Skin and Muscle Flap Procedures of the Midface and Neck: An Update

CPT® Assistant.

November 2017; Volume 27: Issue 11

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This article addresses several important changes that have been made to the Flaps (Skin and/or Deep Tissues) subsection of the Integumentary System section of the Current Procedural Terminology (CPT®) 2018 code set. In this subsection, one code has been deleted (15732) and two new codes have been created (15730, 15733) to distinguish skin and/or muscle flap procedures of the midface and neck, respectively.

Based on survey results and utilization data reviewed by the American Medical Association/Specialty Society Relative Value Services Update Committee (RUC), it became clear that improving the specificity of the type of flap performed was necessary to accurately report these procedures.

Flaps (Skin and/or Deep Tissues)

15730
Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)
15731

Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)

(For muscle, myocutaneous, or fasciocutaneous flap of the head or neck, use 15733)
(15732 has been deleted. To report myocutaneous or fasciocutaneous flap, use 15733)

15733
Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)

(For forehead flap with preservation of vascular pedicle, use 15731)

(For anterior pericranial flap on named vascular pedicle, for repair of extracranial defect, use 15731)
(For repair of head and neck defects using non-axial pattern advancement flaps [including lesion] and/or repair by adjacent tissue transfer or rearrangement [eg, Z-plasty, W-plasty, V-Y plasty, rotation flap, random island flap, advancement flap], see 14040, 14041, 14060, 14061, 14301, 14302)

Code 15730 is different from code 15733 in that code 15730 describes midface flaps (smaller and not based on a named vascular pedicle) while code 15733 describes muscle flaps of the head and neck (larger and based on a named vascular pedicle). It should also be noted that code 15733 is intended to replace code 15732, which did not specify whether a named pedicle was used.
With code 15732 deleted, code 15733 has been established as the parent code for existing codes 15734, 15736, and 15738. It is important to note that the pedicles (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) listed in code 15733 are the only pedicles that apply when reporting this code. See Figure 1 for the midface muscles surrounding the eye.

Along with these changes, new parenthetical notes for instructional purposes have been created and guideline revisions have been made to aid in correct coding.

See the following clinical examples and procedure descriptions that reflect typical clinical situations for codes 15730 and 15733.

Clinical Example (15730)

A 62-year-old female has an inferiorly displaced lower eyelid and cicatricial lagophthalmos three months after excision of a carcinoma with primary rotational flap closure. A midface zygomaticofacial myocutaneous flap is performed to allow for adequate lid closure.

Description of Procedure (15730)

The fixed tissue defect is identified and a flap design marked based on surrounding eyelid and mid-facial tissue that can be mobilized and remains well vascularized by facial, infraorbital, and zygomaticofacial arteries. The facial nerve branches may be identified with a nerve stimulator and marked. A lateral canthotomy is extended along the zygomatic arch with inferior cantholysis to the orbital rim. A total subperiosteal release of the anterior malar face includes dissection of the anterior half of the zygomatic arch down to the premasseteric fascia laterally, deep to the gingival sulcus inferiorly, and to the nasal ala medially, with care to identify and preserve all neurovascular bundles and vascular pedicles.

When the flap is adequately released, it is mobilized. A drain is placed and the flap is anchored to the deep temporalis fascia, with fixation screws to the orbital rim and lateral nasal wall.

Clinical Example (15733)

A 79-year-old male presents with a large defect in the upper cheek from excision of an invasive squamous cell carcinoma. In addition to the defect of the skin and subcutaneous tissue, there is exposed bone of malar eminence that cannot be covered with the adjacent skin.

Description of Procedure (15733)

After the ablative part of procedure has been completed, the appropriate measurements of defect and plan for size of flap are obtained. An incision is made over ipsilateral temporalis muscle. Dissection is carried down through the superficial temporal fascia, which is elevated off the muscle. The anterior, superior, and posterior borders of the muscle are exposed, muscle fascia attachments to the skull are divided, and muscle from the skull down to the zygomatic arch is elevated. The location of facial nerve for flap planning is determined to avoid damaging the nerve. A subcutaneous tunnel is made between defect and incision overlying the temporalis muscle. A superficial level of dissection is maintained to prevent damage to frontal branch of the facial nerve. The size of the tunnel is adjusted to allow for passage of muscle flap without excessive pressure on the flap, and the flap is passed through the tunnel and into the cheek defect. The flap is inset into the edge of the defect with sutures. Drains are placed beneath the flap and in the donor defect and sutured into position. Muscle is assessed for venous congestion and the subcutaneous tunnel is adjusted as necessary. The donor site superficial temporal fascia is closed. The skin is closed in layers. A skin graft is performed, which is reported separately. Sterile dressings are applied to the flap.

