



# DEPARTMENT OF OTORHINOLARYNGOLOGY

THE UNIVERSITY OF TEXAS  
MEDICAL SCHOOL AT HOUSTON

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## Welcome

In this issue of [UT ORL Update](#), we focus on only two topics:

- Recent discussions in the healthcare debate have highlighted common **misconceptions about CPT**, and my informal observations at this year's AAO meeting suggest that those misconceptions exist within the otorhinolaryngology community.
- A few weeks ago, Drs. Karni and Ho were guests on the [Dr. Oz Show](#) as they discussed a patient with lip cancer. We are proud to offer our department's views on lip cancer and reconstruction.



As always, we welcome your feedback and comments. Please feel free to contact us at any time — and to forward this newsletter to friends and colleagues.

[Martin J. Citardi, MD, FACS](#) [e-mail](#)

## In This Issue

[Current Procedural Technology: History, Structure, Process & Controversies](#)

[Lip Cancer](#)

[Lip Reconstruction](#)

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## Current Procedural Technology: History, Structure, Process & Controversies

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Every day, physicians rely upon Current Procedural Terminology (CPT) to report their services for payment by the [Centers for Medicare & Medicaid Services](#) (CMS) and other third-party payers. Increasingly, CPT coding captures quality and outcome measures — a feature that is likely to have increasing importance in the era of [Pay for Performance](#) (P4P) and the [Physician Quality Reporting Initiative](#). Despite its near-ubiquity for reporting physician work, misconceptions about CPT are common. In fact, a recent [on-line survey](#) summarized considerable misconceptions about CPT. [Read More »](#)



## Lip Cancer

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Lip cancer is the most common malignant lesion of the oral cavity, constituting 25-30% of all oral cavity cancer cases and is the second most common malignancy of the head and neck overall (after cutaneous malignancy). Unlike other sub-sites of the oral cavity, sun exposure is a well established risk factor for development of lip cancer. This helps explain why 90% of lip cancers occur on the lower lip, since it has a higher level of sun exposure compared to the upper lip which is shielded by the nose and is angled slightly downwards. There is also a pronounced geographic variability in incidence which is consistent with sun exposure patterns. In the US, the incidence is 1.8 per 100,000 population, whereas in Australia the incidence reaches as high as 13.5 per 100,000, and in parts of Asia lip cancer is virtually nonexistent. Thirty percent of patients with lip cancer have outdoor occupations. Tobacco use, including dip, alcohol use and immunosuppression are also risk factors. HPV has been associated with lip malignancy, but its role in the pathogenesis of the disease is not as defined as with other sub-sites in the oral cavity and oropharynx. This malignancy is more common in males, patients with fair complexions, and in the 6th decade of life. Most lower lip cancers (90%) are squamous cell type and involve the vermilion, whereas upper lip cancer is usually basal cell type and arise from the lip skin. There is a high incidence of second primary skin malignancies in patients with lip carcinoma due to the common sun exposure risk. [Read More »](#)



## Lip Reconstruction

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The reconstruction of a subtotal to total lower lip defect, whether it be due to trauma or cancer resection, presents a significant challenge for the plastic and reconstructive surgeon. In addition to the clear immediate need for soft tissue coverage, there is also the challenge of re-establishing oral competence and function. The lower lip serves an important function not only in deglutination, speech production, but also allows the expression of emotion. [Read More »](#)



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