## **X5**

DIAGNOSTIC SERVICES REQUESTED BY ANOTHER CLINICIAN: FOR REPORTING SERVICES BY A CLINICIAN WHO FURNISHES CARE TO THE PATIENT ONLY AS REQUESTED BY ANOTHER CLINICIAN OR SUBSEQUENT AND RELATED SERVICES REQUESTED BY ANOTHER CLINICIAN; THIS MODIFIER IS REPORTED FOR PATIENT RELATIONSHIPS THAT MAY NOT BE ADEQUATELY CAPTURED BY THE ABOVE ALTERNATIVE CATEGORIES; REPORTING CLINICIAN SERVICE EXAMPLES INCLUDE BUT ARE NOT LIMITED TO, THE RADIOLOGIST'S INTERPRETATION OF AN IMAGING STUDY REQUESTED BY ANOTHER CLINICIAN

## **Healthcare Common Procedure Coding System**

The Healthcare Common Procedure Coding System (HCPCS) is a collection of codes that represent procedures, supplies, products and services which may be provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. HCPCS codes primarily correspond to services, procedures, and equipment not covered by CPT® codes.

X5 Diagnostic services requested by another clinician: for reporting services by a clinician who furnishes care to the patient only as requested by another clinician or subsequent and related services requested by another clinician; this modifier is reported for patient relationships that may not be adequately captured by the above alternative categories; reporting clinician service examples include but are not limited to, the radiologist's interpretation of an imaging study requested by another clinician

HCPCS Code	X5	The Healthcare Common Prodecure Coding
1101 OD COUL		System (HCPCS) is a collection of codes that represent procedures, supplies, products and
		services which may be provided to Medicare
		beneficiaries and to individuals enrolled in private health insurance programs. The codes are divided
		into two levels, or groups, as described Below:
		Level I
		Codes and descriptors copyrighted by the American Medical Association's current procedural
		terminology, fourth edition (CPT-4). These are 5 position numeric codes representing physician and
		nonphysician services.
		**** NOTE: ****
		CPT-4 codes including both long and short descriptions shall be used in accordance with the
		CMS/AMA agreement. Any other use violates the
		AMA copyright.
		Level II Includes codes and descriptors copyrighted by
		the American Dental Association's current dental
		terminology, seventh edition (CDT-2011/12). These are 5 position alpha-numeric codes comprising the d
		series. All other level II codes and descriptors are approved and maintained jointly by the alpha-
		numeric editorial panel (consisting of CMS, the
		Health Insurance Association of America, and the Blue Cross and Blue Shield Association). These are
		5 position alpha- numeric codes representing primarily items and nonphysician services that are
		not represented in the level I codes.

Code Description	Diagnostic services requested by another clinician: for reporting services by a clinician who furnishes care to the patient only as requested by another clinician or subsequent and related services requested by another clinician; this modifier is reported for patient relationships that may not be adequately captured by the above alternative categories; reporting clinician service examples include but are not limited to, the radiologist's interpretation of an imaging study requested by another clinician	Contains all text of procedure or modifier long descriptions.  As of 2013, this field contains the consumer friendly descriptions for the AMA CPT codes. The AMA owns the copyright on the CPT codes and descriptions; CPT codes and descriptions are not public property and must always be used in compliance with copyright law.
Short Description	Svc req by another clinician	Short descriptive text of procedure or modifier code (28 characters or less).  The AMA owns the copyright on the CPT codes and descriptions; CPT codes and descriptions are not public property and must always be used in compliance with copyright law.
Coverage Code	С	A code denoting Medicare coverage status.
Coverage Code Description	Carrier judgment	HCPCS Coverage Code Description
Code Added Date	20180101	The year the HCPCS code was added to the Healthcare common procedure coding system.
Action Effective Date	20180101	Effective date of action to a procedure or modifier code
Action Code	N	A code denoting the change made to a procedure or modifier code within the HCPCS system.
Action Code Description	No maintenance for this code	HCPCS Action Code Description
Status	Actual	
Last Update Date	2025	

Contact Information for HCPCS
HCPCS Email Address: hcpcs@cms.hhs.gov
The PDAC has a toll free helpline
(877) 735-1326
HCPCS-related questions must be submitted online
via the www.codingclinicadvisor.com website

For all questions regarding this bundle please contact Support@DataLabs.Health. Also feel free to let us know about any suggestions or concerns. All additional information as well as customer support is available at https://www.datalabs.health/.