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The Importance of Patient Relationship Categories and Codes (PRC)

January 30, 2020

Patient Relationship Categories and Codes (PRC) were established to help attribute patients and care episodes to physicians and other clinicians for measuring cost, particularly in the Quality Payment Program. Beginning in 2020, voluntarily reporting PRC on claims may count toward the Improvement Activity performance category of MIPS for the 2020 performance year.

HCPCS Level II code modifiers:

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.

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Table 6: Patient Relationship Categories for Team-based Clinicians

Service	Clinician Type	Category	Rationale
Management of Hypertension, Diabetes, and Atrial Fibrillation; Routine Health Maintenance	Nurse Practitioner	X1	Ongoing, broad care
Management of Atrial Fibrillation	Cardiologist	X2	Ongoing, specialized care
Diabetic Foot Screening	Podiatrist	X2	Ongoing, specialized care
Diabetic Retinopathy Screening	Ophthalmologist	X2	Ongoing, specialized care

What is the value of reporting patient relationships for clinicians?

The patient relationship categories and codes provide an opportunity for clinicians to self identify their relationship with and responsibility for a patient at the time of furnishing an item or service. Reporting patient relationships is intended to improve the accuracy of attributing episodes to clinicians, if the patient relationship codes are incorporated into the attribution methodology for episode-based cost measures in the future.

Team-Based Care Example

Scenario	Patient Relationships
Patient Traoré has hypertension, diabetes, and atrial fibrillation. She sees a ***cardiologist*** regularly for her atrial fibrillation.	***Continuous/Focused – X2***
She sees a ***podiatrist*** for foot checks.	***Continuous/Focused – X2***
She also sees an ***ophthalmologist*** for eye exams, given her diabetes.	***Continuous/Focused – X2***
Her ***nurse practitioner*** coordinates with the cardiologist, podiatrist, and ophthalmologist as part of her routine health maintenance.	***Continuous/Broad – X1***

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CMS does have 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.