

## Patient Relationship Categories and Codes

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 instructed CMS to create Patient Relationship Categories and Codes as a tool to more accurately attribute resource use and care episodes to clinicians who serve patients in different roles as part of the assessment of the cost of care. CMS is allowing voluntary reporting of the new patient relationship categories in 2018 by way of newly developed modifiers. However, CMS has provided few details on how each of the finalized patient relationship codes would be used to attribute patients and allocate costs to reporting clinicians.

### Episode-based Cost Measures

Patient relationship category modifiers (see Table 1) can be used in a variety of settings, but are primarily intended for use in episode-based cost measures currently under development but not yet finalized by CMS. In combination with the episodic cost measures, patient relationship codes will allow attributions of separate portions of care episodes across multiple different physicians. Eight episode-based cost measures have been developed and field tested (Table 2), but these measures will not contribute to the Cost category in MIPS for 2018. Thus, it is unclear how the patient relationship modifiers would be used without any finalized episodes to which they would be appended. In addition, it is unclear how CMS would use the data collected to determine any revisions to the categories or cost allocations to providers in the future.

**TABLE 1**

<b>HCPCS Modifier</b>	<b>Patient Relationship Categories</b>
<b>X1</b>	Continuous/broad services
<b>X2</b>	Continuous/focused services
<b>X3</b>	Episodic/broad services
<b>X4</b>	Episodic/focused services
<b>X5</b>	Only as ordered by another clinician

The new modifiers will go into effect on January 1, 2018. During the initial period of implementation, physicians will be able to voluntarily report with the modifier.

**Table 2**

<b>Episode-based Cost Measures Currently Under Development but Not Effective for 2018:</b>
1. Elective Outpatient Percutaneous Coronary Intervention (PCI)
2. Knee Arthroplasty
3. Revascularization for Lower Extremity Chronic Critical Limb Ischemia
4. Routine Cataract Removal with Intraocular Lens (IOL) Implantation
5. Screening/Surveillance Colonoscopy
6. Intracranial Hemorrhage or Cerebral Infarction
7. Simple Pneumonia with Hospitalization
8. ST-Elevation Myocardial Infarction (STEMI) with PCI



## **Society Recommendation**

Given the uncertainty in how the patient relationship categories and codes will be implemented, the ACR, AHRA and RBMA recommend no codes be appended to claims in 2018. We will keep you posted on further details as they arise.

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