



ASTS

American Society of
Transplant Surgeons

Liver Machine Perfusion (NMP & HMP) Coding and Reimbursement Update

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ASTS Webinar | October 19, 2026

Agenda

1

The new five-code sets – one set each for normo- & hypothermic

New codes effective October 1, 2026, and how they map to the workflow

2

Crosswalk options for payment (will give examples for NMP)

Comparable Category I codes, claim submission and documentation

3

Path to Category I

AMA CPT Editorial Panel, the RUC physician survey, and likely timing for NMP code set

4

Hospital claims: Value Code 93

Reporting machine perfusion charges on the UB-04

5

Payer status and questions

Medicare contractor and commercial payer status

Learning objectives

- Code liver machine perfusion correctly for dates of service on or after Oct 1, 2026
- Select and document appropriate crosswalk codes – examples for NMP given here
- Understand the RUC survey and how to participate
- Work with hospital billing on Value Code 93

Normothermic and Hypothermic CAT III Codes

Normothermic Perfusion

Code

0894T

0895T

0896T

+1072T

1073T

Description

Cannulation

Connection

Monitoring 2 hrs
-each additional hour

Decannulation

Hypothermic Perfusion

Code

1074T

1075T

1076T

+1077T

1078T



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The New Five-Code Set for Liver NMP

New CPT Codes Effective October 1, 2026

Original codes (effective July 1, 2024)

0894T Cannulation and decannulation

0895T Connection plus initial 4 hours of monitoring

+0896T Each additional hour

Revised code set (effective October 1, 2026)

0894T Cannulation

1073T Decannulation

0895T Connection to perfusion device

0896T Monitoring and management, first 2 hours

+1072T Each additional hour (add-on to 0896T)

Three code numbers were reused

0894T, 0895T and 0896T now describe different work. Check the date of service before applying any fee schedule or prior payer rate.

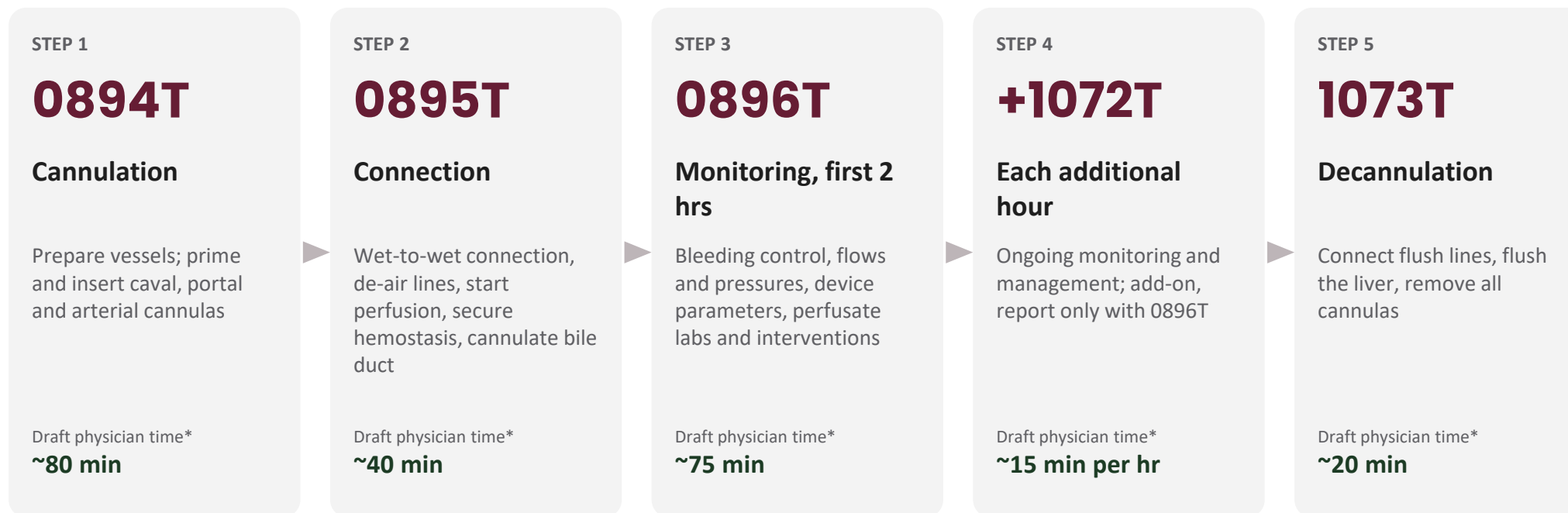
Source: AMA CPT Category III code descriptors.

