



13th Annual WEDI National Conference

Session H

Coding in an Electronic Environment

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Definition of CPT Category II Codes

- ◆ Supplemental, optional codes
- ◆ Based on nationally established clinical performance measures
- ◆ Used to track services and procedures that contribute to positive health outcomes and quality patient care



Why develop tracking codes?

- ◆ To facilitate consistent data collection on evidence-based performance measures from administrative data, rather than from labor-intensive chart review.



Who guides development of these codes?

The CPT Editorial Panel
&
**The Performance Measures
Advisory Group (PMAG)**



Performance Measurement Advisory Group (PMAG)

- ◆ William B. Baine, MD (AHRQ)
- ◆ Laurie Feinberg, MD (CMS)
- ◆ Ronald A. Gabel, MD (Consortium)
- ◆ Gregory Pawlson, MD, MPH (NCQA)
- ◆ Sam J.W. Romeo, MD, MBA (Consortium)
- ◆ Paul M. Schyve, MD (JCAHO)
- ◆ Michael Beebe (AMA - CPT)
- ◆ Andrew Chang (JCAHO)
- ◆ Jean Narcisi (AMA - CPT)
- ◆ DeHandro Hayden (AMA - CPT)
- ◆ Sylvia Publ (AMA - Consortium)
- ◆ Phil Renner (NCQA)

Role of the PMAG

- ◆ Develop codes for evidence-based measures submitted by national organizations.
- ◆ When multiple organizations submit similar measures, verify that those organizations have achieved consensus on definitions and data elements to be collected.



Role of the PMAG (cont'd)

- ◆ Create a CPT Category II code for each approved measure to facilitate and encourage widespread use of the measure and ease of reporting.
- ◆ Ensure that each Category II code is designed to meet the data needs of all organizations and practitioners to whom it is relevant.



Review Criteria for Code Proposals

- ◆ PMAG considers code proposals for measures submitted by national health care organizations that document:
 - an evidence-based process for measures development;
 - a multidisciplinary review process to achieve consensus among all constituents of the respective organizations, including internal and public comment processes;
 - testing to confirm feasibility of measures.



Measure Characteristics Considered

- ◆ Aspects of care measured must be within the control of the physician (or other practitioner or entity) to whom the code may be relevant.
- ◆ Definition of the measure must be consistent with its intended use (quality improvement and accountability, or quality improvement alone).



Operational Issues in Cat. II Code Development

- ◆ Codes for process measures are being developed first, because outcome measures require risk adjustment, a science that is not yet well established.
- ◆ Code descriptors contain the measure's inclusion and exclusion criteria.
- ◆ Category II codes will be cross-referenced to a description of their associated measures in the CPT manual.



Operational Issues (cont'd)

Priority (and challenge) for code development:

- ◆ Measures in current use
- ◆ Measures perceived as being needed for public reporting
- ◆ Some measures may not be considered necessary for CPT Category II coding

(e.g., some utilization measures or services already coded in CPT as Category I codes)



Operational Issues (cont'd)

- ◆ Consolidation of slightly different measures into a uniform Category II code
- ◆ Code consolidation may not be possible if measures covering the same aspect of care differ significantly in their data elements.



Example of a Process Measure

◆ Blood Pressure Measurement

Numerator: Patients in the denominator who had a blood pressure measurement during the last office visit

Denominator: All patients with chronic stable coronary artery disease

Exclusion: None



Example of a Cat II Code

◆ **2000F Blood pressure measured**



Arrangement of CPT Category II Codes

- ◆ Composite/Panel Measures: **0000F-0999F**
- ◆ Patient History: **1000F-1999F**
- ◆ Physical Examination: **2000F-2999F**
- ◆ Diagnostic/Screening Processes & Results: **3000F-3999F**
- ◆ Therapeutic, Preventive & Other Interventions: **5000F-5999F**
- ◆ Follow-up and Other Outcomes: **7000F-7999F**
- ◆ Patient Safety: **8000F-8999F**
- ◆ Future Use: **4000F-4999F, 6000F-6999F, 9000F-9999F**



PMAG Work To Date

Developed Codes for:

- ◆ 11 measures – *Coronary Artery Disease*

In Development:

- ◆ 19 measures - *Prenatal Care*
- ◆ 2 measures - *Hypertension*
- ◆ 16 measures – *Heart Failure*

Pending Further Discussion:

- ◆ 13 measures - *Diabetes*
- ◆ 36 measures – *NCQA*



Implementing CPT Category II Codes

- ◆ Information derived from standardized codes for data elements described in established performance measures may be used by any practice, hospital, or health plan to track the quality of care delivered to its patients.



Web Resources on Measures

- ◆ **AHRQ – National Quality Measures Clearinghouse**
www.qualitymeasures.ahrq.gov
- ◆ **AMA – Physician Consortium for Performance Improvement** www.ama-assn.org/go/quality
- ◆ **CPT** – www.ama-assn.org/go/cpt
- ◆ **CMS** – www.cms.hhs.gov/quality



Web Resources on Measures (cont'd)

- ◆ JCAHO – www.jcaho.org
- ◆ NCQA – www.ncqa.org
- ◆ NQF – National Quality Forum
www.qualityforum.org
- ◆ RAND Health –
www.rand.org/health/researchareas/quality