

Frequently Asked Questions: CPT Category II Codes

Current Procedural Terminology (CPT) Category II codes are supplemental tracking codes used to measure performance. It is anticipated the use of CPT II codes will eventually decrease medical record abstraction and chart review, thereby minimizing the administrative burden on providers and other entities measuring quality of care. This *Medical Office Notes* answers your frequently asked questions about CPT II codes.

What is the Purpose of CPT II Codes?

CPT II codes help define nationally established performance measures by facilitating data collection regarding the quality of care rendered.

CPT II codes describe:

- Clinical components, such as those typically included in evaluation, management, or other clinical services;
- 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.

How Do I Identify a CPT II Code?

CPT II codes contain five characters – the first four numerical characters are followed by an alphabetical fifth character, the letter ‘F’. Currently, this set of codes contains the following sub-categories:

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| • Composite Measures | 0001F – 0015F |
| • Patient Management | 0500F – 0575F |
| • Patient History | 1000F – 1220F |
| • Physical Examination | 2000F – 2050F |
| • Diagnostic/Screening Processes or Results | 3006F – 3573F |
| • Therapeutic, Preventive, or Other Interventions | 4000F – 4306F |
| • Follow-Up or Other Outcomes | 5005F – 5100F |
| • Patient Safety | 6005F – 6045F |
| • Structural Measures | 7010F – 7025F |

Am I Required to Use CPT II Codes?

In general, the use of CPT II codes is optional and they are not required for correct coding. However, a **CPT II code may be required for the adjudication of a claim for other services**. For example, Passport Health Plan only covers medical nutrition therapy services when submitted in conjunction with CPT II code 3008F, indicating a BMI was documented.

CPT II codes may not be used as a substitute for Category I codes. Because these codes describe clinical components typically included in evaluation and management or clinical services, they are not associated with any relative value. Therefore, CPT II codes may be billed with a \$0.00 billable charges or \$0.00 charge amount.

Other Important Information

Category II codes will be published biannually on the first of the month in January and July. For more information, the most current list of codes, and recent guidelines, visit www.ama-assn.org/go/cpt.

If you have questions about this communication, please contact your Provider Relations representative or the Provider Relations department at (502) 585-7943.

Source: The American Medical Association (AMA) web site: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt/category-ii-codes.shtml>. Accessed 2010.

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