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.

SPRING 2026

BlueCross BlueShield

MODIFIER 25 AT RISK: PROTECTING ACCESS TO SAME-DAY DERMATOLOGIC CARE

Policies that reduce reimbursement for Modifier 25 claims threaten a core component of dermatologic care 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 what your membership dollars go towards to fight in the legislature.

SPRING 2026 TOPICS

MODIFIER 25 AT RISK!

CLINICAL AND MANAGEMENT PEARLS

LEGAL CORNER WITH CHRIS NULAND

LEGISLATIVE UPDATE

FAD **2026** ANNUAL MEETING - JOIN US

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IMPORTANT UPDATES

MODIFIER 25 AT RISK: PROTECTING ACCESS TO SAME-DAY DERMATOLOGICAL CARE

Policies that reduce reimbursement for Modifier 25 claims threaten a core component of dermatological care—efficient, same-day evaluation and treatment. Recent proposals from insurers like Blue Shield of California to cut E/M payments by 50% when billed with minor procedures, along with similar (now paused) efforts by Blue Cross Blue Shield of Michigan, highlight a growing national trend. These policies directly impact dermatology, where biopsies, destruction's, and other procedures are frequently and appropriately performed during the same visit as a medically necessary evaluation. Notably, findings from the Office of Inspector General confirm that dermatologists largely comply with Modifier 25 requirements, underscoring that these cuts are not evidence-based.

Reducing payment for legitimate services risks fragmenting care, increasing unnecessary follow-up visits, and ultimately raising costs for both patients and the healthcare system. Clear legislative protections are essential to ensure fair reimbursement, preserve access, and maintain high-quality dermatological care. To protect the integrity of medical decision-making, the Florida Academy of Dermatology (FAD) is actively advocating for proactive state legislation to make such automatic payment reductions illegal in the state of Florida. This essential legislative remedy aims to ensure insurers pay claims as submitted and only allow down-coding after a peer-specialty review, ultimately safeguarding patient access to timely, comprehensive care. Please consider supporting our Dermatology PAC of Florida to help advance this effort by clicking here.

CLINICAL & PRACTICAL PEARLS

1. **CHRONIC SPONTANEOUS URTICARIA (CSU)** - While Chronic Spontaneous Urticaria (CSU) is often idiopathic in nature, it is important to think outside the box, particularly in treatment-resistant patients. These patients are frequently found to have elevated anti-thyroid antibodies – as high as 30-40% - even in the setting of a euthyroid state. This likely reflects an autoimmune mast cell-driven process, and often requires step-up therapy, such as higher dose antihistamines or biologics like omalizumab. **(Shreya Patel MD, Allergist, Empower Allergy and Asthma, Orlando, FL)**

2. **EXOSOMES IN DERMATOLOGY** - Exosomes are nano-sized extracellular vesicles that facilitate intercellular communication and have emerging applications in dermatology and regenerative medicine. They may aid in skin rejuvenation by promoting extracellular matrix production, inhibiting MMPs, and supporting hair follicle activity while modulating inflammation. Early evidence suggests benefits in wound healing, post-procedure recovery, and overall skin quality, though studies are small and lack standardization. There are currently no FDA-approved exosome products, and those available are topical and not intended for injection. While promising, further research is needed to better define their safety, efficacy, and clinical role. **(Joely Kaufman MD, Dermatologist, Skin Associates of South Florida, Skin Research Institute, Coral Gables, FL)**
   a. Mahmoud RH, Peterson E, Badiavas EV, Kaminer M, Eber AE. Exosomes: A Comprehensive Review for the Practicing Dermatologist. J Clin Aesthet Dermatol. 2025 Apr;18(4):33-40. PMID: 40256340; PMCID: PMC12007658.
   b. Vyas KS, Kaufman J, Munavalli GS, Robertson K, Behfar A, Wyles SP. Exosomes: the latest in regenerativeaesthetics. Regen Med. 2023 Feb;18(2):181-194. doi: 10.2217/rme-2022-0134. Epub 2023 Jan 4. PMID: 36597716.

