



Update to list of Category II Codes dated April 1, 2011

Please note: The following list of Category II codes has been added to the Web to allow a posting of the latest Category II codes developed. This listing of Category II codes is intended to identify those codes that have been added to the Category II coding set since the latest printing of the CPT coding manual (CPT 2011). Therefore, the codes noted within this Web listing will include only those codes that are not listed in the latest edition of the CPT coding manual. For a complete listing of all existing Category II codes, this listing should be appended to the codes included in the latest edition of the CPT coding manual.

As is utilized in the CPT coding manual, a bullet (●) precedes code additions while a triangle/delta symbol (▲) precedes revised codes.

Within this document, the term “release date” is intended to identify the date of publication of the noted change by the American Medical Association (AMA). The term “implementation date” is intended to identify the date that the change officially becomes a part of the CPT code set. 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, PQRI). 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 “*” symbol is used for Category II code web postings to notate codes that have been changed since the original listing on the AMA Web site prior to inclusion within the CPT Codebook. When this symbol is listed, the added or deleted code, text change, or other noted revision will be presented with underling (eg, underlining), strike throughs (eg, ~~strike-throughs~~), or bow ties (eg, ►◄). In addition, 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. Finally, the date that the new change will appear in the CPT Codebook is also included in the table in the last column. The “*” symbol will be appended to each part of the listing that reflects a change from the previously posted information.

Category II Codes

The following section of *Current Procedural Terminology (CPT)* contains a set of supplemental tracking codes 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

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.jcaho.org/pms

⁴ National Diabetes Quality Improvement Alliance (NDQIA), www.nationaldiabetesalliance.org

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, <http://www.sts.org>, National Quality Forum, <http://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 Pathology (CAP), www.cap.org/apps/docs/advocacy/pathology_performance_measurement.pdf ◀



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 intended to reflect the placement of the code in the regular (Category I) part of the CPT codebook. 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-0575F
Patient History.	1000F-1220F
Physical Examination	2000F-2060F
Diagnostic/Screening Processes or Results	3006F-3650F
Therapeutic, Preventive or Other Interventions	4000F-4340F
Follow-up or Other Outcomes	5005F-5200F
► Patient Safety	6005F-6100F ◀
Structural Measures	7010F-7025F

Composite Codes

No new codes for this section at this time.

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.jcaho.org/pms
- ⁴ National Diabetes Quality Improvement Alliance (NDQIA), www.nationaldiabetesalliance.org
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- ⁶ The Society of Thoracic Surgeons, <http://www.sts.org>, National Quality Forum, <http://www.qualityforum.org>
- ⁷ Ingenix, www.ingenix.com
- ⁸ American Academy of Neurology, www.aan.com/go/practice/quality/measurements or quality@aan.com
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Patient Management

●0550F	Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH) ⁹	Released: April 1, 2011 Implemented: July 1, 2011	First Appearance of revision in CPT Coding Manual: CPT 2012
●0551F	Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH) ⁹	Released: April 1, 2011 Implemented: July 1, 2011	First Appearance of revision in CPT Coding Manual: CPT 2012

Patient History

1125F *Pain severity quantified; pain present (COA)²(ONC)¹*

1126F *no pain present (COA)²(ONC)¹*

~~(Codes 1127F and 1128F have been
deleted)~~

Released:
April 1, 2011
Implemented:
July 1, 2011
First Appearance
of revision in CPT
Coding Manual:
CPT 2012

○1127F	New episode for condition (NMA – No Measure Associated)	Released: April 1, 2011 Implemented: July 1, 2011	First Appearance of revision in CPT Coding Manual: CPT 2012
○1128F	Subsequent episode for condition (NMA – No Measure Associated)	Released: April 1, 2011 Implemented: July 1, 2011	First Appearance of revision in CPT Coding Manual: CPT 2012

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⁴ National Diabetes Quality Improvement Alliance (NDQIA), www.nationaldiabetesalliance.org

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⁶ The Society of Thoracic Surgeons, <http://www.sts.org>, National Quality Forum, <http://www.qualityforum.org>

⁷ Ingenix, www.ingenix.com

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

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Physical Examination

No new codes for this section at this time.

Diagnostic/Screening Processes or Results

Diagnostic/screening processes or results codes describe results of tests ordered (clinical laboratory tests, radiological or other procedural examinations, and conclusions of medical decision-making).

●3125F	Esophageal biopsy report with statement about dysplasia (present, absent, or indefinite) (PATH) ^{1,9}	Released: April 1, 2011 Implemented: July 1, 2011	First Appearance of revision in CPT Coding Manual: CPT 2012
●3267F	Pathology report includes pT category, pN category, Gleason score and statement about margin status (PATH) ⁹	Released: April 1, 2011 Implemented: July 1, 2011	First Appearance of revision in CPT Coding Manual: CPT 2012
●3394F	Quantitative HER2 Immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH) ⁹	Released: April 1, 2011 Implemented: July 1, 2011	First Appearance of revision in CPT Coding Manual: CPT 2012
●3395F	Quantitative non-HER2 Immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed (PATH) ⁹	Released: April 1, 2011 Implemented: July 1, 2011	First Appearance of revision in CPT Coding Manual: CPT 2012

Follow-up or Other Outcomes

No new codes for this section at this time.

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



Patient Safety

- 6100F Timeout to verify correct patient, correct site, and correct procedure, documented (PATH)⁹

Released:
April 1, 2011

Implemented:
July 1, 2011

First Appearance
of revision in CPT
Coding Manual:

CPT 2012

Structural Measures

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