CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13502	**Date: December 5, 2025**
	Change Request 14291

SUBJECT: National Correct Coding Initiative (NCCI) New/Updated Add-On Code (AOC) Edit File Format and Creation of an AOC File Retrieval Process in the Multi-Carrier System (MCS) – Implementation

I. SUMMARY OF CHANGES: This 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.

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:

One Time Notification

Attachment - One-Time Notification

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I.   SUMMARY OF CHANGES: This 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.

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.

Technical Direction is used to communicate updates to the Medicare Administrative Contractors (MACs). CMS supplies an Excel spreadsheet version of the text file to assist the MACs. The text file version of the file is available on the CMS website (https://www.cms.gov/ncci-medicare/medicare-ncci-add-code-edits).

Currently, there is no MCS hard-coded system logic associated with the AOC File or claims processing. The MACs use the information from the Excel spreadsheet to manually update local audits. There is no change file to assist the MACs with identifying changes from one quarter to another.

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 codes.

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. 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	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
14291.1	The contractor shall make the necessary system changes to retrieve and process the AOC File from the CMS mainframe and load into the MCS system. Final File: MU00.@BF12372.MCR.AOC.FINAL01.Q22026						X			
14291.1.1	CMS shall use the following AOC File format: • Add-On Code Edit Type – 1 character									CMS

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	• Add-On Code – 5 characters • AOC DelDt Julian - 7 characters – Julian Date format • Primary Code – 5 characters • Primary Code DelDt – Julian – 7 characters – Julian Date format • AOC Edit EffDt – Julian – 7 characters – Julian Date format • AOC Edit DelDt – Julian – 7 characters – Julian Date format • Special Instructions/Notes – 58 characters									
14291. 1.2	CMS shall make a test version of the AOC File available to the MCS by January 31, 2026. The contractors shall, upon notification from CMS retrieve the test version of the AOC File. Test File: MU00.@BF12372.MCR.AOC.TEST01 .Q22026						X				CMS
14291. 1.3	The CMS shall provide a full replacement file.										CMS
14291. 2	The contractor shall create new on-request jobs to retrieve and process the AOC File.						X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14291.3	The contractor shall provide a compare report to identify additions and updates to the AOC File.						X			
14291.4	The contractor shall establish an MCS maintained audit, effective for dates of service on and after April 1, 2013, to identify when an Add-On procedure code is billed without an associated primary code on the same date of service by the same provider. The services may be on the same or different claims.						X			
14291.4.1	The contractor shall automatically create the subject and related code pairs for the defined add-on code pairs except for procedure codes 99291 and 99292. Do not include TOS F (ASC) procedure codes.						X			
14291.4.2	The contractor shall create a mechanism for the Part B MACs to load the subject and related code pairs for the primary codes designated on the AOC File with a value of "CCCCC."						X			
14291.4.3	The Part B MACs shall maintain local audits for procedure codes 99291 and 99292.		X							
14291.5	The contractors shall, upon notification from CMS on January 31, 2026, receive a revised AOC File to use for beta testing.									MIST
14291.6	The contractors shall, upon notification from CMS on January 31, 2026, receive a revised AOC File to use for User Acceptance Testing (UAT).		X							
14291.7	The shared system maintainer shall estimate the hours for a recurring CR						X			

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	and post them in the estimate attachment section in eChimp.									
14291.8	The Part B MACs shall discontinue use of local audits for add-on code pairs other than procedure codes 99291 and 99292.		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

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 1

Add-On Code File Enhancements
Enhanced Format
The enhanced AOC file as a Fixed-Width Text File format. The file will be available in CMS mainframe.

AOC Table Field Definitions

Fields Name	Data Type	Start	Width
Add-On Code Edit Type	Short Text	1	1
Add-On Code	Short Text	2	5
AOC DelDt-Julian	Short Text	7	7
Primary Code	Short Text	14	5
Primary Code DelDt-Julian	Short Text	19	7
AOC Edit EffDt-Julian	Short Text	26	7
AOC Edit DelDt-Julian	Short Text	33	7
Special Instruction/Notes	Short Text	40	58