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 underlining (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
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

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(Last Updated 04-01-11)
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).

<table>
<thead>
<tr>
<th>Composite Measures</th>
<th>0001F-0015F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Management</td>
<td>0500F-0575F</td>
</tr>
<tr>
<td>Patient History</td>
<td>1000F-1220F</td>
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<tr>
<td>Physical Examination</td>
<td>2000F-2060F</td>
</tr>
<tr>
<td>Diagnostic/Screening Processes or Results</td>
<td>3006F-3650F</td>
</tr>
<tr>
<td>Therapeutic, Preventive or Other Interventions</td>
<td>4000F-4340F</td>
</tr>
<tr>
<td>Follow-up or Other Outcomes</td>
<td>5005F-5200F</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>6005F-6100F</td>
</tr>
<tr>
<td>Structural Measures</td>
<td>7010F-7025F</td>
</tr>
</tbody>
</table>

**Composite Codes**

No new codes for this section at this time.

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**Footnotes**

1 Physician Consortium for Performance Improvement, [www.physicianconsortium.org](http://www.physicianconsortium.org)
2 National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), [www.ncqa.org](http://www.ncqa.org)
3 Joint Commission on Accreditation of Healthcare Organizations (JCAHO), ORYX Initiative Performance Measures, [www.jcaho.org/pms](http://www.jcaho.org/pms)
4 National Diabetes Quality Improvement Alliance (NDQIA), [www.nationaldiabetesalliance.org](http://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](http://www.ncqa.org)
7 Ingenix, [www.ingenix.com](http://www.ingenix.com)
8 American Academy of Neurology, [www.aan.com/go/practice/quality/measurements or quality@aan.com](http://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](http://www.cap.org/apps/docs/advocacy/pathology_performance_measurement.pdf)

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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

(Code 1127F and 1128F have been deleted)

Released: April 1, 2011
Implemented: July 1, 2011

First Appearance of revision in CPT Coding Manual:
CPT 2012

O1127F  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

O1128F  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
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).*

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

Follow-up or Other Outcomes
No new codes for this section at this time.

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

No new codes for this section at this time.