foreFRONT AND CENTER

Q4 NEWSLETTER | OCTOBER 2020 EDITION

President's Message: *Hindsight IN 2020*

By: Betsy Wernli, MD, FAAD

Cadence, schedules, routine. It's what we thrive off of as humans, and as achievers. And anyone reading this newsletter is naturally driven, an achiever, thriving on a routine whether you know it or not. Why? Because cadence is dependable. It gives us something to hold onto when all around us is chaotic. And thinking back in hindsight....Hindsight IN 2020, I realize that this year has lost so much of our routine and cadence that we so depend on for sanity.

Stress is so prevalent; some of you are faced with trading back to school clothes with home laptops to support your kids homeschooling. Others are packing away their fall football sweaters, as your favorite Friday Night Lights are canceled along with other sports and activities. And maybe you feel so inundated with news and Facebook feeds that you've lost sight of the good in life: leaves changing colors, cool breezes and the peace that the fall season brings.

Sometimes with everything going on it's hard to remember the good that has happened this year. And when we are faced with stress, we also forget normal, routines. So I hope the hindsight issue helps you remember the good, helps you establish routine.

Let's celebrate normal cadence and routines, highlighting back-to-school, even if that means homeschooling. Let's focus on preparing for a holiday that's all about giving thanks, appreciating the positives and overlooking the less than ideal. And let's focus on good even amidst the chaos around us. In all 19 states we are going about a new normal. A routine. We are forging ahead. And that's something to celebrate!

Enjoy our Forefront family's bright moments in hindsight, dig into the Extra Mile (Five ways to improve Physician, PA and NP—Staff relationships for Practice Success) and lay back and relax to John's playlist (Forefront Tunes) created just for us! Let's celebrate hindsight in 2020!

Sincerely,
Betsy Wernli

In this issue:

Diversity in Dermatology: *Sunscreens for Skin of Color*

By: Sarah Taylor, MD, FAAD

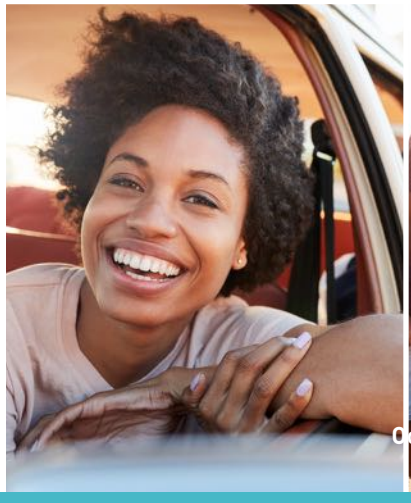
As dermatologists, we universally recommend daily sunscreen to our patients. However, with the vast amount of choices, it is often difficult to find the right sunscreen for each patient.

Texture, smell, ease of application, ingredient profile and price are all important factors in helping patients select the proper sunscreen. Finding the right tint/tone can be an additional challenge in recommending sunscreen in skin of color. Sheer does not always mean sheer, and "universal" tint does not truly exist. We want our patients of color to remember how important daily sunscreen is for their skin health. Melanin alone does not confer more than about an SPF of 13. In addition to protecting from skin cancer, we also want to protect our patients of color from developing unwanted hyperpigmentation from sun exposure. However, if we recommend formulations that appear chalky or leave a white cast, we quickly lose credibility. Fortunately, there are many products these days that offer an effective product that is also cosmetically pleasing for multiple skin types.

As a Caucasian female, I turned to my dermatology colleagues of color to give me some of their best recommendations.

In the following chart, you will find sunscreens that were highly recommended by multiple dermatologists. I arranged the chart by price, and though products may be available on many websites, I provided only known authorized websites. Please share other formulations you have found useful for your patients of color! This chart is available for download for reference or use in your clinic.

