ASTS Email regarding new codes

Dear ASTS Member,

In collaboration with the AMA, ASTS is pleased to share the following updates:

- ***Revised normothermic codes (0894T, 0895T, 0896T):*** *These existing codes, which have a substantial record of use, have been modified. Cannulation and decannulation are now reported separately, and the initial monitoring period is shortened to 2 hours.*
- ***New hypothermic codes:*** *New codes have been created for use with hypothermic machine perfusion.*

We ask that you begin documenting and billing the new CPT Category III codes for normothermic and hypothermic liver machine perfusion, now in effect as of October 2026. *Consistent use is how we build the volume history that supports moving these codes toward Category I status.*

Why this matters: *CPT Category III codes are temporary codes for data collection on emerging technologies, services, and procedures. Reported volume can substantiate widespread use or support documentation for Category I approval. Once the codes are substantiated, ASTS will conduct a time study to assign RVUs to each code.*

Epic DotPhrases for Liver Machine Perfusion Billing Documentation

Category III CPT codes 0894T–0896T and 1072T–1078T | Normothermic and hypothermic oxygenated liver allograft perfusion

Drafted for billing-support documentation; final SmartPhrase naming, required discrete fields, and attestation language should be validated with coding/compliance before production use.

Quick implementation guide

DotPhrase	CPT	Perfusion Type	Billing Documentation Focus
.CPT0894T	0894T	NMP	Cannulation for normothermic perfusion
.CPT0895T	0895T	NMP	Connection, hemostasis, and initial 4 hours monitoring
.CPT0896T	0896T	NMP	Additional hourly monitoring and management
.CPT1072T	1072T	NMP	Extended additional hourly monitoring
.CPT1073T	1073T	NMP	Decannulation after normothermic perfusion
.CPT1074T	1074T	HOPE	Cannulation for hypothermic oxygenated perfusion
.CPT1075T	1075T	HOPE	Connection to hypothermic oxygenated perfusion device
.CPT1076T	1076T	HOPE	First 2 hours monitoring and management
.CPT1077T	1077T	HOPE	Additional hourly monitoring and management
.CPT1078T	1078T	HOPE	Decannulation after hypothermic oxygenated perfusion

Normothermic Machine Perfusion (NMP)

CPT 0894T – Normothermic Machine Perfusion: Cannulation

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.CPT0894T

Liver allograft normothermic machine perfusion cannulation was personally performed.

The donor liver was inspected and confirmed suitable for machine perfusion. The vena cava was cannulated
with the venous cannula. The cannula was secured with ties and suture. The portal vein cannula was placed
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in the portal vein and secured with silk ties. The arterial cannula was placed into the orgin of the celiac artery and secured with silk ties. Albumin was flushed through the portal cannula to clear the liver of preservation solution. Vessel compentency and cannula positioning was verified and the graft was successfully prepared for connection to the normothermic machine perfusion circuit.

No cannulation-related complications occurred.

CPT 0894T billed.

CPT 0895T – Normothermic Machine Perfusion: Initial Connection

.CPT0895T

Wet to wet connections were made between the venous, portal and arterial cannulae and the respective inflow tubing sequentially. Connections were confirmed to be free of air bubbles. The normothermic machine perfusion was initiated and adequate hemostasis was performed. Circuit integrity and flow parameters were confirmed.

CPT 0895T billed.

CPT 0896T – Normothermic Machine Perfusion: Initial 2 hours

.CPT0896T

During the initial 2-hour monitoring period I reviewed and managed:
- Perfusate temperature
- Perfusate pH
- Hepatic arterial flow and pressure
- Portal venous flow and pressure
- Lactate clearance
- Bile production
- Gross graft appearance and viability

Findings were reviewed at regular intervals and used to guide ongoing graft suitability assessment.

Initial monitoring period completed.

Medical decisions regarding graft viability and transplant suitability were continuously reassessed.

CPT 0896T billed x ___ units.

CPT 1072T – Normothermic Machine Perfusion: Extended Additional Hourly Management

.CPT1072T

I provided an additional hour of physician-directed normothermic machine perfusion monitoring and management.

The liver allograft remained connected to the perfusion device.

Monitoring included continued review of:
• Perfusate temperature and pH
• Hepatic arterial and portal venous hemodynamics
• Lactate levels and trends
• Bile production
• Macroscopic graft appearance

Additional monitoring period:
Start Time: _____
Stop Time: _____

Total additional hours: _____

CPT 1072T billed x ____ units.

CPT 1073T – Normothermic Machine Perfusion: Decannulation

.CPT1073T

Following completion of normothermic machine perfusion, the liver allograft was flushed with cold crystalloid solution and disconnected from the perfusion system.

All cannulas were removed and vascular structures were inspected. The graft was prepared for implantation and remained suitable for transplantation.

