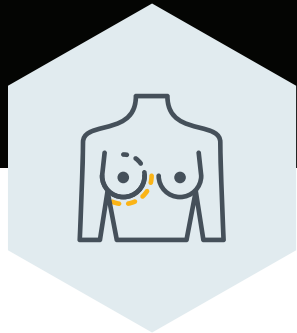


2026

MMI PHYSICIAN AND FACILITY

Coding & Billing Guide^{*}

Autologous Breast Reconstruction





MMI Reimbursement Support

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Disclaimer

MMI provides this information as a general educational resource and represents no statement, promise, or guarantee of reimbursement. It does not constitute legal or medical advice or clinical practice recommendations. The data gathered is from multiple third-party sources and may change without notice due to frequently changing laws, rules, regulations and payer policies. Service providers are responsible for all coding, coverage and payment decisions and MMI recommends frequent consultation with all payers including Medicare contractors and intermediaries, and/or coding and reimbursement specialists. This document provides assistance for FDA approved or cleared indications.

Indication

Symani is intended for soft tissue manipulation to perform anastomosis, suturing, and ligation microsurgery techniques on small blood vessels and lymphatic ducts between 0.1 and 2.5mm in open free-flap surgery of the breast, mouth, scalp, extremities. The Symani® Surgical System is indicated for use during microsurgical procedures when use of a motion scaling function is deemed appropriate by the surgeon. The System is indicated for use in adults. It is intended to be used by trained physicians in an appropriate operating environment in accordance with the Instructions for Use.

Purpose

These guides are provided for general coding and reimbursement information based on publicly available Medicare data. The guides provide the Medicare national reimbursement rates for assistance with US reimbursement. These guides are for informational purposes only.

Procedure coding for surgery performed with robotic assistance

Surgical procedures performed using Symani robotic assistance should be billed using existing CPT codes for open surgical procedures when available.

** This guide is intended for informational use only and does not represent an exhaustive list of procedures. As the American Medical Association (AMA) updates CPT® codes annually and may revise, add, or remove codes throughout the year, this guide may not capture interim changes.*

For the most current and comprehensive information, please consult the latest AMA publication of CPT® codes.

Physician Coding Guide

Physicians use Current Procedural Terminology (CPT)¹ codes to bill for procedures and services. Category I CPT codes are assigned unique relative value units (RVUs), which are used to determine payment by the Centers for Medicare and Medicaid Services (CMS).

CPT	CPT Description	Work RVU	Total Facility RVU	CY 2026 Medicare Physician Facility ²
19361	Breast reconstruction; with latissimus dorsi flap	22.78	41.37	\$1,382
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	41.52	70.94	\$2,369
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	26.13	46.67	\$1,559
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	33.05	56.47	\$1,886
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	30.53	52.57	\$1,756

CY 2026 Physician reimbursement is determined by multiplying the CPT total RVU by the CY 2026 MPFS Non-Qualifying APM conversion factor of \$33.4009.²
CY 2026 payments effective January 1, 2026– December 31, 2026

Facility Coding Guide

Hospital Inpatient Payment³

MS-DRG	Description	FY 2026 Medicare National Payment
582	Mastectomy for Malignancy with CC/MCC	\$14,019
583	Mastectomy for Malignancy without CC/MCC	\$12,548
584	Breast Biopsy, Local Excision and Other Breast Procedures with CC/MCC	\$15,577
585	Breast Biopsy, Local Excision and Other Breast Procedures without CC/MCC	\$14,038

FY 2026 payments effective October 1, 2025 – September 30, 2026

Hospital Outpatient Coding and Payment⁴

CPT	CPT Description	CY 2026 Medicare National Payment
19361	Breast reconstruction; with latissimus dorsi flap	<p>Not Applicable</p> <p>These procedures are on the Inpatient Only Procedure List</p>
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	

CY 2026 payments effective January 1, 2026– December 31, 2026

Ambulatory Surgery Center Coding and Payment⁴

CPT	CPT Description	CY 2026 Medicare National Payment
19361	Breast reconstruction; with latissimus dorsi flap	<p>Not Applicable</p> <p>These procedures are on the Inpatient Only Procedure List</p>
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	

CY 2026 payments effective January 1, 2026– December 31, 2026

Commercial Payer

Commercial insurers and other payers may not adhere to Medicare's reimbursement methodologies or coverage guidelines. Therefore, it is essential to verify coverage and reimbursement rates directly with the patient's insurance provider. Additionally, submitting a prior authorization request may be required to ensure the procedure is approved.

Information regarding HCPCS S codes

HCPCS S codes are developed by commercial insurers to identify covered services and supplies that lack a corresponding CPT code. These codes are not necessarily accepted by Medicare, Medicaid, or other federal health programs.

HCPCS Code S2900 – Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure) – is intended to document the use of robotic assistance during surgery.

HCPCS S Codes S2066, S2067 and S2068 are used to report breast reconstruction flap procedures.

These HCPCS S codes may not be reimbursed separately, so it is important to check your payer contracts and/or directly with each payer.

References

1. Current Procedure Terminology (CPT) copyright 2025, American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Applicable FARS/DFARS restrictions apply to government use.
2. Centers for Medicare & Medicaid Services. CY 2026 MPFS Final Rule, CMS 1832-F. Although the total RVU is consists of three components, only the physician work RVU is shown.
3. Centers for Medicare & Medicaid Services. FY2026 Inpatient Prospective Payment System (IPPS) Final Rule, CMS 1833-F
4. Centers for Medicare & Medicaid Services. CY 2026 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Final Rule, CMS 1834-FC



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The Symani Surgical System is authorized for use in the U.S. by the FDA and is a CE marked medical device. Consult your local representative to confirm availability in other geographies. For product indications specific to your region, visit www.mmimicro.com/indications.

Caution: Federal law restricts this device to sale by or on the order of a physician.

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