Reason for the change

Each team bills only the steps it performs. For example, a receiving center can bill monitoring and decannulation after a hand-off from an OPO or another center.



The Five Codes by Step of the NMP Procedure



Example: 7 hours of monitoring, all steps performed by the transplant center team

0894T ×1 + 0895T ×1 + 0896T ×1 (hours 1-2) + 1072T ×5 (hours 3-7) + 1073T ×1

*Draft physician time estimates, Category III CPT code valuations (draft 9/21/26). For discussion only; not RUC survey data.

The New Five-Code Set for Liver HMP

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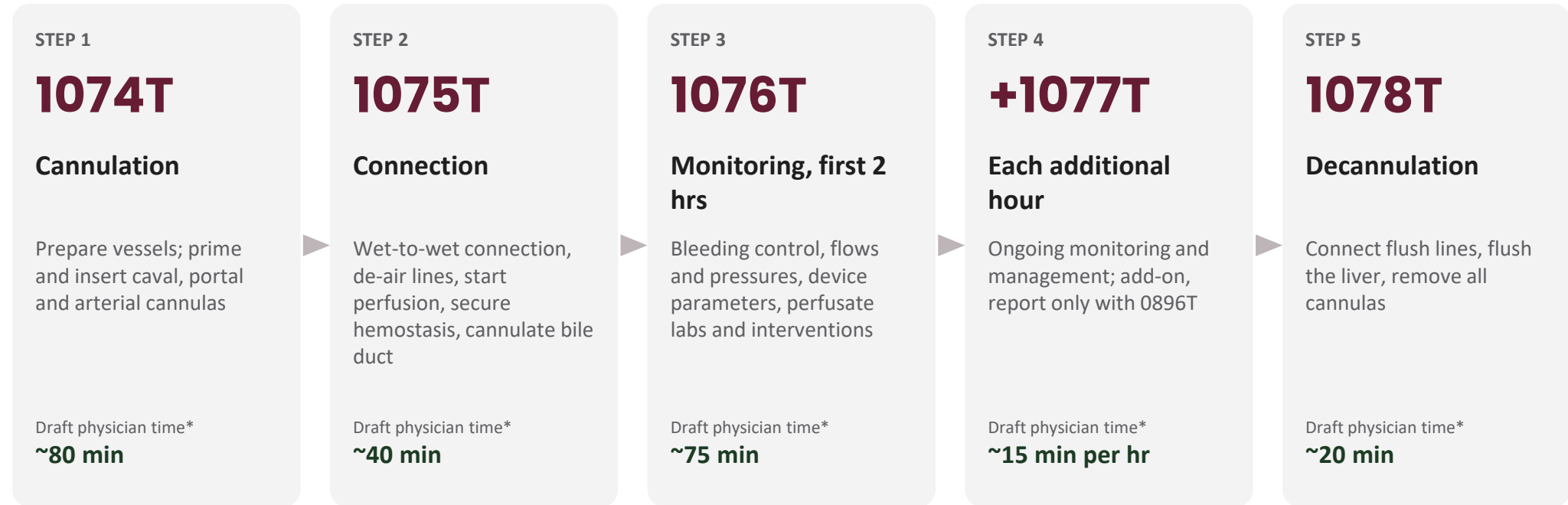
Source: AMA CPT Category III code descriptors.

Reason for the change

Each team bills only the steps it performs. For example, a receiving center can bill monitoring and decannulation after a hand-off from an OPO or another center.



The Five Codes by Step of the NMP Procedure



Example: 6 hours of monitoring, all steps performed by the transplant center team

1074T ×1 + 1075T ×1 + 1076T ×1 (hours 1-2) + 1077T ×5 (hours 3-7) + 1078T ×1

*Draft physician time estimates, Category III CPT code valuations (draft 9/21/26). For discussion only; not RUC survey data.