3. **PSORIATIC ARTHRITIS VS. OSTEOARTHRITIS -** Morning stiffness is a key differentiator: > 30-60 minutes suggests psoriatic arthritis, while shorter stiffness that worsens with use favors osteoarthritis. Psoriatic arthritis further distinguished by inflammatory features such as dactylitis, enthesitis and inflammatory back pain, along with erosive changes on imaging. Osteoarthritis lacks systemic inflammation and instead shows bony enlargement and osteophytes. These distinctions can help identify when timely rheumatology referral may be warranted. **(Priya Prakash MD, Rheumatologist, Rheumatology Care Associates, Clermont, FL)**

4. **INFANTILE HEMANGIOMAS (IH)** - Infantile hemangiomas (IH), the most common benign tumor of infancy, require careful subtype recognition and screening – patients with greater than or equal to 5 lesions should undergo liver ultrasound and full skin exam. Propanolol remains first-line for high-risk, ulcerated or syndromic IH, typically at 1-2mg/kg/day, with escalation to 3mg/kg/day in select cases. Atenolol is an alternative option, though not FDA-approved. Ulcerated IH require caution, as standard propranolol initiation may initially worsen ulceration. **(Michael Lavery MD, Dermatologist, University of Florida, Gainesville, FL)**

5. **ALOPECIA** - When examining a hair loss patient with diffuse thinning, you must use all the tools available to you including your dermatoscope and biopsy if necessary to distinguish telogen effluvium, androgenetic alopecia and diffuse alopecia areata. It is important to remember that patients of color also have non-scarring forms of hair loss. And if they do have scarring forms, don't forget to rule out FFA. Finally, remember to explain the long-term nature of seeing results with hair loss treatment. Most patients only give treatment 2-3 months before stopping but hair loss treatments require 6-9 months at least to see an appreciable change. **(Amy McMichael MD, Dermatologist, Wake Forest, Winston-Salem, NC)**

6. **SEBORRHEIC DERMATITIS MANAGEMENT** - When treating seborrheic dermatitis in women of African descent with Afro-textured hair, it's important to tailor therapy to align with their hair care practices, as less frequent washing (often weekly or biweekly) is common due to structural hair differences and the time and potential damage associated with washing and styling. Overly frequent use of medicated shampoos can lead to dryness and hair fragility, so a culturally sensitive approach is to recommend once-weekly medicated shampooing and confirm that this fits the patient's routine. In addition, incorporating a leave-on topical corticosteroid in a preferred, acceptable vehicle helps maintain symptom control between washes. (**Michael Wangia MD, Dermatologist, Florida Institute of Dermatology, Winter Garden, FL)**

7. **ROFLUMILAST AND PSORIASIS** - Roflumilast (oral) can serve as a cost-conscious PDE-4 alternative when Apremilast (Otezla) is not covered. Like Otezla, it inhibits PDE-4, leading to decreased cAMP breakdown reduced TNF-alpha, IL-17, and IL-23 signaling. Start low (250mcg daily or cut a 500 mcg tablet in half) to improve tolerability, then titrate to 500mcg daily if tolerated. Cash pricing is often substantially lower, making it a practical workaround. Counsel on GI upset, weight loss, and neuropsychiatric effect, which may be more pronounced than Otezla. Since 500mcg tablets are significantly cheaper than the 250mcg tablets ($80-100), you could theoretically cut the 500 mcg tablet in half (the tablets are really small) and the leftover 'dust' you can have patients throw out (still cheaper than prescribing 250mcg). **(Sima Jain MD, Dermatologist, ClearSkin Dermatology, Orlando, FL)**

CLINICAL & PRACTICAL PEARLS CONTINUED...

8. **NOVEL PLANTAR WART TREATMENT -** Supersaturated saline therapy (JAAD case series) is an inexpensive option for recalcitrant plantar warts that works via osmotic dehydration and local cytotoxicity to infected keratinocytes. Patients can create a near-saturated salt solution (add salt to warm water until no more dissolves), soak the lesion for 10-20 min daily, then occlude (petrolatum + bandage) overnight. Clearance often occurs within 3-4 weeks. The therapy was well tolerated, low-cost, and performed at home, though larger controlled studies are needed. **(Sima Jain MD, ClearSkin Dermatology, Orlando, FL)**
    a. Xu Y, Li T, Liang X, et al. Saturated saline immersion for the treatment of refractory plantar warts: An open-label, one-arm, single-center trial. J Am Acad Dermatol. 2026;94(2):525-529