DOWNLOAD HERE



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Name	SPF	Properties	Price	Availability
ISDIN Tinted	50	Antioxidants, mineral-based	$66	isdin.com
Tizo® AM Replenish	40	Antioxidants, ceramides, mineral-based	$48	tizo.com
Tizo®3	40	Antioxidants, mineral-based	$42	tizo.com
Colorscience® Face Shield, Bronze	50	Antioxidants, mineral-based	$39	dermstore.com
MDSolarSciences™ Mineral Moisture Defense	50	Antioxidants, ceramides, mineral-based	$39	mdsolarsciences.com
EltaMD® UV Clear/Tinted	46	Antioxidants, zinc oxide and octinoxate, niacinamide	$38	dermstore.com
EltaMD® UV Elements, Tinted	44	Antioxidants, mineral-based, hyaluronic acid	$35	dermstore.com
Supergoop!® Unseen	40	Oil-free, gel-like, chemical-based but no octinoxate	$34	dermstore.com
SkinCeuticals® Physical Fusion UV Defense	50	Mineral-based, water-resistant	$34	dermstore.com
Umbra Sheer™ Physical Defense Drunk Elephant	30	Mineral-based	$34	dermstore.com
EltaMD® UV Physical Tinted	41	Fragrance-free, mineral-based	$33	dermstore.com
Topix/Replenix® Sheer Physical	50	Antioxidants, mineral-based	$33	dermstore.com
Black Girl Ultra Sheer Moisturizing Sunscreen	30	Chemical-based but no octinoxate or oxybenzone	$19	blackgirlsunscreen.com
Aveeno® Positively Radiant	30	Chemical-based	$16	Widely Available
Oil of Olay® Complete	30	Chemical and zinc-based	$14	Widely Available

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Coding Corner: *Skin Substitute Grafts—To Use or Not to Use?*

By: Molly Moye, MD, FAAD

Many skin substitute grafts (allografts) are marketed to dermatologists for use on chronic, non-healing wounds as well as for aiding in wound-healing following surgical procedures.

Artacent, EpiFix, Grafix and Hyalomatrix are a few of these products. In addition to demonstrating their wound-healing properties, the product reps tend to tout them as financial boons for dermatology practices. Billing and reimbursement for these products is not straightforward, and is often not clearly explained on the front end.

To correctly code for application of an allograft, the clinician submits the following:

- An application code (e.g. 15271 – 15278) that is based on the body site and the size of the wound surface area. Per the national fee schedule, reimbursement for the most commonly used of these codes, 15271 and 15275, is $154.82 and $161.68, respectively.
- A HCPCS code for the allograft utilized, which is billed per square centimeter (see table). Depending on the allograft chosen, you may need to bill for the full product size with no modifiers OR bill based on the size utilized with modifier JC and the size wasted with modifier JW. The vendor representative will provide guidance on how to appropriately bill for the product.

Reimbursement for allografts used in the office setting is very different than when utilized in other settings, such as a hospital operating room. For Medicare patients in our setting these products are reimbursed in one of two ways: either based on a national fee schedule that is updated quarterly OR locally priced per each MAC. For products that are locally priced, which include Artacent and Hyalomatrix, they are typically reimbursed AT THE COST of the product minus sequestration. Rarely, MACs will have an internal, unpublished rate for these products, but these tend not to be confirmed in writing and are difficult to obtain.

Let's touch on sequestration for a moment. Sequestration is a 2% adjustment made to Medicare fee-for-service claims that was initiated in 2011 as part of the Budget Control Act. It is calculated after the approved reimbursement rate is determined, which means that for products like Artacent and Hyalomatrix, your reimbursement is actually LESS THAN the cost of the product to you. It should be noted that sequestration reductions were temporarily suspended as part of the CARES Act, but they are expected to resume in 2021.

The bottom line is that in the office setting, the reimbursement you receive for utilizing locally priced products is essentially what you are reimbursed for the application of the product.

