

Insurance Coverage For Neurofibroma Removal

All neurofibroma removals, properly documented, for people with neurofibromatosis, should be covered by most insurance plans. This is medically justified for two reasons:

- 1) The possibility (though small, but statistically significant) that the individual tumors can become malignant.
- 2) The fact that they can cause functional nerve damage with excessive growth leading to paralysis or physical debilitation.
- 3) They may be irritated by clothing, cause excessive bleeding, pain, excessive itching or become infected.
- 4) They may cause severe disfigurement, leading to social isolation and contributing to psychological disorder.

If a patient is turned down by the insurance company, check with the doctor's office to ensure that the claim was fully documented. This is frequently the problem and the reason the claims are denied is the lack of full information from the physician. The patient or doctor should request a reconsideration stressing that the patient has neurofibromatosis and the circumstances explained above. The insurance company needs to understand that they are not "skin tags" but a neoplastic disorder. If they again are denied and they are under a private insurer, they should write a letter to the State Health Insurance Commissioner (whose number can be found in the blue pages of the phonebook). If the insurance is through the employer, the claimant should also let his company benefits coordinator know the problems which are occurring with the insurance plan.

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 ignorant of the neurofibromatoses 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 it. Again, when a denial occurs it is usually because of a 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

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

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