FLORIDA ACADEMY OF DERMATOLOGY

NEWSLETTER

Promoting excellence in dermatologic care, ensure the highest standards for dermatologic practice and medical education, and to enhance the quality and availability of dermatologic health care to all Floridians.

Changes Coming Our Way!

We want to make you aware of an important change coming from Cigna effective October 1st. Read more below...

Practical Pieces of Clinical Wisdom

Enjoy some clinical pearls passed down from your FAD experienced clinicians to you, the member.

Legal Advice and Legislative Updates

Read specialized legal advice for a range of professional issues, including defending against malpractice claims, subpoenas, compliance and more!

In Legislative news, you will learn about the FAD's representation at the AAD Conference in Washington, DC and an update on the 2026 Legislative Session.

FALL 2025 TOPICS

- POTENTIAL CHANGES WITH CIGNA COMING OCTOBER 1ST
- CLINICAL AND MANAGEMENT PEARLS
- LEGAL CORNER WITH CHRIS NULAND
- LEGISLATIVE UPDATE

alyson@theassociationcompany.com

www.faderm.org

BREAKING NEWS

Dear FAD Members,

We want to make you aware of an important change coming from Cigna effective October 1st. Cigna has announced that it will begin downcoding some CPT codes by one level, specifically 'services may be adjusted by one level to reflect the appropriate reimbursement when the AMA guidelines are not met.' Per the AAD's August 19, 2024 Advocacy update, Cigna explained this review is limited in scope and will not affect 97% of its network, but specifically will target physicians who frequently report Level 4 and Level 5 E/M CPT codes, and the downcoded claims will be noted on the remittance advice.

While Cigna states that this policy is intended to align coding with diagnosis patterns, there is a significant concern that this may result in systematic downcoding without Cigna first reviewing the medical records. We recognize the significant and likely harmful impact these changes may have on our members, and we want to assure you that we are actively monitoring the situation. Your experience and input are critical as we determine next steps so we ask for your feedback as to whether this is occurring with all of your claims or only certain ones.

At the same time, we want you to know that we are exploring every possible avenue to protect our members. This includes evaluating potential legislative solutions, as well as considering collaborations with other medical societies and the AAD to identify effective strategies moving forward. Here are a few things you can do in the interim: strengthen documentation, code with specificity so it accurately reflects the complexity of the patient's condition, promptly file appeals for any downcoded claims, and lastly please join our society's advocacy effort to help push back against this unfair policy by donating your time or money to the PAC. We are committed to keeping you informed and supported as we address this challenge together.

CLINICAL & PRACTICAL PEARLS

1. **IMPROVE GRANULATION TISSUE OVER EXPOSED TENDONS**
   - *Small punch biopsies (2 mm) through tendons will allow for granulation tissue to migrate through the openings and speed healing. (Robert Kirsner MD, Miami, FL)*

2. **REVERSE NEGATIVE EFFECT OF PREDNISONE ON HEALING**
   - *Topical retinoids (in short contact 10-30 minutes) applied to wounds in patients taking systemic steroids can reverse the detrimental effect on healing steroids can induce. (Robert Kirsner MD, Miami, FL)*

3. **ACTINIC KERATOSIS MANAGEMENT**
   - *I find that patients who come into the office for treatment of a skin cancer are often highly motivated to take care of their AKs at the same time as well. When it's appropriate, I often take some time to manage AKs (whether it's managing with 5-FU or with cryo) at the same time in order to lower their risk of spending more time with me in the future. (Andrew Miner MD, Rockledge, FL)*

4. **LABS FOR HORMONAL ACNE AND POSSIBLE PCOS**
   - *For hormonal acne, especially if there is concern for polycystic ovarian syndrome (PCOS - irregular menses, hirsutism, acne over the lower half of the face), I often check androgen levels but also a fasting insulin level since many patients with PCOS also have concomitant hyperinsulinemia. Labs to check: free and total testosterone, DHEA-s (sulfated version is more stable than DHEA), androstenedione, LH/FSH (ratio can be helpful in lean PCOS patients as LH typically high), and fasting insulin. (Sima Jain MD, Orlando, FL)*