Billing Rules for the New Codes

1

Your team must perform all work in the descriptor

If an OPO or any other entity performs any work described in a code, that code cannot be billed. The five-code set lets you bill the steps you do perform.

2

+1072T is an add-on code

Report only with 0896T, never alone: one unit for each hour of monitoring and management after the first 2 hours.

3

No RVUs and no national fee

Category III codes are priced by each Medicare contractor and payer, case by case. Bill a charge comparable to the Category I crosswalk you select.

4

Document who, what and how long

Record start and stop times, each surgeon involved, physiologic and lab assessments, and interventions. Report the Category III code, not an unlisted code.

Source: AMA CPT Category III coding guidance; industry physician coding and crosswalk guidance (2026).

Crosswalk Options for Payment

Crosswalk Options: Cannulation and Connection

Choosing a comparator

Match work, expertise, time and resources, and explain any differences in the procedure note. Review Medically Unlikely Edits (MUEs) with your coding team before using a multi-unit comparator.

0894T Cannulation

Liver allograft, normothermic machine perfusion; cannulation

CPT	Comparable procedure	2026 wRVU	2026 Medicare
33975	Insertion of extracorporeal VAD, single ventricle	24.38	\$1,178.05
36823	Cannulation for isolated extremity chemotherapy perfusion, incl. removal and repair	22.41	\$1,317.00
33956	Insertion of central ECMO/ECLS cannula(e) by sternotomy or thoracotomy	15.60	\$756.20

0895T Connection

Liver allograft, normothermic machine perfusion; connection to perfusion device

CPT	Comparable procedure	2026 wRVU	2026 Medicare
33962	Open repositioning of peripheral ECMO cannula(e)	4.36	\$216.10
33958	Percutaneous repositioning of peripheral ECMO cannula	3.42	\$170.01
33993	Repositioning of percutaneous VAD with imaging guidance	3.02	\$142.29



Source: Industry physician coding and crosswalk guidance (September 2026); 2026 work RVUs and Medicare national payment amounts. Comparators are suggestions only.

Crosswalk Options: Monitoring and Management

0896T Monitoring, first 2 hours

Liver allograft, normothermic machine perfusion; monitoring and management, first 2 hours

CPT	Comparable procedure	2026 wRVU	2026 Medicare
33964	Open repositioning of central ECMO/ECLS cannula	9.26	\$451.58
33226	Repositioning of previously implanted LV lead	8.46	\$423.19
33990	Percutaneous insertion of left heart VAD, arterial access only	6.58	\$312.97

+1072T Each additional hour

Each additional hour of monitoring and management (use with 0896T). Comparator amounts are per hour.

CPT	Comparable procedure	2026 wRVU	2026 Medicare
75887	Percutaneous transhepatic portography, imaging only	1.40	\$63.46
93146	Interrogation of baroreflex activation system, with programming	0.90	\$39.08
93750	Interrogation of ventricular assist device, in person	0.75	\$34.07

Units for +1072T

Report one unit of +1072T for each hour of monitoring after the first 2 hours, and bill the per-hour comparator amount times the same number of units. Example: 6 hours of monitoring = 0896T ×1 + 1072T ×4.



Crosswalk Options: Decannulation and an Example

1073T Decannulation

Liver allograft, normothermic machine perfusion;
decannulation

CPT	Comparable procedure	2026 wRVU	2026 Medicare
33984	Open removal of peripheral ECMO/ECLS cannula(e)	5.32	\$258.52
33966	Percutaneous removal of peripheral ECMO/ECLS cannula(e)	4.39	\$215.77
33992	Removal of percutaneous left heart VAD cannula(s)	3.46	\$165.00

Example: 6 hours of monitoring

First-listed comparator for each code, 2026 Medicare national rates

Code	Crosswalk	Units	Amount
0894T	33975	1	\$1,178.05
0895T	33962	1	\$216.10
0896T	33964	1	\$451.58
+1072T	75887	4	\$253.84
1073T	33984	1	\$258.52
Total			\$2,358.09

Illustration only

Category III codes are priced case by case. Actual payment depends on the Medicare contractor or payer, the comparator chosen, MUEs and your documentation.



