

Part B Insider (Multispecialty) Coding Alert

Transplantation: Bill New Backbench Codes - And Then Hold Your Breath For Payment

And don't bother to bill new wound vacuum assisted closure codes

Before you bill for backbench preparation of donor organs, you've got to ask yourself one question: Do you feel lucky?

Coders rejoiced when CPT Codes 2005 added a number of new codes for backbench transplantation - a service they previously hadn't been able to bill for at all. But then the **Centers for Medicare & Medicaid Services** tagged all the new codes for donor organ preparation with Status "C," meaning it's up to the carriers to lay a price tag on them.

Status C codes include preparation of donor lung (32855-32856), donor heart/lung (33933), donor heart (33944), donor intestine (44715), donor liver (47143-47145), cadaver renal allograft (50323) and donor real graft (50325). CPT 2005 added these codes to recognize innovative techniques for preparing donor organs that would have been considered unusable in the past, according to the **American Society for Transplant Surgeons**.

"I don't know if it'll be harder to get reimbursed," says **Claire Kenny, CPC**, coder in the urology department of the **Lahey Clinic** in Burlington, MA. She just billed 50323 for the first time, and her practice's data entry person sent the claim back because there was no payment attached to that code. The hospital financial staff then came up with a price for the code.

Now the clinic is waiting to see what kind of reimbursement it actually receives from the payer. "We'll have to take what we can get," says Kenny.

VAC Codes Face Payment Vacuum

But transplant surgeons were lucky compared to surgeons hoping to use two new codes for wound vacuum assisted closure (VAC) services: 97605 (...total wound[s] surface area less than or equal to 50 cm) and 97606 (...greater than 50 cm). CMS slapped these with Status "B," meaning they're considered bundled with any other service you might provide.

Status B means a code is "never paid," according to **Collette Shrader** with **Wenatchee Valley Medical Center** in Wenatchee, WA. "They feel that the work that is involved in that code is paid under something else." For example, Medicare will never pay for conscious sedation because CMS believes the surgeon is already monitoring the patient's conscious sedation as part of the surgery.