5. **HYDROXYCHLOROQUINE AND SIDE EFFECTS**
   - *To minimize the risk of ocular toxicity, keep dose to 5mg/kg/d actual body weight. The risk of retinal toxicity is less than 2% for use up to ~7-8 years of use. American Academy of Ophthalmology (AAO) guidelines recommend annual screening after 5 years of use unless there are higher risk features (daily dose > 5mg/kg actual body weight, renal disease, preexisting retinal disease). (Sima Jain MD, Orlando FL)*
   - *Baseline eye exam is recommended to rule out any confounding disease. Eye exams should include automated visual fields, dilated fundoscopic examination and optical coherence tomography (OCT) which can detect early toxicity and thus preserve visual function. (Chirag Patel MD [ophthalmologist], Orlando FL)*
   - *Although not mandated, many clinicians check baseline labs (CBC and CMP). CBC to check for cytopenia and CMP to check LFTs (metabolized in liver), creatinine (renally cleared and may need to adjust dose) and electrolytes.*
   - *In addition, HCQ can cause QT prolongation, but the risk is usually low at standard doses (200-400mg daily). In patients with known heart disease, history of prolonged QT or syncope, concomitant QT-prolonging medications (macrolides, fluoroquinolones, certain antidepressants, antiarrhythmics, etc), or significant electrolyte disturbances (low K^{+}, Mg^{++}, Ca^{++}), a baseline EKG would be reasonable and cardiology referral if any abnormalities are present. (Milind Parikh MD [cardiac electrophysiologist], Orlando FL)*

6. **STYES AND MOIST COMPRESSES**
   - *Warm compresses or microwaveable heat (like a Bruder Mask) can transfer sustained heat to liquify the stagnant oil in the meibomian glands. Typically, we recommend 10 minutes 2-3 times a day, followed by gentle massage of the area. An easy way to create a warm compress is to put uncooked rice in a clean sock and put it in the microwave for 30 seconds. (Chirag Patel MD [ophthalmologist], Orlando, FL)*
   - *Bruder Moist Heat Eye Compress on Amazon: https://a.co/d/bEMMWNb*

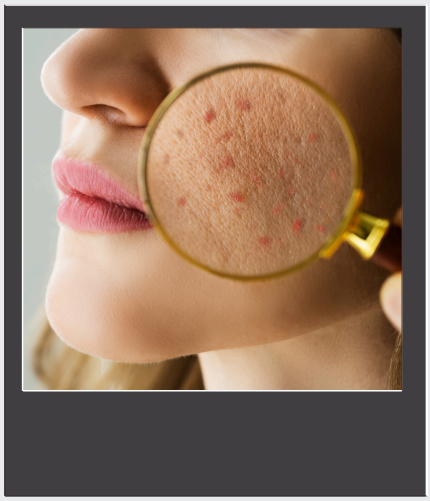
CLINICAL & PRACTICAL PEARLS CONTINUED...

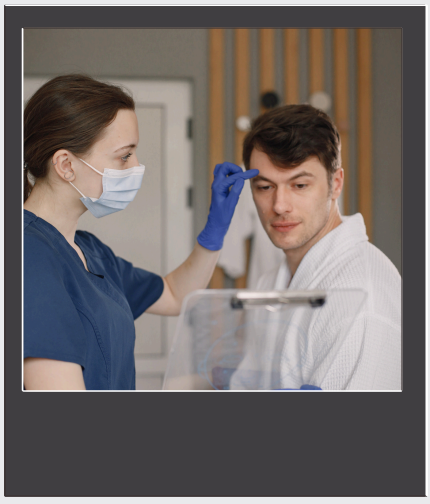
7. **HIDRADENITIS SUPPURATIVA AND INTRALESIONAL STEROID INJECTION**
   - *Do you inject intralesional triamcinolone into hidradenitis suppurativa lesions? If so, did you know that a systemic review suggests you inject 7.5mg into nodules/abscesses and no less than 20mg into tunnels! I bet you are under dosing! (Hadar Lev-Tov MD, Miami, FL)*

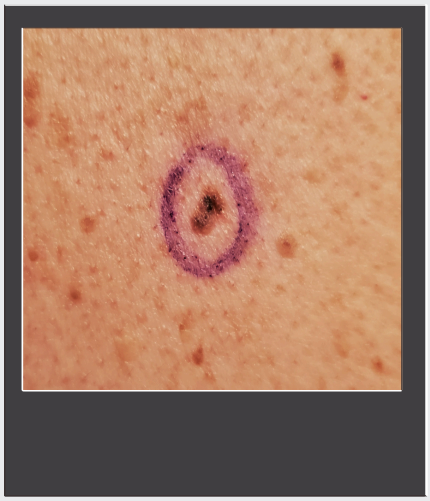
8. **HIDRADENITIS SUPPURATIVA AND WINLEVI®**
   - *Your female hidradenitis suppurativa patients with nodules in the thighs and genitals are hesitant about spironolactone. A recent case series supports the use of clascoterone (Winlevi®) twice daily as an off-label treatment. But please, apply consistently and generously for maximal benefit. (Hadar Lev-Tov MD, Miami, FL)*