Allografts can be helpful for healing difficult wounds. As ethical and well-informed clinicians, our decisions to use these products should be based upon their wound-healing properties alone, rather than any financial incentive. In discussion with reps, it is essential to ensure that your MAC covers these products for your purposes. For example, in Kentucky, Artacent is only covered for use in chronic lower-extremity wounds, not in surgical wounds.

Because these products can be very costly, it is recommended that you obtain pre-approval before using them, so as not to pass on a large bill to patients. Additionally, many of these products are not covered by private payers, or are covered with a significant share of the cost passed on to patients.

If you have questions or are interested in utilizing a different type of Allograft and want to understand CMS guidelines, email the Coding Team or Billing Team.

2020 HCPCS Code	Description	CMS National Reimbursement as of 7/1/2020
Q4117	Hyalomatrix, per Sq CM	MAC Priced—Cost minus sequestration
Q4133	Grafix stavix prime pl per Sq CM	$136.81
Q4169	Artacent Wound, per Sq CM	MAC Priced - Cost minus sequestration
Q4186	EpiFix, per Sq CM	$160.49

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The Extra Mile: *5 Ways to Improve Physician, PA, NP, and Staff Relationships for Practice Success*

By: Giacomo Maggiolino, MD, FAAD

Good communication is at the root of developing trusting relationships between physicians, PAs, NPs and staff members. According to a national consulting group[1], fostering relationships between physicians, PAs, NPs and staff is the key for practice success. Here are a few of their suggestions to help you optimize your relationships with staff:

1 Kenneth Hertz, principal with the Medical Group Management Association (MGMA) Health Care Consulting Group.

1

Compliment your staff often

Physician, PA, and NP compliments go a long way toward helping staff feel valued. I particularly like to compliment my staff in front of our patients right before procedures. For instance, I often reassure my patients by saying something like, "You are in great hands with my top medical assistant here, who will be setting up for a biopsy."

2

Eliminate the intimidation factor

Staff members may be intimidated by physicians, PAs, and NPs which in turn can be a huge detriment to communication. Take the time and try to connect with each of your staff members. Engage with your staff in conversations. Ask about their hobbies, families, etc. Show that you care about them as people. Make sure to say hello to all staff in the morning!

3

Start huddling

Morning huddles, during which Physicians, PAs, NPs, and staff members discuss the day ahead, help improve communication and reduce the intimidation factor. I find this especially helpful when we are "short staffed" or when our schedules are super busy. Staff can also feel much anxiety during those mornings. I find it helpful if I can provide some reassurance that we are going to get through it together.

4

Hold joint meetings

Have regular meetings or lunches together. Ask for staff's feedback, listen to what they have to say, and include them in clinic decisions. Besides getting a valuable perspective from those who are directly dealing with your patients, their participation keeps them involved and invested in the success of your practice.

5

Physicians, PAs, and NPs are people too

Participate in fun social gathering such as cookouts or holiday parties. This will help staff get to know you in a more casual environment. I like to point out that we are not just all co-workers, but part of a work family where we enjoy each other's company and also have a good time while working.

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Clinical Corner: *Superficial Black Onychomycosis (SBO)*

By: Matthew Landherr, MD, FAAD

Case Study

58-year old male presented as a referral for discoloration of the left great toenail with concern for melanoma of the nail unit. Discoloration had been present and slowly worsening over the course of one year. He denied any known trauma, nail polish, marker, or other chemical exposure to the toe/nail. He endorsed occasional pain in the affected toe. He denied fevers, chills, unintended weight loss, lymphadenopathy.

Diagnostic Considerations

The nail discoloration has slowly worsened and does affect the hallux, which is the most common toe to develop melanoma of the nail unit. He works on an assembly line, a high-risk job for trauma to the feet.