Claim Submission and Documentation

On the CMS-1500 (for professional medical services)

- 1** Report the **Category III code** on the service line (Item 24D), with units
- 2** Name the **crosswalk** in Item 19 and the shaded line note above the service line
- 3** Charge **comparably** bill an amount comparable to the selected Category I comparator

Attach or keep on file

- Cover letter describing the service and why it was needed
- Procedure report: time, complexity, effort, equipment and the crosswalk code
- Statement that the work is outside organ acquisition and beyond typical backbench preparation
- FDA approval letter for the device and published clinical data

Example entries for 0894T

Item 19 Additional claim information

Cannulation of liver for NMP 0894T Crosswalk to 33975

Item 24, shaded Supplemental line note

Cannulation of liver for NMP 0894T Crosswalk to 33975

Item 24D Procedure code

0894T

Item 24F Charges

Comparable to 33975 (e.g., \$1,178.05)

Item 24G Units

1



Path to Category I: AMA CPT Panel and the RUC

Category III vs. Category I CPT Codes

Category III (current)

- Temporary tracking code for emerging technology; sunsets after 5 years unless converted or extended
- No RVUs and no national Medicare fee
- Can be priced by each Medicare contractor or payer, usually by crosswalk
- Not surveyed or valued by the AMA's Relative Value Update Committee (RUC)



Category I (goal)

- Permanent code in the main CPT code set
- Physician work valued by the RUC through a specialty survey
- RVUs published in the Medicare Physician Fee Schedule
- National payment adjusted by locality; many commercial payers base rates on RVUs

Category I criteria considered by the CPT Editorial Panel



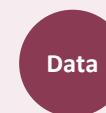
Required devices
FDA approved or
cleared



Performed by many
physicians across
the U.S.



Frequency
consistent with
intended clinical
use



Efficacy
documented in U.S.
peer-reviewed
literature

Source: AMA CPT Category I and Category III criteria.

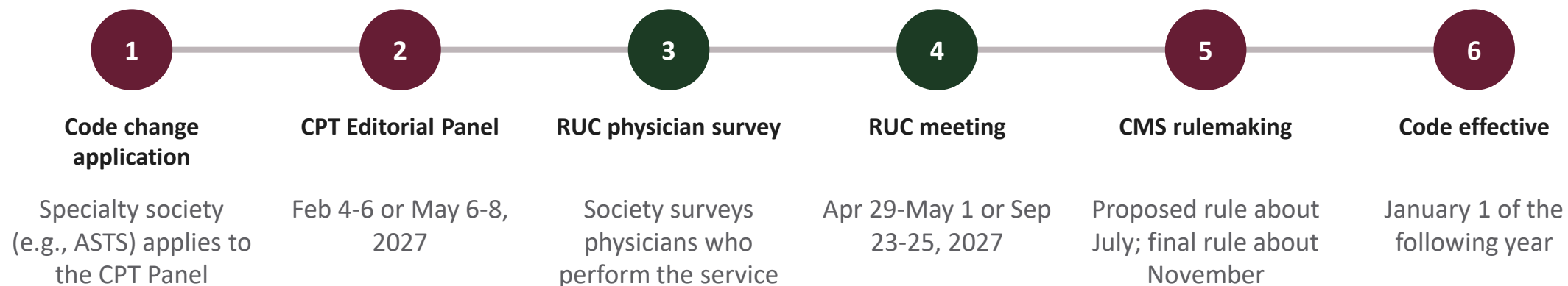


YOU need to document (bill) these codes to Medicare and all commercial payers to develop a record of code use across the country!



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Timeline from CPT Panel to Medicare Payment



Earliest realistic path

February 2027 Panel → April 2027 RUC → CMS final rule, November 2027 → effective January 1, 2028

The CPT 2027 code set is already final, so a Category I code in 2027 is not possible.

If the Panel requests more data

The Panel may ask for more utilization and outcomes data under the revised Category III codes before conversion. That would move a Category I code to 2029 or later.

Consistent use of the current codes supports conversion.

Source: AMA CPT Editorial Panel and RUC meeting calendar (2027). Dates subject to change; timing scenarios are estimates.

