

2026

MMI PHYSICIAN AND FACILITY

Coding & Billing Guide*
Head and Neck Flap Procedures





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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.

ICD-10-CM diagnosis codes

Diagnosis codes are used by both physicians and hospitals to document the indication for the procedure.

Due to the nature of the procedure list for head and neck flaps, this guide does not list the ICD-10-CM diagnosis codes for these procedures.

If you need assistance, please contact ReimbursementSupport@MMIMicro.com

Physician Coding Guide¹

Physicians use Current Procedural Terminology (CPT)² 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).

Glossectomy and Partial Glossectomy

CPT	Description	Work RVU	Total Facility RVU	2026 Medicare Physician Facility
41120	Glossectomy; less than one-half tongue	10.86	29.28	\$978
41130	Glossectomy; hemiglossectomy	15.35	35.48	\$1,185
41135	Glossectomy; partial, with unilateral radical neck dissection	29.39	57.40	\$1,917
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	28.42	57.40	\$1,927
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	36.98	72.34	\$2,416
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	29.11	58.15	\$1,942
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	32.75	62.92	\$2,102
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	43.19	78.23	\$2,613

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

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

Physician Coding Guide (continued)

Mandible and Maxilla Reconstruction

CPT	Description	Work RVU	Total Facility RVU	2026 Medicare Physician Facility
20955	Bone graft with microvascular anastomosis; fibula	39.25	67.90	\$2,268
20956	Bone graft with microvascular anastomosis; iliac crest	40.15	70.52	\$2,355
20957	Bone graft with microvascular anastomosis; metatarsal	41.54	73.55	\$2,457
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	38.23	72.71	\$2,429
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	44.29	69.52	\$2,322
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	43.47	76.07	\$2,541
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	43.40	75.80	\$2,532
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	46.09	79.94	\$2,670

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

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

Scalp Reconstruction

CPT	Description	Work RVU	Total Facility RVU	2026 Medicare Physician Facility
15757	Free skin flap with microvascular anastomosis	36.22	58.26	\$1,946
15758	Free fascial flap with microvascular anastomosis	35.98	58.12	\$1,941

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

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

Facility Coding Guide: Inpatient Hospital³

Glossectomy and Partial Glossectomy

MS-DRG	Description	2026 Medicare National Payment
137	Mouth Procedures with CC/MCC	\$10,866
138	Mouth Procedures without CC/MCC	\$6,449
140	Major Head and Neck Procedures with MCC	\$31,038
141	Major Head and Neck Procedures with CC	\$15,871
142	Major Head and Neck Procedures without CC/MCC	\$11,617
625	Thyroid, Parathyroid and Thyroglossal Procedures with MCC	\$21,977
626	Thyroid, Parathyroid and Thyroglossal Procedures with CC	\$10,911
627	Thyroid, Parathyroid and Thyroglossal Procedures without CC/MCC	\$9,666

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

Mandible and Maxilla Reconstruction

MS-DRG	Description	2026 Medicare National Payment
143	Other Ear, Nose, Mouth and Throat O.R. Procedures with MCC	\$27,263
144	Other Ear, Nose, Mouth and Throat O.R. Procedures with CC	\$12,610
145	Other Ear, Nose, Mouth and Throat O.R. Procedures without CC/MCC	\$8,749
515	Other Musculoskeletal System and Connective Tissue O.R. Procedures with MCC	\$23,190
516	Other Musculoskeletal System and Connective Tissue O.R. Procedures with CC	\$15,122
517	Other Musculoskeletal System and Connective Tissue O.R. Procedures without CC/MCC	\$11,182

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

Facility Coding Guide: Inpatient Hospital (continued)

Scalp Reconstruction

MS-DRG	Description	2026 Medicare National Payment
40	Peripheral, Cranial Nerve and Other Nervous System Procedures with MCC	\$28,097
41	Peripheral, Cranial Nerve and Other Nervous System Procedures with CC	\$15,999
42	Peripheral, Cranial Nerve and Other Nervous System Procedures without CC/MCC	\$12,572
143	Other Ear, Nose, Mouth and Throat O.R. Procedures with MCC	\$27,263
144	Other Ear, Nose, Mouth and Throat O.R. Procedures with CC	\$12,610
145	Other Ear, Nose, Mouth and Throat O.R. Procedures without CC/MCC	\$8,749
463	Wound Debridement and Skin Graft Except Hand for Musculoskeletal and Connective Tissue Disorders with MCC	\$41,474
464	Wound Debridement and Skin Graft Except Hand for Musculoskeletal and Connective Tissue Disorders with CC	\$22,665
465	Wound Debridement and Skin Graft Except Hand for Musculoskeletal and Connective Tissue Disorders w/out CC/MCC	\$13,271
500	Soft Tissue Procedures with MCC	\$23,029
501	Soft Tissue Procedures with CC	\$12,721
502	Soft Tissue Procedures without CC/MCC	\$9,9794
573	Skin Graft for Skin Ulcer or Cellulitis with MCC	\$47,673
574	Skin Graft for Skin Ulcer or Cellulitis with CC	\$25,261
575	Skin Graft for Skin Ulcer or Cellulitis without CC/MCC	\$13,076

