



Reporting the HCPCS Level II Modifiers of the Patient Relationship Categories and Codes

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Implementation Date: August 12, 2019

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11259 advises and provides educational information regarding reporting of the HCPCS Level II code modifiers for the Patient Relationship Categories and Codes (PRC). CR 11259 contains advice and educational information for MACs and clinicians reporting the PRC. Make sure your billing staffs are aware of this information.

BACKGROUND

Section 1848(r)(3) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires the development of PRC codes to help the attribution of patients and episodes to one or more physicians or applicable practitioners (clinicians) for purposes of cost measurement. Section 1848(r)(4) of the Act requires clinicians, as determined appropriate by the Secretary, to include the applicable PRC codes on claims for items and services furnished on or after January 1, 2018.

During this initial period of implementation, reporting of the PRC on claims is voluntary. In the future, it will be mandatory and tied to cost measures preceded by rulemaking. As of January 1, 2018, Medicare Part B Merit-Based Incentive Payment System (MIPS)-eligible clinicians may now report their patient relationships on Medicare claims using the PRC codes.

Below is the description of the PRC Code Modifiers X1, X2, X3, X4 and X5:

- X1 - Continuous/Broad services = For reporting services by clinicians who provide the principal care for a patient, with no planned endpoint of the relationship
- X2- Continuous/Focused services = For reporting services by clinicians whose expertise is needed for the ongoing management of a chronic disease or a condition that needs to be managed and followed for a long time.
- X3 -Episodic/Broad services = For reporting services by clinicians who have broad responsibility for the comprehensive needs of the patients, that is limited to a defined period and circumstance, such as a hospitalization.
- X4 - Episodic/Focused services = For reporting services by specialty focused clinicians who provide time-limited care. The patient has a problem, acute or chronic, that will be treated with surgery, radiation, or some other type of generally time-limited intervention.
- X5 - Only as Ordered by Another Clinician = For reporting services by a clinician who furnishes care to the patient only as ordered by another clinician. This patient relationship category is reported for patient relationships that may not be adequately captured in the four categories described above.

These categories encompass different scenarios. Information materials on requirements, scenarios and reporting of these code modifiers is available at <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/value-based-programs/macra-mips-and-apms/macra-feedback.html>.

The Centers for Medicare & Medicaid Services (CMS) has several goals for the voluntary reporting period:

- For clinicians to gain familiarity with the categories and experience submitting the codes
- To collect data on the use and submission of the codes for analyses to inform the potential future use of these codes in cost measure attribution methodology in the Quality Payment Program

The codes are currently in a **voluntary reporting period**. Whether and how the codes are reported on claims will not affect Medicare reimbursement. For now, the modifiers have no impact on beneficiaries.

Reporting of these modifiers will be mandatory in the near future and CMS advises clinicians to participate during the voluntary reporting period to ease transition.

ADDITIONAL INFORMATION

The official instruction, CR 11259, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R2300OTN.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
May 16, 2019	Initial article released.

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