



2026

Quick Reference Coding Guide*

Therapeutic Lymphovenous Bypass

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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.

ICD-10-CM diagnosis codes¹

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

189.0	Lymphedema, not elsewhere classified
197.2	Postmastectomy lymphedema syndrome
197.89	Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
Q82.0	Hereditary lymphedema



MMI Reimbursement Support

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* 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

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

Cannot be reported with the following CPT codes:

- **38308** Lymphangiomy 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)

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. 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) CY 2026 work RVUs = 41.52. Physicians should be consulted to determine the best procedure crosswalk.

Facility Coding Guide⁴

Hospital Outpatient Coding and Payment for Therapeutic Lymphovenous Bypass

Procedure	CPT and Description	Status Indicator	APC	Medicare National Rate
LVB	1019T - Lymphovenous bypass, including robotic assistance, when performed, per extremity	J1	5092	\$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 Bypass

Procedure	CPT and Description	Multiple Procedure Discounting	Medicare 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. Please contact the MMI Reimbursement department for inpatient coding assistance.

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. 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 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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