9. **NEW STYLE OF MICRONEEDLING FILLERS**
   - *In today's social media-driven world, where images of "overfilled faces" often dominate the conversation, we find ourselves frequently educating patients on the actual safety and science behind dermal fillers. Hyaluronic acid (HA) fillers, in particular, undergo rigorous FDA-approved testing and are overwhelmingly safe when used correctly. In reality, most poor outcomes stem from improper technique—not from the products themselves. That said, the aesthetic industry is seeing a noticeable shift toward regenerative, skin-enhancing procedures. Interestingly, traditional HA fillers can be adapted for this purpose as well. Newer, lower-concentration formulations—typically containing 12–15 mg/ml of HA versus the 20–25 mg/ml in conventional fillers—are designed not to volumize, but to improve skin texture and hydration.*
   - *These lighter fillers are injected using a microdroplet technique in the intradermal or subdermal plane. The results? Improvements in fine lines, skin smoothness and hydration—benefits that have been shown in some studies to last up to nine months.*
   - *Currently available microdroplet fillers in the U.S. include SkinVive, Restylane Silk, and RHA Redensity—all excellent options for patients seeking subtle, skin-quality improvements without adding volume. (Joely Kaufman MD, Coral Cables, FL)*

View a list of previous clinical and management pearls from past FAD newsletters HERE!







LEGAL CORNER

WITH CHRIS NULAND, ESQ.

1. **HOW LONG DO I NEED TO RETAIN MEDICAL RECORDS IN FLORIDA PER STATE LAW AND WITH CONSIDERATION OF MALPRACTICE DEFENSE?**

- Answer: Florida Administrative Code 64B8-10 requires physicians to retain medical records for at least 5 years (for minors, 5 years after the patient turns 18). Many risk-management experts, however, recommend retaining records for 7 years to provide adequate protection in case of malpractice claims, since the statute of repose for medical malpractice in Florida is generally no more than 2 years from the date of incident or up to 4 years from the actual incident if the patient was unaware of the malpractice (with certain exceptions such as fraud, that can extend the period up to 7 years). For pediatric patients, many practices retain records until the patient reaches age 25 to be safe.
- **Bottom line: keep records for 7 years for adults and until age 25 for minors.**

2. **IF I RECEIVE A 'SUBPOENA DUCES TECUM WITHOUT DEPOSITION' FOR MEDICAL RECORDS OF A PATIENT, WHAT STEPS SHOULD I TAKE AS A PHYSICIAN TO ENSURE I'M HANDLING IT CORRECTLY?**

- Answer:
  - First, confirm legal authority to release. Most medical subpoenas will include a HIPAA release or client release. Also, remember that super-confidential information (such as mental records, STDs, etc.) may only be released through a court order signed by a judge.
  - Check for patient authorization or notice (HIPAA-compliant release signed by the patient or a certificate of compliance showing the patient was notified per Fla. Stat 456.057(7) and given a chance to object. If neither is included, you cannot release the records.
  - Release only what is specifically requested. This ensures you comply with HIPAA's "Minimum Necessary" standard.
  - Prepare a custodian of records affidavit (certification), if asked
  - Fees you may charge per Florida law: paper records up to $1 per page for the first 25 pages, the $0.25 per page, certification affidavit $5-10 dollars is acceptable
  - Certification of records is commonly requested for you to sign that the copies are true and complete to the best of your knowledge; notarization is not required unless specifically requested or ordered, and the cost of such notarization may be added (although the time taken to obtain the notarization may not be charged).
  - Keep a log of the date received, what was sent and any fees charged
  - **Bottom line: Don't release anything until patient authorization or notice of compliance is confirmed, limit records to what's requested, certification common but notarization rare, charge fees as permitted and keep a copy for your files.**

WHAT CAN YOU DO?

ENGAGE with Legislators by joining FMA!

COMMUNICATE with legislator's offices by sending emails and making phone calls to express the importance of your specialty and advocate for specific policies.

PARTICIPATE in advocacy conferences: and webinars to learn about important issues and gain experience.

SHARE YOUR EXPERTISE on issues that are important to dermatology.

SEND success stories, and other information to legislators' offices to keep them informed.

