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# Electrosurgical Removal of Neurofibromata in Large Quantities (0419T-0420T)

Neurofibromatosis Type 1 (NF1) is a rare disorder that is typically the result of *de novo* autosomal dominant mutations. Neurofibromas are composed principally of Schwann cells, fibroblasts and stromal collagen, some nerve axons, and scattered mast cells. The tumors range in size from a few millimeters to over 30 centimeters. A given patient may have a scattering of a few visible neurofibromas to hundreds of functionally and psychosocially debilitating neurofibromas.

Individual neurofibromas may be excised or destroyed with electrosurgical, laser or radiofrequency ablative techniques. An electrosurgical technique for removing large quantities of neurofibromas, numbering in the hundreds in one session, has been described in the *Journal of Plastic, Reconstructive & Aesthetic Surgery*.<sup>1</sup> Electrosurgical destruction includes electrofulguration, electrodesiccation, and electrocautery, used in both cutting and coagulating modes.

Since there were no existing CPT codes that specifically describe the electrosurgical destruction of “numerous” neurofibromas, two new CPT Category III codes were established to describe this destruction procedure. These codes went into effect on January 1, 2016.

- **0419T** Destruction of neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata

(For excision of neurofibroma, use 64792)

(Report 0419T once per session regardless of the number of lesions treated)

- **0420T** trunk and extremities, extensive, greater than 100 neurofibromata

(For excision of neurofibroma, use 64792)

(Report 0420T once per session regardless of the number of lesions treated)

These two new Category III codes can be used to collect data, possibly verify the efficacy of the procedure and facilitate research. These new codes refer to the destruction of numerous neurofibromata in one surgical session. The existing family of codes that describes the destruction of premalignant and benign cutaneous lesions (17000-17111)

does not adequately reflect the extent of work required to remove more than 50 neurofibromas in one encounter. CPT code 17110, *Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions*, and code 17111, *15 or more lesions*, are inadequate in describing the work necessary to remove a significant number of neurofibromas in one session. Similarly, the benign lesion excision code family (11400-11446) refers to excision and, therefore, these codes are not appropriate for reporting the destruction of large numbers of neurofibromas; however, they may be used to describe the excision of individual neurofibromas. When neurofibromas or neurilemmomas are excised in conjunction with a cutaneous nerve (eg, plexiform neuromas), this is reported with code 64788, *Excision of neurofibroma or neurolemmoma; cutaneous nerve*, code 64790, *major peripheral nerve*, or code 64792, *extensive (including malignant type, as appropriate)*.

During a typical electrosurgical session, a mean of 450 neurofibromas, with a range from 50 to 2,700, are removed. An average surgical session lasts from 2 to 2 ½ hours. In some cases, a surgical assistant may be needed. For neurofibromas, size, location, depth, need for closure (suture or staples), and other factors may determine the number removed. Supporting documentation may be needed to explain the large number of neurofibromas removed in a single surgical session because patients with NF1 may have only a few tumors, tens, hundreds, or thousands. Patients may require multiple electrosurgical destruction surgeries over a lifetime, in order to maintain a restoration of a more normal external appearance.

## Clinical Example (0419T)

A 43-year-old female with type 1 neurofibromatosis presents with multiple neurofibromata of the face and neck. Neurofibromata were mostly in the 2-4 mm range.

## Description of Procedure (0419T)

The patient was placed in a supine position and general anesthesia with intubation was induced. The head, face, and neck were then prepared and draped in usual fashion. Electrodesiccation was performed of multiple neurofibromata. More than 50 lesions were treated in this manner. Once all sites had been treated, antibiotic ointment was placed upon all areas. The patient was then extubated and transferred to the recovery room in satisfactory condition.

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## Clinical Example (0420T)

A 44-year-old female with type 1 neurofibromatosis presents with multiple neurofibromata of the posterior torso, bilateral arms, and lower extremities. Neurofibromata were mostly in the 2-4 mm range.

## Description of Procedure (0420T)

Following induction of general anesthesia with intubation, the patient was placed in the left lateral decubitus position. All bony prominences were carefully padded. The patient's posterior torso and bilateral arms and legs were then prepared and draped in the usual fashion. Electrodesiccation was performed of multiple neurofibromata on the torso, arms, and legs. Once all sites have been adequately

treated, antibiotic ointment was placed upon all areas. Approximately 400 neurofibromata were removed. The patient was then awakened, extubated, and returned to the recovery room in satisfactory condition.

In summary, the electrosurgical removal of numerous, usually hundreds of neurofibromas in one surgical session, can both restore a patient's normal appearance and brighten the patient's psychosocial well-being.◆

### Reference

1. Levine SM, Levine E, Taub PJ, Weinberg H. Electrosurgical excision technique for the treatment of multiple cutaneous lesions in neurofibromatosis type I. *J of Plastic, Reconstructive & Aesthetic Surgery*. 2008;61: 958-962.