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, and thereby minimize 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 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 measure's source.

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 www.ama-assn.org, under the Category II link. 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
  - 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

See the Introduction section of the CPT code set for a complete list of the dates of release and implementation.

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 below.

►1. For more information on measures developed by the Physician Consortium for Performance Improvement (PCPI), see the appropriate payer website.
2. National Committee on Quality Assurance (NCQA), Health Employer Data Information Set (HEDIS®), www.ncqa.org.
3. The Joint Commission (TJC), https://www.jointcommission.org.
4. For more information on measures developed by the National Diabetes Quality Improvement Alliance (NDQIA), see the appropriate payer website.
5. For more information on measures developed as joint measures from Physician Consortium for Performance Improvement (PCPI) and the National Committee on Quality Assurance (NCQA), visit the NCQA website at www.ncqa.org.
6. The Society of Thoracic Surgeons at www.sts.org and National Quality Forum, www.qualityforum.org.
7. Optum, www.optum.com.
8. American Academy of Neurology, https://www.aan.com/practice/quality-measures or quality@aan.com.
9. College of American Pathologists (CAP), https://www.cap.org/advocacy/quality-payment-program-for-pathologists/mips-for-pathologists/2023-pathology-quality-measures.
10. American Gastroenterological Association (AGA), www.gastro.org/quality.
11. American Society of Anesthesiologists (ASA), www.asahq.org.
12. American College of Gastroenterology (ACG), www.gi.org; American Gastroenterological Association (AGA), www.gastro.org; and American Society for Gastrointestinal Endoscopy (ASGE), www.asge.org.◄

Modifiers

The following performance measurement modifiers may be used for Category II codes to indicate that a service specified in the associated measure(s) was considered but, due to either medical, patient, or system circumstance(s) documented in the medical record, the service was not provided. These modifiers serve as denominator exclusions from the performance measure. The user should note that not all listed measures provide for exclusions (see Alphabetical Clinical Topics Listing for more discussion regarding exclusion criteria).

Category II modifiers should only be reported with Category II codes—they should not be reported with Category I or Category III codes. In addition, the modifiers in the Category II section should only be used where specified in the guidelines, reporting instructions, parenthetic notes, or code descriptor language listed in the Category II section (code listing and the Alphabetical Clinical Topics Listing).

1P Performance Measure Exclusion Modifier due to Medical Reasons

Reasons include:

- Not indicated (absence of organ/limb, already received/performed, other)
- Contraindicated (patient allergic history, potential adverse drug interaction, other)
- Other medical reasons

2P Performance Measure Exclusion Modifier due to Patient Reasons

Reasons include:

- Patient declined
- Economic, social, or religious reasons
- Other patient reasons

3P Performance Measure Exclusion Modifier due to System Reasons

Reasons include:

- Resources to perform the services not available
- Insurance coverage/payor-related limitations
- Other reasons attributable to health care delivery system

Modifier 8P is intended to be used as a "reporting modifier" to allow the reporting of circumstances when an action described in a measure's numerator is not performed and the reason is not otherwise specified.

8P Performance measure reporting modifier–action not performed, reason not otherwise specified