CPT Category II Codes Guide

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.

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'.

The current set of CPT II codes contains the following sub-categories:

- 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   7010F – 7025F

What are they? CPT Category II Codes are reporting codes that relay important information to the health plan. This information can close quality care gaps related to specific health outcome measures.

Why are they Important? CPT Category II codes should be submitted in conjunction with CPT or other codes used for billing and will decrease the need for record abstraction and chart reviews, minimizing your administrative burden.

How to bill CPT Category II Codes: CPT Category II codes are billed in the procedure code field, just as CPT category I codes are billed. CPT Category II codes describe clinical components usually included in evaluation and management or clinical services and are not associated with any relative value. Therefore, CPT Category II codes are billed with a $0.00 or $0.01 billable charge amount.

Where can I find a list of CPT II Codes?

CPT II codes are released annually as part of the full CPT code set and are updated semi-annually in January and July by the AMA. The current listing of CPT II codes can be found on the AMA Web site at: https://www.ama-assn.org/practice-management/cpt/category-ii-codes.

If your office requires any clarification regarding the use of Category II Codes, please contact your Provider Relations representative if you have additional questions.