

# 2023 CPT® Code Updates (CDM Focused)

## December 13, 2022

### Webinar FAQ Document

1. **Question** – Can 96202 be used if only one caregiver/parent is present when that is the only caregiver that the patient has?

Answer – Code 96202, *Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes*, describes training for a group of individuals from multiple families. The number of caregivers/parents per patient is not addressed, but the training must include more than one family.

2. **Question** – Can you please clarify when to use cardiac catheterization codes for congenital heart disease versus cardiac catheterization for other indications?

Answer – Official coding guidance published by the American Medical Association (AMA) states that cardiac catheterization services for anomalous coronary arteries arising from the aorta or off of other coronary arteries, patent foramen ovale, mitral valve prolapse, and bicuspid aortic valve, in the absence of other congenital heart defects, are reported with 93451-93464 or 93566-93568, which represent the cardiac catheterization procedure codes for conditions other than congenital heart disease.<sup>1</sup>

3. **Question** – How do the new bone mineral density tests differ from the existing DEXA codes?

Answer – Three new Category III codes for bone mineral density have been added for CY 2023: 0743T, *Bone strength and fracture risk using finite element analysis of functional data and bone mineral density (BMD), with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and BMD and classification of any vertebral fractures, with overall fracture-risk assessment, interpretation and report*

0749T, *Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report*

0750T, *Bone strength and fracture-risk assessment using digital X-ray radiogrammetry-bone mineral density (DXR-BMD) analysis of bone mineral density (BMD) utilizing data from a digital X ray, retrieval and transmission of digital X-ray data, assessment of bone strength and fracture risk and BMD, interpretation and report; with single-view digital X-ray examination of the hand taken for the purpose of DXR-BMD.*

---

<sup>1</sup> CPT® 2023 Professional Edition. 4<sup>th</sup> edition. AMA, 2022.

Dual-energy x-ray absorptiometry (DEXA) scans use two different x-ray beams to scan certain bones, such as the hip, spine, and/or wrist. This information is used to measure the mineral content in those bones, which is then translated into bone density measurement data to determine bone quality.

Code 0743T represents finite element analysis using CT scan data to simulate the mechanical behavior of bone and predict bone strength. Codes 0749T and 0750T utilize DXR-BMD technology to estimate bone mineral density using a fully automated analysis of a standard digital x-ray image of the hand. This is proprietary technology that was approved by the US Food and Drug Administration (FDA) in 1999 and can be used to predict and monitor rheumatoid arthritis and to assess osteoporosis risk. At the current time, Medicare does not consider DXR-BMD nor finite element analyses to be eligible for coverage. However, Medicare did state that they may determine through the National Coverage Determination (NCD) process that these new-technology studies are reasonable and necessary for bone mass measurement at some point in the future.<sup>2</sup>

4. **Question** –Could you please explain the rationale for the new J-codes for drugs that are not therapeutically equivalent?

**Answer** – The new Healthcare Common Procedure Coding System (HCPCS) codes are to represent brand name drugs, as the U.S. Federal Drug Administration (FDA) found that these drugs were not rated as therapeutically equivalent to the reference-listed drug in the resource used (Orange Book). As such, these drugs were found to meet the regulatory definition of a “single source drug” and are considered a single source drug. When a drug is found to be a single source drug, this can have ramifications regarding the pricing and reimbursement of the drug.

The Centers for Medicare & Medicaid Services (CMS) will not require the National Drug Code (NDC) to be in the facility’s charge description master (CDM) but will expect that the named drugs be reported with the appropriate HCPCS code.

An excerpt from the 2022 third quarter HCPCS Application Summary published by the Centers for Medicare & Medicaid Services (CMS) is below.

“CMS is making several code changes, including manufacturer specific codes to identify products approved under separate 505(b)(2) NDA or BLA pathways. Since the products are approved under separate 505(b)(2) NDAs and are not rated as therapeutically equivalent by the FDA in the Orange Book, they are single source drugs based on the statutory definition of “single source drug” in section 1847A(c)(6) of the Act. Because these are single source drugs, there is a programmatic need for each product to have a unique billing and payment code.”

5. **Question** -Do you know why HCPCS codes C7500 through C7555 are all assigned status indicator E1?

**Answer**- CMS has not yet released any information on these new codes nor on the rationale for the status indicator assignment. Interestingly, these codes are approved for use in an Ambulatory Surgical Center (ASC), so it's possible that more information will be released via Transmittal in the near future.

---

<sup>2</sup> [Federal Register](https://www.federalregister.gov), Vol. 87, No. 225, November 23, 2022, pp. 71844-71846, <https://www.govinfo.gov/content/pkg/FR-2022-11-23/pdf/2022-23918.pdf>