The RUC Physician Survey

Survey content

1

Vignette

Confirm the typical patient and service described match your experience

2

Reference service

Select the most similar existing code from the reference service list

3

Time

Estimate pre-service, intra-service and post-service minutes

4

Intensity and complexity

Rate mental effort, technical skill, physical effort and stress or risk

5

Work RVU estimate

Estimate the work value relative to your chosen reference code

30

completed surveys is the usual RUC minimum; difficult for a service performed at relatively few centers

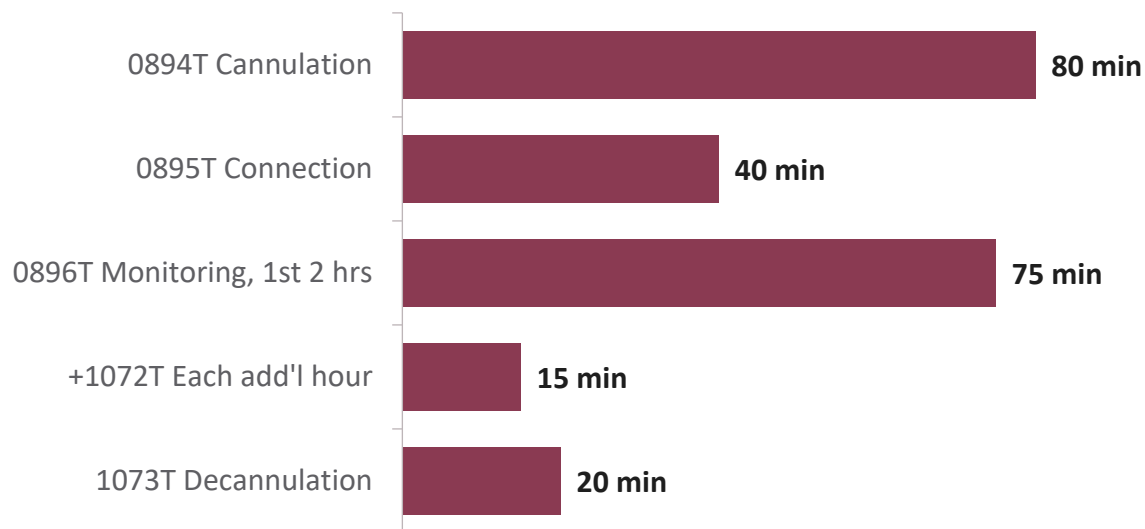
What we ask of members

- Respond when ASTS sends the survey
- Answer based on your own typical case
- Do not coordinate answers; RUC rules prohibit influencing responses
- Begin recording your NMP time now



Draft Physician Time and Intensity Estimates

Draft physician minutes per code



Overlap with backbench preparation

The RUC is likely to ask how NMP work differs from backbench preparation (CPT 47143) and organ acquisition. The vignette and time data should show the distinct work.

~275

minutes of physician time for a case with 6 hours of monitoring (all five codes)

Code	Intensity (1-5)	Highest-effort step
0894T	3.7	Vessel prep, cannula insertion
0895T	3.4	Start perfusion, hemostasis
0896T	4.1	Flows, pressures, device
+1072T	3.7	Device and lab management
1073T	2.5	Flush the liver

Hospital Claims: Value Code 93

Value Code 93: Machine Perfusion Organ Charges

Value Code 93

Machine perfusion organ charges

"Used to identify provider charges associated with utilizing machine perfusion to preserve and prepare transplanted organ. To be used with Revenue Codes 081x."

- **Facility code** on the UB-04 / 837I, not a physician code
- **Effective** October 1, 2026
- **Reported with** organ acquisition revenue codes 081x
- **Payer use varies:** confirm with each payer how it will be used

Where it appears on the UB-04 (illustrative)

Revenue lines (FL 42-47)

Rev code	Description	Charges
0817	Organ acquisition, donor liver	\$ total
Other	Other inpatient services	\$

Value codes (FL 39-41)

Code	Description	Amount
93	Machine perfusion organ charges	\$ MP

The value code amount identifies the machine perfusion charges associated with the organ acquisition line, which previously were not separately visible.

The payer will use the ICD-10 code and DRG to verify it was a deceased donor liver transplant. This method could also be used for other organs on machine perfusion.

This 'Value Code 93' - is NEW. It hasn't been published yet!

