CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13731	**Date: April 10, 2026**
	Change Request 14419

SUBJECT: Quarterly Update to the National Correct Coding Initiative (NCCI) Add-on Code (AOC) Edits, Version Q32026, Effective July 1, 2026

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to establish a quarterly recurring update, provide instructions for MCS system changes required to automate the AOC File retrieval, as well as establish standardized MCS auditing for claims processing RUN Statement. This recurring update notification applies to chapter 23, section 20.9.

EFFECTIVE DATE: July 1, 2026
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 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: An Add-On code is a Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code that describes a service that, with one exception (see next paragraph), is always performed in conjunction with another primary service. An Add-On code, with one exception, is eligible for payment only if it is reported with an appropriate primary procedure performed by the same practitioner. An Add-On code, with one exception, is never eligible for payment if it is the only procedure reported by a practitioner.

The Internet Only Manual, Claims Processing Manual, publication 100-04, chapter 12, section 30.6.12(I) requires a provider to report CPT code 99292 (Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)) without its primary code CPT code 99291 (Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes) if two or more physicians of the same specialty in a group practice provide critical care services to the same patient on the same date of service. For the same date of service, only one physician of the same specialty in the group practice may report CPT code 99291 with or without CPT code 99292, and the other physician(s) must report their critical care services with CPT code 99292.

As instructed in a previously issued CR (January 2022), the AOC File format was revised to be a fixed-width text file. The annual update is for January 1 with quarterly updates, if necessary.

Type 1 – A Type I Add-On code has a limited number of identifiable primary procedure codes. The file lists the Type 1 Add-On codes with their acceptable primary procedure codes. A Type 1 Add-On code, with one exception, is eligible for payment if one of the listed primary procedure codes is also eligible for payment to the same practitioner for the same patient on the same date of service.

Exception - CPT code 99292 may be paid to a physician who does not report CPT code 99291 if another physician of the same specialty in his group practice is paid for CPT code 99291 on the same date of service.

Type 2 - A Type 2 Add-On code does not have a specific list of primary procedure codes. The Add-On Code file lists the Type 2 Add-On codes with a primary code value of "CCCCC." Claims processing contractors are encouraged to develop their own lists of primary procedure codes for this type of Add-On code.

Type 3 - A Type 3 Add-On code has some, but not all, specific primary procedure codes identified in the CPT Manual. The file lists the Type 3 Add-On codes with the primary procedure codes that are specifically identifiable. However, claims processing contractors are advised that these lists are not exclusive and there are other acceptable primary procedure codes for Add-On codes in this Type. Claims processing contractors are encouraged to develop their own lists of additional primary procedure codes for this group of Add-On codes. In addition to the identifiable primary codes, the Add-On Code file includes a separate record with a primary code value of "CCCCC."

B. Policy: MACs shall use add-on codes where appropriate. The use of Add-On codes as part of NCCI is discussed in the Medicare Claims Processing Manual, publication 100-04, chapter 12 Physicians/Non-physician Practitioners, section 30 Correct Coding Policy, section D. Coding Services Supplemental to Principal Procedure (Add-On Codes) Code.

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	
14419.1	The Regional Office Correct Coding Initiative (RO CCI) representatives shall access the file from the Hybrid Cloud Data Center (HCDC) in the same manner as they downloaded the previous versions. The filename for the regions are: MU00.@BF12372.MCR.AOC.FINAL01.Q32026						X			CMS
14419.1.1	CMS shall make a test version of the AOC File available to the MCS by May 1, 2026. The contractors shall, upon notification from CMS retrieve the test version of the AOC File. Test File: MU00.@BF12372.MCR.AOC.TEST01.Q32026		X							
14419.2	Contractors shall use the specific job control language in order to access Version ##.# through the Network Data Mover and retrieve the files into the		X							J15 A/B MAC, JN

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	system. The filenames for the contractors are: MU00.@BF12372.MCR.AOC.FINAL01.Q32026									A/B MAC
14419.3	Contractors shall use the specific job control language in order to access Version ##.# through the Network Data Mover and load the files into the system. The filenames for the contractors are: MU00.@BF12372.MCR.AOC.FINAL01.Q32026		X							
14419.4	MACs shall determine the contractor defined primary code(s) for each new 'CCCCC' add-on codes and make updates as determined by each MAC.		X							
14419.5	Contractors shall maintain the NCCI and AOC file formats contained in publication 100-04, Medicare Claims Processing Manual, chapter 23, section 20.9.		X							
14419.6	Contractors shall not search their files either to retract payment or to retroactively pay claims.		X							
14419.7	Contractors shall adjust claims if they are brought to their attention.		X							
14419.8	The contractors shall load the files 2-3 days prior to the effective date (including weekends), if they foresee any problems with loading the AOC files.		X							

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

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:

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

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ATTACHMENTS: 0