# 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**

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| *HCPCS Code* | X5 | The Healthcare Common Prodecure 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.The codes are divided into two levels, or groups, as described Below:<br><br>Level I<br>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.<br><br>**** NOTE: ****<br>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.<br><br>Level II<br>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. |

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| *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.<br>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).<br>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* | C | 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* | 2026 | |

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/.