



October 22, 2025

Terrence Cunningham
Senior Director, Administrative Simplification Policy
National Uniform Billing Committee
American Hospital Association
155 N. Wacker Dr.
Chicago, Illinois 60606

Dear Mr. Cunningham,

As President of the American Society of Transplant Surgeons (ASTS), I am writing to strongly support the creation of revenue codes to facilitate hospital billing for Machine Perfusion for the preservation of donor organs prior to transplantation. ASTS is the predominant medical specialty society representing approximately 2,400 transplant surgeons and advanced practice providers dedicated to excellence in transplant surgery and to the patients that we serve. Our mission is the advancement of the art and science of transplant surgery through patient care, research, education, and advocacy. Additionally, the Transplant Accreditation & Certification Council, established by ASTS in 2017, sets professional standards through training benchmarks, examination, and certification of transplant surgeons.

ASTS members are at the forefront of using innovative technologies, such as Machine Perfusion, to maximize organ usage and give more patients the gift of life. Our members and patients have seen firsthand the transformative impact that Machine Perfusion can have on patient outcomes. These quality improvements save lives and decrease the cost across the transplant continuum, including costs incurred by both government and private health insurers.

As you are aware, organ transplant waitlist time and mortality have long been a national issue in the United States. The introduction of Machine Perfusion has contributed to increased use of less ideal organs, by extending preservation times, which allows for additional travel time for donor organs to reach intended recipients and provides clinicians with the ability to assess the viability of the organ more thoroughly prior to transplantation. The emergence of Machine Perfusion has increased transplant volumes nationally, reducing patient waitlist times, post-transplant complications, retransplant rates and patient mortality. These quality improvements save lives and decrease costs across the transplant continuum.

However, one of the critical barriers to further adoption and integration of this technology is the lack of dedicated revenue codes for Machine Perfusion, which are required by the commercial payors. Currently the only revenue code available for Machine Perfusion is Revenue Code 081X, which is also used to capture a wide range of other activities, including, for example, Organ Procurement Organization's (OPO) fees, organ transportation fees, patient waitlist fees and many other related

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expenses. While the use of Revenue Code 081X is adequate for the Medicare program, it does not facilitate billing or payment for machine perfusion performed for non-Medicare patients, since commercial payors who require a distinct revenue code for the Machine Perfusion in order to consider paying for it separately from the global transplant rates, which have not kept pace with rising costs. Creation of Revenue codes for Machine Perfusion will:

1. **Facilitate Accurate Reimbursement:** It will provide the Hospital with the means to be reimbursed for the use of Machine Perfusion devices and associated services for those cases—only those cases, for which this technology is used.
2. **Encourage Adoption of Innovative Techniques:** By making the reimbursement process more transparent and equitable, the addition of dedicated codes may encourage additional transplant programs to consider adopting this new technology.
3. **Improve Reporting and Data Collection:** Clear and specific billing codes will improve the accuracy of data on organ preservation and transplant outcomes, supporting research and future improvements in the field.

ASTS members have seen firsthand the transformative impact that Machine Perfusion can have on patient outcomes. It offers a valuable opportunity to increase the number of viable organs for transplant, especially in cases where conventional preservation methods might not suffice. However, the financial sustainability of this technology depends on its inclusion in current coding nomenclature.

In conclusion, ASTS respectfully urges the National Uniform Billing Committee to prioritize the creation of distinct revenue codes for Machine Perfusion, ensuring that transplant centers can provide the highest level of care while maintaining financial viability.

Thank you for your continued efforts to improve the healthcare system, and for your attention to this important matter. If you have any questions about these comments, please do not hesitate to contact Associate Director, Advocacy & Professional Practices, Emily Besser, at Emily.Besser@asts.org.

Sincerely,



James F. Markmann, MD, PhD