

Clinical and Surgical Pearls

1. **Hidradenitis Suppurativa** (*Hadar Lev-Tov, MD*)

- Sexual dysfunction affects people with HS. That seems obvious but which patients suffer most? A small survey data suggests that at least half of HS patients, regardless of sex, and regardless of anatomical sites affected (e.g. genitalia versus axillae) suffer from sexual dysfunction. Interestingly, partners of HS patients are also affected.

So, what's the lesson? Assume ALL your HS patients suffer from sexual dysfunction and plan your therapeutic journey accordingly.

2. **Generalized pustular psoriasis (GPP)** (*Brad P. Glick, DO, MPH*)

- GPP: heterogeneous, rare neutrophilic, monomorphic pustular dermatosis that can sometimes be life-threatening. Until September 2022 there were no specific approved therapies for this condition, but with the advent of intravenous spesolimab (IL-36 antagonist), complete resolution of flares has become possible.

In 2024 the FDA approved the use of subcutaneous spesolimab as maintenance dosing for the management of our patients with GPP in between flares, allowing more long-term maintenance and control of this disorder. Approved dosing of spesolimab for treatment of GPP when not experiencing a flare in adults and pediatric patients 12 years of age and older and weighing at least 40 kg is a loading dose of 600 mg (four 150 mg injections) followed by 300 mg (two 150 mg injections) administered subcutaneously 4 weeks later and every 4 weeks thereafter.

3. **Cicatricial alopecia** (*Marjorie Montanez-Wiscovich, MD*)

- Increasing evidence suggests frontal fibrosing alopecia (FFA)/lichen planopilaris (LPP) can be associated with allergic contact dermatitis. Strongly consider performing extended-series patch testing for these patients.

4. **Biopsy technique for rashes, including for vasculitis** (*Andras Schaffer, MD*)

- Choosing the right biopsy technique is crucial for diagnosing inflammatory diseases. The choice of shave vs. punch biopsy is often misguided by the ease of the procedure or fear to perform punch biopsy on anatomically sensitive areas (face, genitals).
- Need both superficial and deep aspect of the inflammatory process, thus, in general, all rashes should be sampled by punch biopsy
- To evaluate for vasculitis, two punch biopsies are preferred (one for H&E and other for DIF)

5. **Cryotherapy and Keloids** (*Michael Wangia, MD, originally taken from Charles McDonald MD*)
 - ☐ Cryotherapy can be used as anesthesia before keloid injections to reduce pain and also softens the keloid/scar, and makes it more amenable to injections. I usually use a light diffuse stream of liquid nitrogen to gently freeze the keloid, wait about 30 seconds to allow the keloid to thaw, then repeat the process before injecting.
6. **Removal of Steatocystomas** (*Sandra Lee, MD aka Dr. Pimple Popper*)
 - ☐ I encourage dermatologists to remove steatocystomas in patients who have steatocystoma multiplex. They are extremely grateful to find someone who will do this for them and are willing and very accepting of the small scars in place of these foreign/alien bumps looming just under the skin's surface just out of their reach.
7. **Urticarial Phase of Bullous Pemphigoid and Biopsy Showing "Dermal Hypersensitivity Reaction/Pattern"** (*Carlos Nousari, MD*)
 - ☐ The urticarial phase of bullous pemphigoid must be excluded in older adults with biopsy (lesional skin) showing "dermal hypersensitivity reaction/pattern" (even if the report does not mention eosinophilic spongiosis or eosinophils lining up along the dermal-epidermal junction) through "lesional" (not perilesional) punch biopsy for direct immunofluorescence (DIF) evaluation
8. **Acute and Chronic Wound Fluid** (*Robert Kirsner, MD*)
 - ☐ Fluid from acute wounds stimulates healing
 - ☐ Fluid from chronic wounds inhibit healing so don't let chronic wounds bathe in wound fluid!!
9. **Immunosuppressant Mycophenolate Mofetil (MMF)** (*Michael Wangia, MD*)
 - ☐ Due to risk of embryopathy with first-trimester pregnancy loss and congenital malformations, it is recommended that prior to starting therapy check HCG in reproductive age women and repeat during routine follow up visits
10. **Surgery and Anxiolytics** (*Jennifer Tang, MD*)
 - ☐ A single dose of diazepam 5mg can be very helpful for sustained decreased anxiety during dermatologic surgery.

