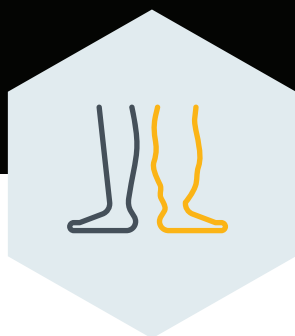
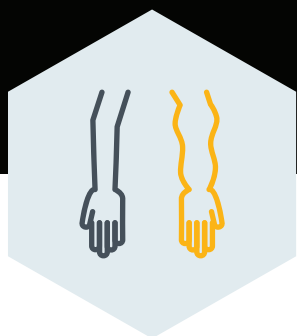


2026

MMI PHYSICIAN AND FACILITY

Coding & Billing Guide*
Lymphovenous Bypass





MMI Reimbursement Support

ReimbursementSupport@MMIMicro.com

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.

ICD-10-CM diagnosis codes¹

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

I89.0	Lymphedema, not elsewhere classified
I97.2	Postmastectomy lymphedema syndrome
I97.89	Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
Q82.0	Hereditary lymphedema

Physician Coding Guide

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). Category III CPT codes are not assigned RVUs and are set by each payer individually. You may be asked to provide a similar procedure, commonly referred to as a crosswalk, to help the payer assign a reimbursement value. The crosswalk procedure should be similar in work, intensity and procedure duration. Conversation with the payer is recommended to establish proper payment.

Category III CPT Code	Description
1019T	Lymphovenous bypass, including robotic assistance, when performed, per extremity

Cannot be reported with the following CPT codes:

- **38308** Lymphangiomyotomy or other operations on lymphatic channels
- **38790** Injection procedure, lymphangiography
- **+38900** Interoperative identification (eg, mapping) of sentinel lymph node(s), includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)
- **+69990** Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)

We recommend using a crosswalk for physician reimbursement that considers time and intensity to perform a complete lymphovenous bypass with robotic assistance. A potential crosswalk is 19364 - Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap) Work RVUs = 41.52³
Physicians should be consulted to determine the best procedure crosswalk.

Facility Coding Guide

Inpatient Hospital Procedure Codes / Inpatient Hospital Payment⁴

The following details ICD-10-PCS¹ coding and the applicable FY 2026 MS-DRG assignment for a lymphovenous bypass. The code reported for the procedure must be supported by the medical record documentation.

Lymphovenous Bypass

Code	Bypass <u>Left Upper Extremity</u> Lymphatic to:
07140Z3	Peripheral Vein, Open Approach
07140Z4	Central Vein, Open Approach
07140Z7	Lymphatic, Open Approach
07140ZK	Thoracic Duct, Open Approach
07140ZL	Cisterna Chyli, Open Approach

Code	Bypass <u>Left Axillary</u> Lymphatic to:
07160Z3	Peripheral Vein, Open Approach
07160Z4	Central Vein, Open Approach
07160Z7	Lymphatic, Open Approach
07160ZK	Thoracic Duct, Open Approach
07160ZL	Cisterna Chyli, Open Approach

Code	Bypass <u>Left Lower Extremity</u> Lymphatic to:
071G0Z3	Peripheral Vein, Open Approach
071G0Z4	Central Vein, Open Approach
071G0Z7	Lymphatic, Open Approach
071G0ZK	Thoracic Duct, Open Approach
071G0ZL	Cisterna Chyli, Open Approach

Code	Bypass <u>Left Inguinal</u> Lymphatic to:
071J0Z3	Peripheral Vein, Open Approach
071J0Z4	Central Vein, Open Approach
071J0Z7	Lymphatic, Open Approach
071J0ZK	Thoracic Duct, Open Approach
071J0ZL	Cisterna Chyli, Open Approach

Code	Bypass <u>Right Upper Extremity</u> Lymphatic to:
07130Z3	Peripheral Vein, Open Approach
07130Z4	Central Vein, Open Approach
07130Z7	Lymphatic, Open Approach
07130ZK	Thoracic Duct, Open Approach
07130ZL	Cisterna Chyli, Open Approach

Code	Bypass <u>Right Axillary</u> Lymphatic to:
07150Z3	Peripheral Vein, Open Approach
07150Z4	Central Vein, Open Approach
07150Z7	Lymphatic, Open Approach
07150ZK	Thoracic Duct, Open Approach
07150ZL	Cisterna Chyli, Open Approach

Code	Bypass <u>Right Lower Extremity</u> Lymphatic to:
071F0Z3	Peripheral Vein, Open Approach
071F0Z4	Central Vein, Open Approach
071F0Z7	Lymphatic, Open Approach
071F0ZK	Thoracic Duct, Open Approach
071F0ZL	Cisterna Chyli, Open Approach

Code	Bypass <u>Right Inguinal</u> Lymphatic to:
071H0Z3	Peripheral Vein, Open Approach
071H0Z4	Central Vein, Open Approach
071H0Z7	Lymphatic, Open Approach
071H0ZK	Thoracic Duct, Open Approach
071H0ZL	Cisterna Chyli, Open Approach

Facility Coding Guide (continued)

The MS-DRGs listed reflect when a lymphovenous bypass procedure is performed in conjunction with a breast reconstruction procedure. If you need coding assistance for an inpatient lymphovenous bypass performed with other procedures, or as a stand alone procedure, please contact the MMI Reimbursement department.

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 Payment for Therapeutic Lymphovenous Bypass⁵

Procedure	CPT and Description	CY 2026 Status Indicator	CY 2026 National Payment
LVB	1019T – Lymphovenous bypass, including robotic assistance, when performed, per extremity	J1	\$6,783.99

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

Status Indicator J1: Hospital Part B services paid through comprehensive APC– all covered Part B services on the claim are packaged with the primary “J1” service.

Ambulatory Surgery Center Coding and Payment for Therapeutic Lymphovenous Bypass⁵

Procedure	CPT and Description	Multiple Procedure Discounting	CY 2026 National Payment
LVB	1019T – Lymphovenous bypass, including robotic assistance, when performed, per extremity	Yes	\$2,848.20

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

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.

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.

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. 2026 International Classification of Diseases, 10th Revision, Clinical Modification ICD-10-CM and Procedure Coding System ICD-10-PCS <https://www.cms.gov/medicare/coding-billing/icd-10-codes>
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. CY 2026 MPFS Final Rule, CMS 1832-F. Although the total RVU consists of three components, only the physician work RVU is shown.
4. Centers for Medicare & Medicaid Services. FY2026 Inpatient Prospective Payment System (IPPS) Final Rule, CMS 1833-F
5. Centers for Medicare & Medicaid Services. CY 2026 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems Final Rule, CMS 1834-FC



MMI North America, Inc.
5022 Gate Parkway
Building 500
Jacksonville, FL, USA
www.mmimicro.com

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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