

Criteria for CPT® Category II codes

Category II CPT codes: performance measurement

CPT Category II codes are supplemental tracking codes that can be used for performance measurement. The use of the tracking codes for performance measurement will decrease the need for record abstraction and chart review, and thereby minimize administrative burdens on physicians and other health care professionals.

These codes are intended to facilitate data collection about quality of care by coding certain services and/or test results that support performance measures and that have been agreed upon as contributing to good patient care. Some codes in this category may relate to compliance by the health care professional with state or federal law.

The use of these codes is optional. The codes are not required for correct coding and may not be used as a substitute for Category I codes.

Services/procedures or test results described in this category make use of alpha characters as the 5th character in the string (i.e., 4 digits followed by an alpha character). These digits are not intended to reflect the placement of the code in the regular (Category I) part of the CPT code set. Also, these codes describe components that are typically included in an evaluation and management service or test results that are part of the laboratory test/procedure. Consequently, they do not have a relative value associated with them.

Additional criteria

- Definition or purpose of the measure is consistent with its intended use (quality improvement and accountability, or solely quality improvement)
- Aspect of care measured is substantially influenced by physician work (or work of other practitioner or entity for which the code may be relevant)
- Reduces data collection burden on physicians (or other health practitioner or entity), reflects the work they perform, and is useful in physicians' practice
- Significant

- Affects a large segment of health care community
- Tied to health outcomes
- Addresses clinical conditions of high prevalence, high costs, high risks
- Evidence-based
 - Agreed upon
 - Definable
 - Measurable
- Risk adjustment specifications and instructions for all outcome measures submitted or compelling evidence as to why risk adjustment is not relevant
- Sufficiently detailed to make it useful for multiple purposes
- Facilitates reporting of performance measure(s)
- Inclusion of select patient history, testing (e.g., glycohemoglobin), other process measures, cognitive or procedure services within CPT, or physiologic measures (e.g., blood pressure) to support performance measurements
- Performance measure development process includes
 - Nationally recognized expert panel
 - Multidisciplinary
 - Vetting process

Category II tracking codes

Tracking codes for performance measurement are released 3 times yearly following approval of the panel minutes after each Editorial Panel meeting (March 15th, July 15th and Nov. 15th) on the AMA CPT Category II Codes page and published annually in the CPT book as part of the general CPT code set.

CPT® Category II Codes Alphabetical Clinical Topics Listing Feb. 12, 2016 (PDF)

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