MS-DRG	Description	2026 Medicare National Payment
576	Skin Graft Except for Skin Ulcer or Cellulitis with MCC	\$35,665
577	Skin Graft Except for Skin Ulcer or Cellulitis with CC	\$19,289
578	Skin Graft Except for Skin Ulcer or Cellulitis without CC/MCC	\$11,689
579	Other Skin, Subcutaneous Tissue and Breast Procedures with MCC	\$23,566
580	Other Skin, Subcutaneous Tissue and Breast Procedures with CC	\$12,574
581	Other Skin, Subcutaneous Tissue and Breast Procedures without CC/MCC	\$10,501
622	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders with MCC	\$25,899
623	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders with CC	\$13,054
624	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders without CC/MCC	\$9,110
904	Skin Grafts for Injuries with CC/MCC	\$26,728
905	Skin Grafts for Injuries without CC/MCC	\$10,794
927	Extensive Burns or Full Thickness Burns with MV >96 Hours with Skin Graft	\$155,362
928	Full Thickness Burn with Skin Graft or Inhalation Injury with CC/MCC	\$52,194
929	Full Thickness Burn with Skin Graft or Inhalation Injury without CC/MCC	\$23,437

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

Facility Coding Guide: Outpatient Hospital⁴

Glossectomy and Partial Glossectomy

CPT	Description	APC	CY 2026 Status Indicator	2026 Medicare Hospital Outpatient
41120	Glossectomy; less than one-half tongue	5165	J1	\$6,048.05
41130	Glossectomy; hemiglossectomy			Inpatient Only
41135	Glossectomy; partial, with unilateral radical neck dissection			Inpatient Only
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection			Inpatient Only
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection			Inpatient Only
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection			Inpatient Only
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection			Inpatient Only
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)			Inpatient Only

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

Mandible and Maxilla Reconstruction

CPT	Description	APC	CY 2026 Status Indicator	2026 Medicare Hospital Outpatient
20955	Bone graft with microvascular anastomosis; fibula	5114	J1	\$7,413.38
20956	Bone graft with microvascular anastomosis; iliac crest	5114	J1	\$7,413.38
20957	Bone graft with microvascular anastomosis; metatarsal	5114	J1	\$7,413.38
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	5114	J1	\$7,413.38
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	5114	J1	\$7,413.38
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	5114	J1	\$7,413.38
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	5114	J1	\$7,413.38
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	5114	J1	\$7,413.38

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

Facility Coding Guide: Outpatient Hospital (continued)

Scalp Reconstruction

CPT	Description	APC	CY 2026 Status Indicator	2026 Medicare Hospital Outpatient
15757	Free skin flap with microvascular anastomosis			Inpatient Only
15758	Free fascial flap with microvascular anastomosis			Inpatient Only

CY 2026 payments effective January 1, 2026- December 31, 2026.

Facility Coding Guide: Ambulatory Surgery Center⁴

Glossectomy and Partial Glossectomy

CPT	Description	Multiple Procedure Discounting	2026 Medicare National Payment
41120	Glossectomy; less than one-half tongue	Yes	\$3,025.62
41130	Glossectomy; hemiglossectomy		Inpatient Only
41135	Glossectomy; partial, with unilateral radical neck dissection		Inpatient Only
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection		Inpatient Only
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection		Inpatient Only
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection		Inpatient Only
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection		Inpatient Only
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)		Inpatient Only

When multiple surgical procedures are performed in the same operative session that are subject to the ASC multiple procedure discount, Medicare pays 100% of the highest paying procedure on the claim and 50 % of the applicable payment rate(s) for the other procedures subject to the multiple procedure discount that are furnished in the same session.
CY 2026 payments effective January 1, 2026- December 31, 2026.

Mandible and Maxilla Reconstruction

CPT	Description	Multiple Procedure Discounting	CY 2026 Medicare National Payment
20955	Bone graft with microvascular anastomosis; fibula	Yes	\$4,682.29
20956	Bone graft with microvascular anastomosis; iliac crest	Yes	\$4,682.29
20957	Bone graft with microvascular anastomosis; metatarsal	Yes	\$4,682.29
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	Yes	\$4,682.29
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	Yes	\$4,682.29
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	Yes	\$4,682.29
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	Yes	\$3,695.53
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	Yes	\$4,682.29

When multiple surgical procedures are performed in the same operative session that are subject to the ASC multiple procedure discount, Medicare pays 100% of the highest paying procedure on the claim and 50 % of the applicable payment rate(s) for the other procedures subject to the multiple procedure discount that are furnished in the same session.
CY 2026 payments effective January 1, 2026- December 31, 2026.

Facility Coding Guide: Ambulatory Surgery Center (continued)

Scalp Reconstruction

CPT	Description	2026 Medicare ASC
15757	Free skin flap with microvascular anastomosis	Inpatient Only
15758	Free fascial flap with microvascular anastomosis	Inpatient Only

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 HCPC 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.

About 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.

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

References

1. 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.
2. 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.
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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