COLLABORATE with patient groups to highlight the challenges and needs within your field and advocate for better patient outcomes.

LEAD GRASSROOTS EFFORTS by volunteering or partnering with local organizations, clinics, or nonprofits to support their advocacy efforts and share your expertise.

SERVE as a state contact for your specialty society, acting as a direct link to policymakers in your area.

EDUCATE AND ORGANIZE to support the FAD efforts and make a collective impact.

ENGAGE your colleagues and inspire patients: to get involved in advocacy efforts.

COMMUNICATE MORE effectively: by choosing the best method for the situation, whether that's an email, a phone call, or using social media.

ADVOCACY IN ACTION

LEGISLATIVE FALL UPDATE

FLORIDA ACADEMY OF DERMATOLOGY
EST. 1930

AAD

2025 AADA
Legislative Conference
September 7–9 • 2025

FAD MEMBERS PROUDLY REPRESENTED FLORIDA AT THE AAD LEGISLATIVE CONFERENCE IN WASHINGTON, D.C., ADVOCATING FOR THE FUTURE OF DERMATOLOGY AND PATIENT CARE. THANK YOU TO FAD MEMBERS: DR. TERRY CRONIN, DR. AMY DERICK, DR. ANDREW MINER, DR. J. MATTHEW KNIGHT, DR. ROBERT KIRSNER, DR. KEYVAN NOURI AND OTHERS, NOT PICTURED. A BIG THANK YOU TO FLORIDA CONGRESSMAN MIKE HARIDOPOLOS.

UPDATE ON THE LEGISLATIVE SESSION

Because 2026 is an election year, Florida's 60-day Legislative Session will begin early with a January 13th start date. But in reality, Session will be well underway by then with Interim Committee meetings beginning in October.

The first bills for the 2026 Session are starting to be filed. And while we don't yet know all of the challenges facing FAD this Session, we are preparing for intense scope of practice expansion efforts particularly in the Florida House of Representatives. Property Tax reforms are expected to be addressed, and lawmakers will maintain a keen focus on the midterm elections which will shape most of the decisions made this Session.

DO YOU KNOW A MEDSPA THAT DOES NOT HAVE DERMATOLOGIST OR PLASTIC SURGEON SUPERVISION?

In 2006, the FAD was instrumental in passing legislation that requires any PA or APRN performing "primarily skin care services" outside of a physician's office to be supervised by a board-certified dermatologist or plastic surgeon (FS 458.348(3)). Unfortunately, many medspas have ignored this legislation, placing patients at substantial risk.

If you know of such a medspa, you may report them to the State in one of two ways. The first is to simply go to the Board of Medicine website and click on the button that says "File a Complaint." If you would like to remain anonymous, you can send your complaint and any associated evidence to our Legal Counsel, Chris Nuland, who can file a complaint on behalf of the FAD. If you would like to email him, please click here.

MEDSPA COMPLIANCE

FLORIDA ACADEMY OF DERMATOLOGY

EST. 1930

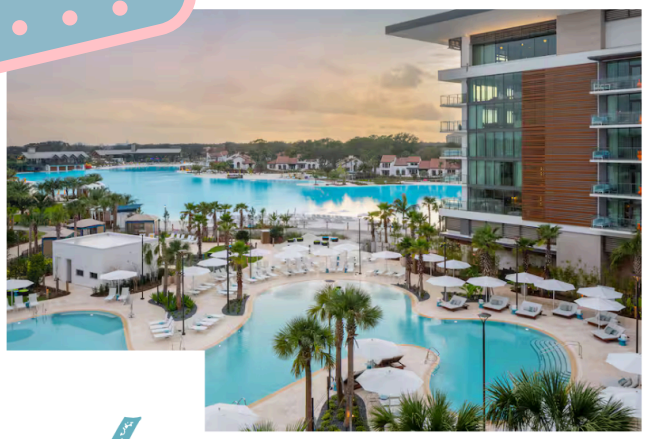
DON'T FORGET!

RESIDENTS LOOKING FOR JOBS? FAD OFFERS A JOB BOARD CONNECTING WITH FAD MEMBERS LOOKING TO HIRE!

The Florida Academy of Dermatology is looking to connect applicants with varied experiences, skills, and interests who will contribute to our established dermatologists in the state of Florida. We hope to find dermatologists who aspire to be leaders in the field that wish to provide a high level of care to their patients. Complete the application to be potentially paired with a dermatology member in Florida for a job opportunity.

2026 FAD ANNUAL MEETING REGISTRATION

NOW Open!



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