treatment
- Newly FDA-approved products not yet assigned to a unique HCPCS Level II code

Background

Previously known as the Medicare Part B Vaccine Administration file, the National Fee Schedule for Vaccine Administration will now serve as a comprehensive source for the administration rates for preventive vaccines, COVID-19, and monoclonal antibody products. CMS will update this file with pricing data in the future, when needed.

Per section 1861(s)(10) of the Social Security Act, Medicare Part B covers both specified preventive vaccines, such as influenza, pneumococcal, COVID-19, and hepatitis B, and their administration. There's no coinsurance or patient deductible for these vaccinations according to sections 1833(a)(1)(B) and 1833(b)(1) of the Social Security Act.

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

COVID-19 monoclonal antibodies used for pre-exposure prophylaxis of COVID-19 remain covered and paid under the Part B preventive vaccine benefit even after the EUA declaration for drugs and biologicals ends as long as such products have market authorization and meet applicable coverage requirements.

Key Updates

We approved AVTOZMA® (tocilizumab-anoh), a biosimilar to ACTEMRA® (tocilizumab), to treat:

- Rheumatoid arthritis
- Giant cell arteritis
- Polyarticular juvenile idiopathic arthritis
- Systemic juvenile idiopathic arthritis
- COVID-19

We established HCPCS Level II code Q0237 to describe AVTOZMA® for post-exposure prophylaxis or treating COVID-19 and associated administrative codes effective January 24, 2025. HCPCS Level II codes Q0237, M0237, and M0238 (see descriptors below) have the same effective date as FDA approval to align with appropriate Medicare payment policies.

- Q0237: Injection, tocilizumab-anoh, 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
- M0237: Intravenous infusion, tocilizumab-anoh, 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
- M0238: Intravenous infusion, tocilizumab-anoh, 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

We're establishing a Not Otherwise Classified COVID-19 monoclonal antibody product HCPCS Level II code and associated administrative codes (see descriptors below) effective October 1, 2025, for billing newly FDA-approved products not yet assigned to a unique HCPCS Level II code while the EUA declaration under section 564 of the Federal Food, Drug, and Cosmetic Act remains in effect.

- Q0235: Injection, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, not otherwise classified, 1 mg
- M0235: Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients 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, not otherwise classified, first dose
- M0236: Intravenous infusion, monoclonal antibody products with an indication for post-exposure prophylaxis or treatment of COVID-19, for hospitalized adults and/or pediatric patients 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, not otherwise classified, second dose

Note: MACs won't search their history files but will adjust any claims you bring to their attention that include codes Q0237, M0237, and M0238.

More Information

We issued CR 14195 to your MAC as the official instruction for this change. For more information, find your MAC's website.

Document History

Date of Change	Description
September 2, 2025	Initial article released.