

## Part B Insider (Multispecialty) Coding Alert

### CPT 2005: Prepare Now For New Backbench Transplant Preparation Codes

#### This sneak peek puts you a step ahead

Time is running out! With just over three months to go before the new CPT codes take effect on Jan. 1, coders are eagerly collecting every hint as to the nature of the new codes.

Luckily, coding experts have learned many of the new codes. They caution that the new codes are provisional and subject to change, so you shouldn't consider any of them official until you receive your 2005 CPT book. Nevertheless, this early information provides a valuable first glimpse of next year's codes to help you start preparing.

Among the changes, CPT 2005 will apparently include 19 codes for backbench preparation or reconstruction of donor organs. These new codes cover backbench standard preparation of cadaver donor lung, heart/lung or pancreas allograft prior to transplant. They also include backbench reconstruction of cadaver or living donor intestine or liver graft or allograft prior to transplantation.

The new proposed codes also include 44137 (Removal of transplanted intestinal allograft, complete).

The **American Society of Transplant Surgeons** pushed for the new codes to reflect the past two decades' worth of technical advances, according to **Michael Abecassis**, chairman of the ASTS Reimbursement Committee. Surgeons can now use donor organs that they would have considered unusable in the past, including organs with anomalous vascular anatomy. Surgeons use microvascular suture techniques and improved surgical skills to rescue these organs, and have also developed techniques such as liver splits to maximize the use of donor organs.

The ASTS also pushed to remove the phrase "with preparation and maintenance of the allograft" from current liver donor code descriptors, because it doesn't accurately describe these backbench procedures.

Abecassis notes that surgeons can perform backbench preparation and reconstruction at either the donor or recipient site of service. Also, a recipient may die and the surgeon may have to send the graft to a different site for a different recipient.