Exam

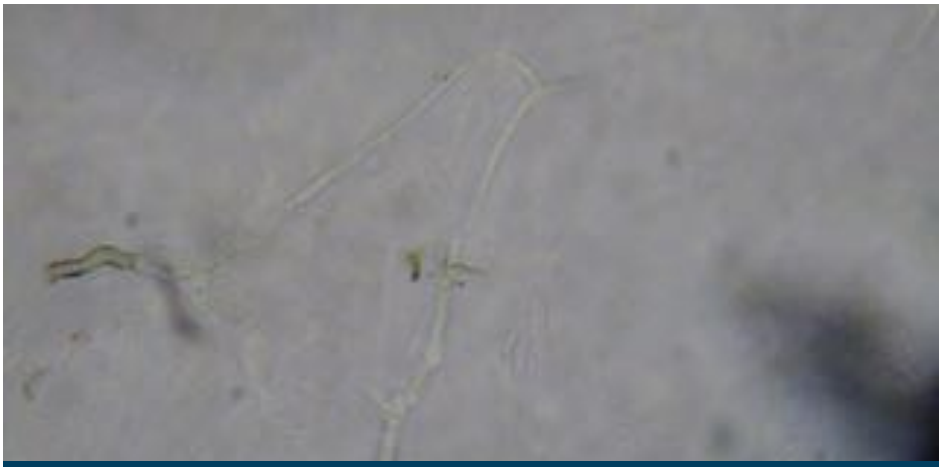
Remarkable for irregular, granular, matte black pigment involving much of the nail plate. There was no nail plate thickening or subungual debris. The pigment appeared superficial but did not wash away with vigorous scrubbing with an alcohol pad. However, pigment did scrape away easily with a 15 blade. No other nails were affected. Pigmentation did not extend onto the adjacent nail fold. KOH scraping was remarkable for fungal hyphae.

Diagnosis

Superficial Black Onychomycosis (SBO) secondary to Scytalidium species causing fungal (pseudo) melanonychia.

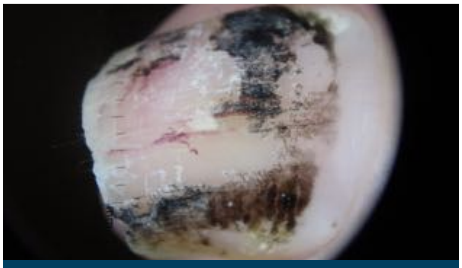
Treatment

He declined prescription treatment and planned to try Lotrimin Ultra. He did not attend his follow-up appointment, but he reports resolution via a phone conversation.



KOH prep showing fungal

Gross exam of the affected nail plate.



Dermatoscopic view of the nail plate with granular, black pigmentation.

Discussion

While superficial white onychomycosis (SWO) is a well-known dermatophytosis, the superficial black variant is a much less common superficial fungal infection. SBO is most commonly caused by the dematiaceous mold Scytalidium, as was in our case. Cole and Swansoni have described the discoloration as "green-brown" with dermatoscopic findings of a granular pattern and scalloped border. The left hallux is the most common site of involvement. While rare, Scytalidium species can also cause subungual onychomycosis'.

Other causes of dark/black nail discoloration include, but are not limited to: subungual onychomycosis, hemorrhage, melanocytic proliferations/ activation, bacterial infection (i.e. Psuedomonas).

1 Cole C and Swanson D. Dermoscopy of superficial black onychomycosis. JAAD 2012 April; 66(4), supplement 1, AB118.

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keeping up with the Kids

By: Sapna Vaghani, MD, FAAD

Tips for Staying Safe during Flu Season

COVID-19 cases are on the rise around the country as schools continue to move forward with plans to get children back into the buildings, either for part time or for full day sessions. Here are some tips to help keep your patients and their families safe as we head into winter and flu season.

1

Masks, masks, masks!

