



CPT® Category II Codes

The following codes are an excerpt of the Current Procedural Terminology (CPT®) Category II code set that were most recently approved by the CPT Editorial Panel.

These codes are provided to identify and distinguish those codes that were added to the Category II code set since the latest printing of the CPT codebook (CPT 2016).

Therefore, the codes noted within this Web listing will include only those codes that are not listed in the latest edition of the CPT codebook. For a complete list of all of the existing Category II codes, this list should be appended to the codes in the latest edition of the CPT code set.

Similar to the symbol conventions in the CPT codebook, new procedure numbers added to the code set are identified throughout the text with the symbol ● placed before the code number. In instances where a code revision has resulted in a substantially altered procedure descriptor, the symbol ▲ is placed before the code number. The symbols ►◄ are used to indicate new and revised text other than the procedure descriptors. These symbols indicate CPT Editorial Panel actions. The AMA reserves the right to correct typographical errors and make stylistic improvements.

Within this document, the term “release date” is intended to identify the date of publication (via the website) of the noted change by the American Medical Association

Footnotes

¹ Physician Consortium for Performance Improvement, www.physicianconsortium.org

² National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org

³ Joint Commission on Accreditation of Healthcare Organizations (JCAHO), ORYX Initiative Performance Measures, www.jointcommission.org/performance_measurement.aspx

⁴ National Diabetes Quality Improvement Alliance (NDQIA), www-nehc.med.navy.mil/bumed/diabetes/document%20folders/diabetes/cpg/dqia.msrs.pdf

⁵ Joint measure from The Physician Consortium for Performance Improvement, www.physicianconsortium.org and National Committee on Quality Assurance (NCQA), www.ncqa.org

⁶ The Society of Thoracic Surgeons, www.sts.org, National Quality Forum, www.qualityforum.org

⁷ Ingenix, www.ingenix.com

⁸ American Academy of Neurology, www.aan.com/go/practice/quality/measurements or quality@aan.com

⁹ College of American Pathologists (CAP), www.cap.org/apps/docs/advocacy/pathology_performance_measurement.pdf

¹⁰ American Gastroenterological Association (AGA), www.gastro.org/quality

►¹¹ American Society of Anesthesiologists, www.asahq.org ◄



(AMA). The term “implementation date” is intended to denote the date the code may be officially reported to identify the service provided. Please note that payers may use the term “implementation date” or “effective date” to specify the start date for use of a code in a designated program (eg, PQRS). Start dates may vary from payer to payer and may differ from the AMA implementation dates. Therefore, check with the payer for specific payer information regarding use of these codes as part of any program.

The asterisk (*) symbol is used for Category II code Web postings to indicate the codes that have been changed since the original listing on the AMA website prior to inclusion within the CPT codebook. When the asterisk symbol is used, the added and/or deleted code, text change, or other noted revision will be underlined (eg, underlined), strikethroughs (eg, ~~strike-throughs~~), or bowties (eg, ►◄). The posting date of the revision, as well as the date of implementation for the change (ie, date of inclusion for the change as part of the CPT code set), will also be included in the table. In addition, the date that the new change will appear in the CPT codebook is included in the last column of the table. The asterisk symbol will be appended to each listed item to indicate a change from previously posted information.

Category II Codes

The following section of the CPT code set contains a set of supplemental tracking codes

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that can be used for performance measurement. It is anticipated that the use of Category II codes for performance measurement will decrease the need for record abstraction and chart review, thereby, minimizing administrative burden on physicians, other health care professionals, hospitals, and entities seeking to measure the quality of patient care. These codes are intended to facilitate data collection about the quality of care rendered by coding certain services and test results that support nationally established performance measures and that have an evidence base as contributing to quality patient care.

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.

These codes describe clinical components that may be typically included in evaluation and management services or clinical services and, therefore, do not have a relative value associated with them. Category II codes may also describe results from clinical laboratory or radiology tests and other procedures, identified processes intended to address patient safety practices, or services reflecting compliance with state or federal law.

Category II codes described in this section make use of alphabetical characters as the 5th character in the string (ie, 4 digits followed by the letter **F**). These digits are not

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intended to reflect the placement of the code in the regular (Category I) part of the CPT code set. To promote understanding of these codes and their associated measures, users are referred to the Alphabetical Clinical Topics Listing, which contains information about performance measurement exclusion modifiers, measures, and the measures' source(s).

Composite Measures	0001F-0015F
Patient Management	0500F-0584F
Patient History.	1000F-1505F
Physical Examination	2000F-2060F
Diagnostic/Screening Processes or Results	3006F-3776F
Therapeutic, Preventive or Other Interventions	4000F-4563F
Follow-up or Other Outcomes	5005F-5250F
Patient Safety	6005F-6150F
Structural Measures	7010F-7025F
Non-Measure Claims Based Reporting	9001F-9007F

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Composite Codes

No new codes for this section at this time.

Patient Management

No new codes for this section at this time.

Patient History

No new codes for this section at this time.

Diagnostic/Screening Processes or Results

No new codes for this section at this time.

Therapeutic, Preventive, or Other Interventions

▲4151F	Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period (HEP-C) ¹	Released: February 25, 2016 Implemented: July 1, 2016	First Appearance of revision in CPT codebook: CPT 2017
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Follow-up or Other Outcomes

No new codes for this section at this time.

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Patient Safety

No new codes for this section at this time.

Structural Measures

No new codes for this section at this time.

Non-Measure Code Listing

No new codes for this section at this time.

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