Why Value Code 93 Matters

Before

- Machine perfusion cost included in the standard acquisition charge (rev code 081x)
- Payers cannot see or separately pay for it
- Case rates often not updated as perfusion use increased



With Value Code 93

- Machine perfusion charges identifiable on the inpatient claim
- Supports carve-out or separate payment terms in commercial contracts
- Generates national data on perfusion type and use

Steps for transplant surgeons and programs

Contracting

Ask managed care contracting to add carve-out language that references Value Code 93

Billing

Confirm the chargemaster captures perfusion charges and device invoices

Payers

Ask each payer how it will use Value Code 93 and whether an invoice is required

Medicare

Organ acquisition costs continue to be reconciled through the hospital cost report



Payer Status Update

Novitas (Medicare, JL): original code set

Dates of service before October 1, 2026

0894T	\$968.97	Cannulation and decannulation
0895T	\$292.93	Connection and first 4 hours
+0896T	\$35.24	Each additional hour

No RVUs published. These amounts apply to the old descriptors and should not be applied to the revised codes.

UPDATE

Novitas: revised five-code set under discussion as of today

UPDATE

Commercial payers: Value Code 93

Payers may accept Value Code 93 with invoice submission – work with your hospital managed care team

Source: Novitas (Jurisdiction L) pricing for the original code set, as communicated in early September 2026.

https://www.novitas-solutions.com/
webcenter/portal/MedicareJL/FeeLookup



Medicare JL

Providers in DC, DE, MD, NJ & PA

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novitas-solutions.com/webcenter/portal/MedicareJL/FeeLookup

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Procedure Code 0894T No Modifier
Date Of Service 10/19/2026
State Pennsylvania
Locality Metropolitan Philadelphia (01)

Search

Clear

Year 2026 - QPP
State Choose a state...
Locality Choose a locality...
File type PDF

Download

Results

Procedure Code	0894T	State	Pennsylvania	Modifier	No Modifier
Effective Date	10-01-2026	Locality	Metropolitan Philadelphia (01)	Description	Lvr algrft nrmthrmc cannulj



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To Find Your MAC (Part B):

<https://www.cms.gov/mac-info>

Fee Schedule Amount

Participating Provider	968.97 ?
Non-Participating Provider	920.52 ?
Limiting Charge Amount	1,058.60 ?

When performed in a facility setting ?

Participating Provider	968.97 ?
Non-Participating Provider	920.52 ?
Limiting Charge Amount	1,058.60 ?

Status Indicators

Surgery & Procedures

Professional/Technical Component	0 ?
Global Days	XXX ?
Pre-Operative %	0.0 ?
Intra-Operative %	0.0 ?
Post-Operative %	0.0 ?
Multiple Procedures	2 ?
Bilateral Surgery	0 ?
Assistant at Surgery	2 ?
Team Surgeons	0 ?
Co Surgeons	1 ?
Physician Supervision of Diagnostic Procedures	09 ?
Multiple Therapy Amount	0.00 ?
Conversion factor	33.4009 ?
Update Factor	1.0000 ?

General Info

Status	C ?
Facility Pricing Indicator	1 ?
PDT Indicator	9 ?
Imaging Cap Indicator	9 ?

Relative Value Units

Work	0.0 ?
Practice (Non Facility Settings)	0.0 ?
Practice (Facility Settings)	0.0 ?
Malpractice	0.00 ?

Geographic Practice Cost Indices

Work	1.018 ?
Practice	1.041 ?
Malpractice	1.193 ?

Summary

- 1 Use the five revised codes for dates of service on or after October 1, 2026, and only for work your team performs
- 2 Report +1072T only with 0896T: one unit per hour after the first two (and the parallel HMP codes)
- 3 Select an appropriate Category I crosswalk, charge comparably, and document time and complexity
- 4 Record your NMP and HMP times now and complete the RUC survey when ASTS sends it
- 5 Work with hospital billing and contracting to report Value Code 93 with revenue code 081x

Resources

- AMA CPT Category III code descriptors
- Manufacturer physician coding and crosswalk guides
- NUBC Value Code 93 billing guidance
- AMA CPT Editorial Panel and RUC calendars (ama-assn.org)
- Your Medicare contractor's Category III pricing pages



Questions & Discussion