Find reusable fabric masks that are soft and comfortable and do not rub along the edges. I have seen many children with an irritant dermatitis from their masks, primarily along the periphery where the more rough lining rubs. Brands to consider: Jaanuu (very comfortable, breathable, and contains an anti-microbial lining, child size fits a range from about 4-12 years), Raif Nova Kids (best for children with glasses as it helps prevent fogging), Crayola™ Kids (adjustable ear loops). Use a fresh mask every day. Always keep a backup mask in your child's backpack and store it in a zip-lock bag. Consider a thin layer of vaseline beneath the masks, particularly for atopics and patients with more sensitive skin.

2

Encourage frequent hand washing

Remind kids that soap and water, when available, is a better option than hand sanitizer. Hand washing is an easy, cheap, and effective way to prevent the spread of germs and keep kids and adults healthy. When your family is healthy, you don't have to worry about missing school, work, or other activities.

3

Ensure your patients are vaccinated for influenza

Infants < 6 months cannot be vaccinated, children 6 months to 8 years require 2 doses if it is their first time receiving the vaccine. Trivalent vs quadrivalent—The trivalent vaccine protects against three different flu viruses: the two most common A strains (H_1N_1 and H_3N_2) and one B strain (either Massachusetts or Brisbane), whichever is predicted to affect citizens most strongly in a given year. Quadrivalent influenza vaccines cover against an additional strain of influenza B.

4

Temperature checks

Most schools rely on parents to check their child's temperatures daily before arriving on school grounds. It's the best option for safely screening hundreds of students and staff each morning while avoiding backups at school entrances.

5

School supplies

Keep a second set of school supplies for use at home if able. Limit the use of shared objects when possible, or clean and disinfect between use. Discourage sharing of items that are difficult to clean or disinfect and keep your child's belongings separated from others'.

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Under the Scope: *Horse Vs. Zebra*

By: Ling Xia, MD

Clinical History

I would like to present the case of a 69 year old gentleman who has a history of diffuse large B-cell lymphoma, being currently managed with Rituximab, who presents with recently noted multiple violaceous papules and plaques on the neck, chest, back, and abdomen (Fig. 1 and 2). This patient also reports experiencing fatigue and myalgia concurrently with his skin findings. The clinical differential diagnosis at presentation included B-cell lymphoma vs. a drug eruption.

Under the Scope

The biopsies from the left clavicle and abdomen demonstrate a diffuse dense infiltrate consisting of a monotonous population of medium-sized neoplastic cells with a blastoid morphology (Fig. 3 and 4). Mitoses are readily identified. Given the repeated aphorism we have received since the beginning of our medical training that "when we hear the sound of thundering hoof beats" that we consider the common things first- e.g. horses; my first impression was to think that this, indeed, was a horse! (diffuse large B-cell lymphoma) based on the patient's clinical history. A work-up for diffuse large B-cell lymphoma was performed which revealed that the infiltrative neoplastic cells were negative for CD20, which could be seen in patients with B-cell lymphoma undergoing Rituximab treatment. Additional B-cell markers (CD79a and PAX-5) were performed and were noted to be completely negative. So, at this point in the evaluation, there literally are no positive B-cell markers to support a B-cell lymphoma (so...definitely NOT a horse!). Now, I have to hunt for the unthinkable—a zebra! Additional immunohistochemical and special stains are ordered and evaluated. The tumor cells demonstrate negative staining for MPO and TdT; So...at this point, I know the tumor is not of a myeloid lineage. There is, however, positive staining noted with CD4 and CD123 stains (Fig. 5 and 6). Eureka! The diagnosis, therefore, of blastic plasmacytoid dentritic cell neoplasm (BPDCN), emerged as the Zebra I was looking for!

The patient was promptly hospitalized where the bone marrow aspirate and peripheral flow cytometry demonstrated a malignant population of CD4 and CD123 positive cells (while partial staining with CD56 was noted).

After the first round immunohistochemical studies ruling out a diffuse large B-cell lymphoma (DLBCL), a rare Zebra-blastic plasmacytoid dentritic cell neoplasm (BPDCN)-was finally tracked down and caught! This is a third case I have seen in my past 16 years of practice! Exciting and quite satisfying as a dermatopathologist!

