



## CPT® Category II Codes

### Most recent changes to the CPT® Category II Codes document

- **Removal of the superscript “4” reference to National Diabetes quality Improvement Alliance (NDQIA), [www.nationaldiabetesalliance.org](http://www.nationaldiabetesalliance.org) from 3072F**
- **Addition of the term “Baseline” to 3170F to match the measure for which this code is used (see the [Alphabetical Clinical Topics Listing for the measure\(s\) that uses 3170F](#))**

The AMA has heard from a number of stakeholders regarding the interruptions that have been caused by the deletion of a Category II code mid-year. Therefore, the following revisions have been made to the CPT Category II release schedule for the following codes included in the CPT 2020 code set:

- **Modified the effective date for the deletion of CPT code 3045F from October 1, 2019 to January 1, 2020.**
- **Modified the effective date of the new codes 3051F and 3052F from October 1, 2019 to January 1, 2020.**

**The following codes** are an excerpt of the Current Procedural Terminology (CPT®) Category II codes 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 2020). 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 “release” date is intended to identify the date of publication

#### Footnotes

<sup>1</sup>Physician Consortium for Performance Improvement (PCPI), [www.physicianconsortium.org](http://www.physicianconsortium.org)

<sup>2</sup>National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), [www.ncqa.org](http://www.ncqa.org)

<sup>3</sup>The Joint Commission, <https://www.jointcommission.org>

<sup>4</sup>National Diabetes Quality Improvement Alliance (NDQIA), <http://www-nhc.med.navy.mil/bumed/diabetes/document%20folders/diabetes/cpg/dqia.msrs.pdf>

<sup>5</sup>Joint measure from The Physician Consortium for Performance Improvement (PCPI), [www.physicianconsortium.org](http://www.physicianconsortium.org) and National Committee on Quality Assurance (NCQA), [www.ncqa.org](http://www.ncqa.org)

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

<sup>7</sup>Ingenix, [www.ingenix.com](http://www.ingenix.com)

<sup>8</sup>American Academy of Neurology (AAN), [www.aan.com/go/practice/quality/measurements](http://www.aan.com/go/practice/quality/measurements) or [quality@aan.com](mailto:quality@aan.com)

<sup>9</sup>College of American Pathologists (CAP), [www.cap.org/apps/docs/advocacy/pathology\\_performance\\_measurement.pdf](http://www.cap.org/apps/docs/advocacy/pathology_performance_measurement.pdf)

<sup>10</sup>American Gastroenterological Association (AGA), [www.gastro.org/quality](http://www.gastro.org/quality)

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(via the website) of the noted change by the American Medical Association (AMA). The “effective” 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, MIPS). Start dates may vary from payer to payer and may differ from the AMA effective 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 effective date 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 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

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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 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).

Cross-references to the measures associated with each Category II code and their source are included for reference in the Alphabetical Clinical Topics Listing. In addition, acronyms for the related diseases or clinical condition(s) have been added at the end of each code descriptor to identify the topic or clinical category in which that code is included. A complete listing of the diseases/clinical conditions, and their acronyms are provided in alphabetical order in the Alphabetical Clinical Topics Listing. The Alphabetical Clinical Topics Listing can be accessed on the website at [https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cpt/cpt-cat2-codes-alpha-listing-clinical-topics\\_0.pdf](https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/cpt/cpt-cat2-codes-alpha-listing-clinical-topics_0.pdf). Users should review the complete measure(s) associated with each code prior to implementation.

Requests for Category II CPT codes will be reviewed by the CPT/HCPAC Advisory Committee just as requests for Category I CPT codes are reviewed. In developing new and revised performance measurement codes, requests for codes are considered from:

- measurements that were developed and tested by a national organization;
- evidenced-based measurements with established ties to health outcomes;
- measurements that address clinical conditions of high prevalence, high risk, or high cost; and
- well-established measurements that are currently being used by large segments of the health care industry across the country.

In addition, all of the following are required:

- 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 the physician (or other qualified health care professional or entity for which the code may be relevant)
- Reduces data collection burden on physicians (or other qualified health care professional or entities)
- Significant

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- 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 (eg, glycohemoglobin), other process measures, cognitive or procedure services within CPT, or physiologic measures (eg, blood pressure) to support performance measurements
- Performance measure-development process that includes
  - Nationally recognized expert panel
  - Multidisciplinary
  - Vetting process

The most current listing of Category II codes, including guidelines, code change application forms, and release and effective dates for Category II codes may be accessed at <https://www.ama-assn.org/practice-management/cpt/category-ii-codes>. The superscripted numbers included at the end of each code descriptor direct users to the measure developers that are associated with these footnotes, whose names and Web addresses are listed in the footer below.

Composite Measures . . . . .	0001F-0015F
Patient Management . . . . .	0500F-0584F

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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

### Composite Codes

No revisions for this section at this time.

### Patient Management

No revisions for this section at this time.

### Patient History

No revisions for this section at this time.

### Physical Examination

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No revisions for this section at this time.

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## Diagnostic/Screening Processes or Results

	<u>▶(3045F has been deleted. To report control of HbA1c, see 3051F, 3052F)◀</u>	Released: July 1, 2019	First Appearance of revision in CPT codebook:
		Effective: <del>October 1, 2019</del> <u>January 1, 2020</u>	<b>CPT 2020</b>
#●3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) <sup>2</sup>	Released: July 1, 2019	First Appearance of revision in CPT codebook:
		Effective: <del>October 1, 2019</del> <u>January 1, 2020</u>	<b>CPT 2020</b>
#●3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM) <sup>2</sup>	Released: July 1, 2019	First Appearance of revision in CPT codebook:
		Effective: <del>October 1, 2019</del> <u>January 1, 2020</u>	<b>CPT 2020</b>
3046F	<i>Most recent hemoglobin A1c level greater than 9.0% (DM)<sup>4</sup></i>		
	<u>▶(To report most recent hemoglobin A1c level less than or equal to 9.0%, see codes 3044F, <del>3045F</del>3051F, 3052F)◀</u>	Released: July 1, 2019	First Appearance of revision in CPT codebook:
		Effective: <del>October 1, 2019</del> <u>January 1, 2020</u>	<b>CPT 2020</b>
3072F	<i>Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM) <sup>2,4</sup></i>	Released: July 1, 2019	First Appearance of revision in CPT codebook:
		Effective: October 1, 2019	<b>CPT 2020</b>

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▲3170F Baseline Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)<sup>1</sup>

Released:  
February 1, 2020  
Effective:  
May 1, 2020

First Appearance  
of revision in CPT  
codebook:  
**CPT 2021**

### Therapeutic, Preventive, or Other Interventions

No revisions for this section at this time.

### Follow-up or Other Outcomes

No revisions for this section at this time.

### Patient Safety

No revisions for this section at this time.

### Structural Measures

No revisions for this section at this time.

### Non-Measure Code Listing

No revisions for this section at this time.

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