No decannulation-related complications occurred.

CPT 1073T billed.

Hypothermic Oxygenated Perfusion (HOPE / D-HOPE)

CPT 1074T – HOPE: Cannulation

.CPT1074T

Liver allograft cannulation for hypothermic oxygenated perfusion was personally performed.

The graft was prepared for machine perfusion. The vena cava was cannulated with the venous cannula. The cannula was secured with ties and suture. The portal venous cannula was inserted and secured with silk ties. Cannula placement was verified and the graft was successfully prepared for connection to the hypothermic oxygenated perfusion device.

No complications occurred.

CPT 1074T billed.

CPT 1075T – HOPE: Connection to Device

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.CPT1075T

The liver allograft was connected to the hypothermic oxygenated perfusion device.

Circuit integrity was confirmed. Perfusion was initiated according to institutional protocol. Adequate flow and oxygen delivery were documented.

The graft remained stable throughout initiation of perfusion.

CPT 1075T billed.
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CPT 1076T – HOPE: Initial 2 Hours Monitoring

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.CPT1076T

I personally supervised and managed hypothermic oxygenated machine perfusion of the liver allograft during the initial monitoring period.

Parameters reviewed included:
• Perfusion flow
• Perfusion pressure
• Oxygen delivery
• Perfusate temperature
• Device performance
• Macroscopic graft appearance

Monitoring period completed for the first two (2) hours of perfusion.

Clinical assessment of graft suitability was continuously performed.

CPT 1076T billed.
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CPT 1077T – HOPE: Additional Hourly Monitoring

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.CPT1077T

Additional physician-directed monitoring and management of the liver allograft during hypothermic oxygenated perfusion was performed.

Parameters assessed included:
• Flow characteristics
• Oxygen delivery
• Perfusion pressures
• Temperature
• Device function
• Graft appearance

Additional monitoring time:
Start Time: _____
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Stop Time: ______

Total additional hourly units: _____

CPT 1077T billed x _____ units.
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CPT 1078T – HOPE: Decannulation

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.CPT1078T

Hypothermic oxygenated perfusion was completed.

The liver allograft was disconnected from the perfusion circuit and all vascular cannulas were removed.
Cannulation sites were inspected and the graft was prepared for transplantation.

No perfusion-related complications were identified.

CPT 1078T billed.
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Suggested Combined SmartPhrase

Use this as a single workflow SmartPhrase to support consistent capture of times, device type, key perfusion parameters, final disposition, and provider attestation.

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.LIVERMP_BILLING
LIVER MACHINE PERFUSION BILLING DOCUMENTATION
Perfusion Type: [ ] Normothermic Machine Perfusion (NMP)   [ ] Hypothermic Oxygenated Perfusion (HOPE/D-HOPE)
Donor liver allograft identifier: _____
Date of perfusion: _____
Device/platform: _____
Surgeon/physician supervising perfusion: _____
Key procedural events:
Cannulation time: _____
Connection time: _____
Perfusion start time: _____
Perfusion stop time: _____
Decannulation time: _____
Physician-directed monitoring and management included review of perfusion parameters, device performance, laboratory data when applicable, and gross graft appearance. Findings were used to guide graft suitability assessment and transplant decision-making.
Parameters documented/reviewed as applicable:
• Perfusate temperature
• Perfusate pH
• Arterial flow/pressure
• Portal flow/pressure
• Oxygen delivery / oxygenation parameters
• Lactate level and trend
• Bile production
• Bile pH
• Bile glucose
• Biliary bicarbonate
• Macroscopic graft appearance
• Device/circuit function
Monitoring time summary:
Initial monitoring period: _____
Additional monitoring hours: _____
Total physician-directed monitoring time: _____
Final disposition:
[ ] Transplanted
[ ] Declined
[ ] Reconditioned and transplanted
[ ] Awaiting implantation
[ ] Other: _____
CPT codes supported by this documentation:
[ ] 0894T  [ ] 0895T  [ ] 0896T x ___  [ ] 1072T x ___  [ ] 1073T
[ ] 1074T  [ ] 1075T  [ ] 1076T  [ ] 1077T x ___  [ ] 1078T
Attestation:
I personally performed and/or supervised the liver allograft machine perfusion services documented above, reviewed the relevant perfusion parameters, and used these findings in clinical assessment of graft viability and transplant suitability.
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Source and compliance note

Source: New Cat III codes July2026.pdf, CPT Category III code descriptors, updated July 1, 2026. The document states that these liver allograft perfusion codes are effective January 1, 2027. CPT is copyright of the American Medical Association.

Compliance review recommendation: Before deploying these as Epic SmartPhrases, validate final wording, allowable units, payer requirements, and any institutional attestation standards with coding/compliance and transplant administration.