Clinical Information

Blastic plasmacytoid dentritic cell neoplasm (BPDCN) is an aggressive hematologic cancer and accounts for <1% of all acute leukemia cases and 0.7% of cutaneous lymphoma. Almost all cases have cutaneous lesions at presentation, and there is frequent involvement of bone marrow and peripheral blood (60-90%) and lymph nodes (40-50%). The lesions may be solitary or often multiple, affecting the trunk, head, and extremities. They are typically erythematous or red-brown nodules and plaques, or bruise-like lesions as seen in this patient. The Median survival rate is 12–14 months.

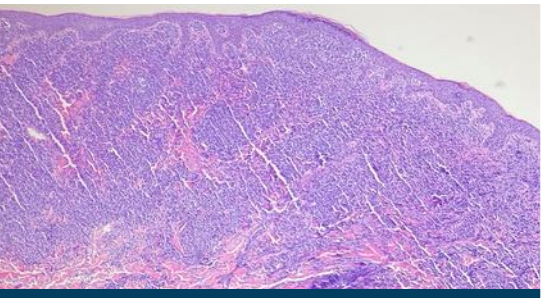

Figure 1—MRN: 474520

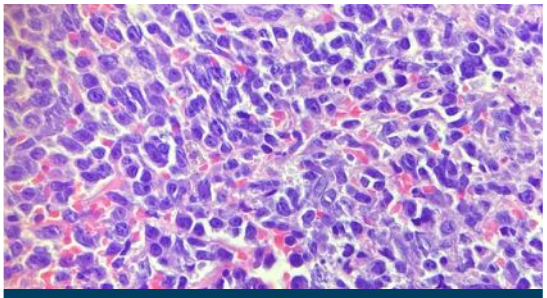

Figure 2—MRN: 474520

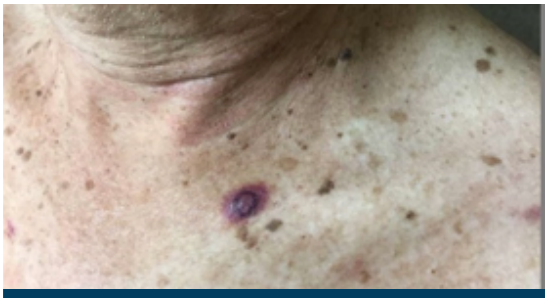

Figure 3—Clinical Photo: L Clavical

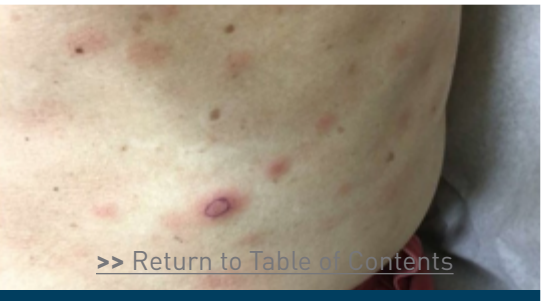

Figure 4—Clinical Photo: Abdomen

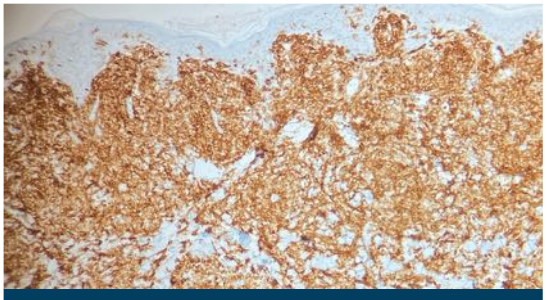

Figure 5—CD4

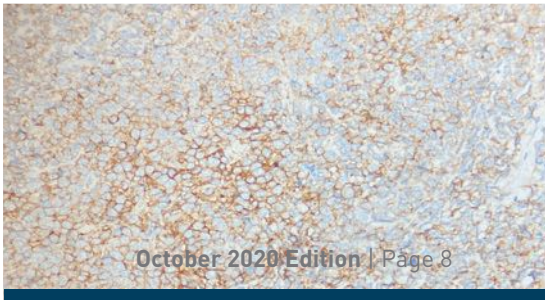

Figure 6—CD123

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Forefront Tunes: *Spotify Playlist*

