

Insurance Coverage For Neurofibroma Removal

Neurofibroma removal, when properly documented, for people with neurofibromatosis, should be covered by most insurance plans. This is medically justified for several reasons:

- 1) The possibility (though small, but statistically significant) that the individual tumors can become malignant.
- 2) Tumors may cause nerve damage either directly or indirectly as they grow.
- 3) Neurofibromas may cause heightened sensitivity of involved skin areas, may be prone to excessive bleeding, pain, or intractable itching.

If a patient is turned down by his or her insurance company, check with the doctor's office to assure that the medical evaluation was properly documented. This is frequently the problem and the reason for claim denials. Treating physicians may need to file an addendum to their original notes to better explain symptoms, disfigurement, reliance on medication, prior attempts at treatment, and psychosocial stress. The patient or doctor may request a reconsideration stressing the reasons why treatment is necessary. The insurance company needs to understand that neurofibromas are not typical benign tumors or conditions such as birthmarks or skin tags. If facing another denial from a private insurer, it is encouraged that patients write a letter to the State Health Insurance Commissioner (whose number can be found in the blue pages of the phonebook). If insurance is provided through an employer, the claimant should also let his company benefits coordinator know about the denials for treatment.

If they are covered by Medicaid, there should not be a problem, because all rendered medical care is covered. The only possible problem might be a physician who is not knowledgeable with neurofibromatosis and refuses to remove a tumor(s) because he/she considers it cosmetic surgery. A call to most state Medicaid offices should be sufficient to clarify coverage.

Medicare will cover treatment. Again, when a denial occurs it is usually because of lack of documentation. The beneficiary should follow the steps listed above for private insurers.

Diagnostic ICD-10 codes are: Q85.00 NF unspecified
Q85.01 NF1
Q85.02 NF2

The billing code or CPT code for removal of neurofibromas varies depending on the technique used to remove them; what part of the body they are removed from; and the quantity removed.

CPT Code 17110 should be used for the **destruction of up to 14 lesions** using destructive techniques such as laser surgery, electrodesiccation, electrosurgery, cryosurgery, chemosurgery, surgical curettement.

CPT Code 17111 should be used for **15 or more lesions** using destructive techniques such as laser surgery, electrodesiccation, electrosurgery, cryosurgery, chemosurgery, surgical curettement.

CPT Code 64788 should be used for **excision** of neurofibromas using a scalpel.

CPT Code 64790 should be used for **excision** from a peripheral nerve.

be **iNF**ormed about Neurofibromatosis

CPT Code 64792 should be used for **excision** of neurofibroma extensive (including malignant type).

For the **extensive destruction** of neurofibromas, new temporary (Category III) codes are to be used from January 1, 2015 until December 31, 2027 (extended from 2021). These codes will be added permanently to the CPT code listing if they are found to be useful and used by at least 30 different surgeons during the six year period.

CPT Code 0419T should be used for the destruction of extensive (greater than 50) cutaneous and subcutaneous neurofibromata (neurofibromas) of the face, head and neck.

CPT Code 0420T should be used for the destruction of extensive (greater than 100) cutaneous and subcutaneous neurofibromata (neurofibromas) of the trunk and extremities.

Both diagnosis code and billing code must be on the insurance claim form.