9. **ISOTRETINOIN AND DRY EYES** - Isotretinoin suppresses meibomian gland secretion, reducing the lipid layer of the tear film and dramatically accelerating tear evaporation. Contact lens wearers often become intolerant within the first 4-8 weeks of therapy. Beyond dry eye and contact lens intolerance, isotretinoin can cause blepharoconjunctivitis and meibomian gland dysfunction that persists well after discontinuation. It may cause permanent meibomian gland atrophy in a subset of patients. If an acne patient is also a contact lens wearer, this conversation needs to happen before starting therapy. Co-management with ophthalmology to get ahead of the ocular surface disease is important. **(Chirag Patel MD, Ophthalmologist, Lake Nona Ophthalmology, Orlando, FL)**
    - Practical counseling points:
        - Warn all contact lens wearers before starting isotretinoin — many may need to transition to glasses for the duration of treatment.
        - Lubricating eye drops (preservative-free) should be recommended proactively, not reactively.
        - Post-treatment, most patients recover tear film stability within a few months — but a subset with significant meibomian gland damage may have permanent contact lens intolerance. This is an informed consent issue.
        - If a patient on isotretinoin develops significant ocular discomfort, early ophthalmology referral for meibomian gland evaluation (meibography) is worthwhile — not just reassurance.

10. **RECURRENT FOLLICULITIS -** Folliculitis can be difficult to clear with topicals alone, especially recurrent cases. CLn washes (i.e. CLn Sport Wash) use dilute sodium hypochlorite (a bleach derivative) to reduce bacterial burden, but in recalcitrant cases consider the newer **CLn ProStrength Wash**, as this **combines sodium hypochlorite with salicylic acid** to add keratolytic exfoliation and deeper pore cleansing. This dual-action approach helps address both microbial load and follicular plugging, making it a useful option for more stubborn or recurrent cases. **(Sima Jain MD, ClearSkin Dermatology, Orlando, FL)**

11. **AI + DERMATOLOGY EMR** - *SubQdocs is an AI-native dermatology platform designed to function less like a traditional EMR and more like an intelligent clinical assistant. Think of a "Q"-like system running in the background of your practice. It combines EMR, practice management, and revenue cycle tools into a single, unified workflow while automating many of the tasks that currently require staff time and manual input. From visit documentation and coding to pathology tracking, patient communication, and follow-up, the system anticipates needs and executes actions seamlessly. The goal is to reduce administrative burden, improve efficiency, and allow dermatologists to focus more on patient care rather than managing fragmented systems. It represents a shift from software you operate to a system that actively works for you." (Adrian Tinajero DO, Co-Founder of SubQdocs, Dermatologist, Central Utah Dermatology, Richfield, UT)*

12. **PATIENT REACTIVATION WITH AI -** *Bonsai Health is an agentic (refers to the capacity to act independently, proactively and with purpose to achieve goals) AI-powered platform designed to automate front-office workflows for medical practices, specifically focusing on patient reactivation and closing care gaps. By integrating with Electronic Health Records (EHRs), the platform identifies patients overdue for care, such as those missed in 'hygiene recalls' and automatically engages them via SMS or email to book appointment without staff intervention. Of note, they were recently acquired by ModMed (Modernizing Medicine).*

Thank You **TO OUR CONTRIBUTORS!**

LEGAL CORNER

WITH CHRIS NULAND, ESQ.

1. **IF A COMPLAINT IS FILED WITH THE FLORIDA BOARD OF MEDICINE, WHAT DOES THAT MEAN FOR A PHYSICIAN? DO YOU NEED LEGAL COUNSEL TO RESPOND, AND HOW CONCERNED SHOULD YOU BE?**

    - *In Florida, a complaint triggers a Department of Health investigation and does imply wrongdoing -- most cases are dismissed before becoming public, and you may not even know that a complaint was filed.*
    - *That being said, if you do receive a letter from the Department of Health, it means that the lawyers at the Department have already determined that the facts alleged in the complaint would, if proven, constitute a violation of the Medical Practice Act. It is therefore imperative that you respond to the complaint, as a failure to do so is legally tantamount to admitting to the allegations. While not required, retaining experienced healthcare counsel before responding is strongly recommended, as early thorough responses often lead to dismissals. You likely will be asked to submit records or a written response during the investigation phase, which can take several months. It is important to note that complaints remain confidential unless the Probable Cause Panel finds grounds to proceed, at which time the existence of the complaint will be placed on your Practitioner Profile.*

2. **WHAT IS THE CURRENT MALPRACTICE ENVIRONMENT FOR PHYSICIANS IN FLORIDA? ARE THERE CAPS ON DAMAGES, MINIMUM INSURANCE REQUIREMENTS, OR OTHER KEY STATE-SPECIFIC CONSIDERATIONS?**