Legal Corner with Chris Nuland

1. Are we allowed in Florida to pass credit card processing fees to the patient?

Unfortunately, both Medicare and virtually all insurance contracts require that the allowed amount be accepted as payment in full. As a result, imposing a credit card fee is not allowed, unless the services provided are non-covered.

2. If I hire a locum tenens physician to fill in while I am on vacation, and our office bills under my NPI (we do not credential the doctor), is there a limit on how long I can bill services provided by a locum tenens doctor?

A locum tenens doctor may bill under your name, but Medicare limits the duration of a locum tenens relationship to 60 days. During that time, however, you may want to consider hiring the locum physician on a full-time basis, using their own NPI number, and use the locum period to have the doctor credentialed. Keep in mind, however, that you may not bill under your own name during the period in which a locum tenens doctor is working under your NPI number.

3. If I see Medicare patients in one practice where I am on par (participating with Medicare), but I want to open my own direct pay office (no insurance), am I allowed to see Medicare patients and charge them at the direct pay rate?

If you are a Medicare Participating Physician, you may not privately contract for covered services, as your NPI number (which travels with you) is either classified as "Participating" or "Opt-Out." (regardless which clinic you are in). You may, however, contract for services not covered by Medicare, such as cosmetic treatments.

4. Is it legal for a nurse practitioner (DNP) to claim on the office's website she is a 'dermatologist' in Florida?

Unfortunately, there currently is no prohibition on such a claim at this time, although the FAD is promoting legislation to make this practice illegal.

5. The Federal Trade Commission (FTC) recently announced a ban for non-competes, but how will that affect our current practices including new contracts for doctors? When will it take effect?

The new rule, which is scheduled to take effect in late August 2021, would preclude non-compete in contracts signed after that date. For existing contracts, it would only prohibit non-competes for those making less than \$154,000 and those without "policy-making authority." That being said, there are already challenges filed that could delay or invalidate the rule, and it is very possible that a new presidential administration would repeal the rule.

6. For non-English speaking patients, are you mandated in Florida to have a translating service (i.e. phone service that you do a monthly subscription for) or is it acceptable to use something like

google translate if the patient comes alone and cannot speak English? This is an important question for patients where the language is less common (i.e. Vietnamese).

Under the ADA, it is the PATIENT who determines whether a translation service is acceptable; while you may try Google translate, the patient may protest, in which case you must see the patient again (at no additional charge) and provide the preferred translation service.

Have a question for the Legal Hotline? Just email Chris Nuland, Esq. at nulandlaw@aol.com.

Legislative Update

The dust is settling from the 2024 Legislative Session now that all 325 Enrolled (Passed) bills have been sent to the Governor for final review and action. Only a handful still await his decision. One of the bills recently acted was the 2024-2025 General Appropriations Act. After vetoing close to \$950 million in proposed spending, Governor DeSantis signed into law the State's \$116.5 Billion budget that takes effect July 1st, the first day of the new fiscal year.

A number of important health care funding components were included in the approved budget:

- ☐ \$333M for Medicaid Provider Rate increases
- ☐ \$10.5M for the Graduate Medical Education Program
- ☐ \$1.75M for Health Care Transparency issues to assist Floridians with improved tools to make cost efficient health care decisions
- ☐ \$232M for cancer research funding with \$60M for the Florida Cancer Innovation Fund.

Also signed into law were significant health care bills including the Senate President's Live Healthy initiative and FAD's top priority mandating insurance coverage for skin cancer screenings of individuals under the State Group Health Insurance program. Just recently the Governor approved other important health care bills. SB 7072 enhances the Casey DeSantis Cancer Research Program to include promoting high-quality, innovative health care for people undergoing cancer treatment in Florida. The bill also specifies that the Cancer Connect Collaborative, established under the Florida Department of Health, will make recommendations on proposed legislation, rules and best practices relating to cancer research and treatment. Also, HB 885 provides coverage for biomarker testing for the diagnosis, treatment, management, and ongoing monitoring of diseases or conditions to guide the treatment decisions by medical and scientific evidence.

With the passage and recent approval of FAD's skin cancer screening bill and these other initiatives, the state agency rulemaking process will soon be underway to promulgate the regulatory framework implementing these new policies.