    - *Florida remains a relatively high-risk malpractice environment, primarily because there are no caps on economic or non-economic damages, including pain and suffering. Physicians are not strictly required to carry malpractice insurance, but must demonstrate financial responsibility if they are self-insured. Statutory minimums (if insured) are typically $100K/$300K without hospital privileges and $250K/$750K with privileges, though many physicians carry higher limits (often $1MIL/$3MIL). It should be noted that the failure to pay at least the statutory minimum damages if an adverse judgment is rendered can lead to discipline, including the possible loss of one's license.*

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 SPRING UPDATE

The Florida Legislature adjourned Sine Die on March 13 without reaching a final agreement on the state budget. As a result, legislators will need to reconvene in the coming weeks to complete the constitutionally required budget prior to the start of the next fiscal year on July 1. Governor DeSantis has called a special session to take place from April 28 to May 1 to address congressional redistricting, medical freedom, and an AI bill of rights. The Regular Session addressed a wide range of healthcare-related topics, including; scope of practice, payer reform, most favored nation drug pricing, Medicaid eligibility, and naturopathic medicine. See below for more detailed explanations:

SCOPE OF PRACTICE – *Expansion of scope was a significant topic of discussion this session, with numerous members filing legislation to advance these efforts. SB 36/HB 237 would have authorized APRNs with doctoral degrees, such as a PhD or DNP, to use "doctor" titles, while requiring them to clearly disclose their licensed profession in advertising. Violations would have been enforced through administrative discipline rather than criminal penalties. This measure passed the House; however, the Senate bill was temporarily postponed in the Rules Committee and was not taken up again prior to adjournment Sine Die.*

NATUROPATHIC MEDICINE - *SB 688 creates a regulatory structure for naturopathic medicine in Florida, including licensure, oversight by a newly established board, a defined scope of practice, and inclusion of naturopathic doctors as telehealth providers. This measure passed both chambers and is awaiting action by the Governor.*

BIG BEAUTIFUL HEALTHCARE FRONTIER ACT - *HB 693 would have implemented comprehensive healthcare and public assistance reforms, including updates to practitioner regulation, Medicaid and Kidcare eligibility, and food assistance requirements, while creating interstate licensure compacts and expanding scope of practice for certain medical professionals. This bill passed the House but was not taken up by the Senate.*

MOST FAVORED NATION DRUG PRICING - *HB 697, in its original form, would have adopted "most favored nation" drug pricing. However, due to opposition, that provision was removed. The final bill instead strengthens regulation of pharmacy benefit managers through updated definitions, contract requirements, and reimbursement restrictions, and appropriates funding while directing implementation and oversight of the Ryan White Part B AIDS Drug Assistance Program. The bill is awaiting action by the Governor.*

PAYER REFORM – *Senator Massullo, a practicing dermatologist elected in a December Special Election, previously served in the House from 2016 to 2024. Upon entering the Senate, he filed legislation related to payer reform and prior authorization. SB 1130 would have implemented payer reform measures through comprehensive updates to insurance reimbursement and prior authorization requirements, including restrictions on downcoding, standardized processes, expedited claims payments, and expanded enforcement mechanisms for providers. While this legislation did not advance during the Regular Session, it is expected that Senator Massullo will continue to pursue similar measures in future sessions.*

Dermatology PAC of Florida

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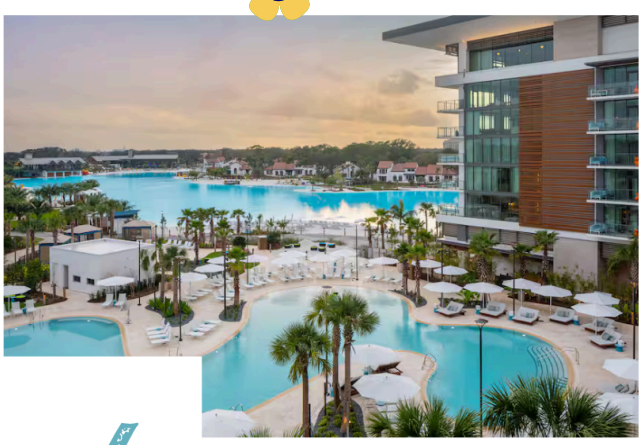

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