By: John Soderberg, MD, MPH, FAAD

For thousands of years, humans have associated music with emotions; happiness, relaxation, triumph, etc. Everything from the drums of war to soothing instrumental string music to rock-and-roll love ballads can reach into our minds and change what we feel in a particular moment. See for yourself, checkout my Forefront Tunes playlist on Spotify!

LISTEN NOW

PRESIDENT & EDITOR
BETSY WERNLI, MD

Email

I have a busy practice in Manitowoc, WI. I completed my undergraduate at University of Oklahoma where I stayed for medical school and completed residency at Iowa. I have three boys, four if you count my husband, and enjoy all things sports. I am obsessed with Peloton®, and love serving my Forefront physicians. I am always available by cell or email.

LING XIA, MD

Ling completed his resident training at Brown University and fellowship at Cornell University. He is a dermatopathologist in our downtown Manitowoc pathology lab. When not reading slides, he spends his free time traveling. His latest travel had been to Brazil but due to the pandemic he had to cancel his next trips to Africa and Europe. He and his wife Diana have two beautiful daughters, Kime and Kate. Kim is working at a PE company and Kate is working at a consulting company.

GIACOMO MAGGIOLINO, MD

Giacomo graduated from the University of Notre Dame, attended medical school at the University of Illinois in Chicago, and completed his residency at Cook County in Chicago. He now practices in Pleasant Prairie and Grafton, WI. He is kept busy at home with four young children but he also enjoys traveling and cooking—especially making homemade pastas and Italian dishes. Giacomo is Forefront's Public Relations Chairperson.

SAPNA VAGHANI, MD

Sapna is a pediatric dermatologist working in the suburbs of Chicago. She completed her undergraduate work at Northwestern University, followed by medical school at MCP Hahnemann (now Drexel) in Philadelphia. She came back to Northwestern to complete her residencies in pediatrics, dermatology, and finally a fellowship in pediatric dermatology. Sapna's free time is spent with her husband and two girls. They love to cook, eat, do arts and crafts, and travel!

SARAH TAYLOR, MD

Sarah practices in Vienna, Virginia. She did her undergraduate work at Rutgers University in New Jersey, and then went to New York University for a Masters in Poetry before deciding she wanted to be a dermatologist after all. She completed medical school at Uniformed Services University of the Health Sciences, and completed her residency at Walter Reed Army Medical Center. She is married to an Active Duty Allergist/ Immunologist who heads the Fellowship at Walter Reed, and they have three young children. Aside from work, any free time is happily spent shuttling kids to sports, traveling, reading, and running.

MOLLY MOYE, MD

Molly practices in Elizabethtown and Louisville, KY. Molly is a fellowship-trained Mohs surgeon. Her professional areas of interest are skin cancer detection and treatment, Mohs surgery and performing cosmetic treatments including Botox®. Molly finds it very rewarding to follow patients over time and see improvements in their quality of life as their skin conditions are treated.

MATTHEW LANDHERR, MD

Matt practices general/medical dermatology in his hometown of Cedar Rapids, IA. He completed medical school and residency at the University of Iowa. He enjoys traveling, exercise, playing basketball, fishing, and spending time with his nieces and nephews.

JOHN SODERBERG, MD

John practices in Cary, NC, and South Boston, VA. He attended the University of Michigan, received his MPH from Boston University, MD from Yale School of Medicine and completed his residency training at Duke University. He practices medical, surgical, and cosmetic dermatology and enjoys building long-term relationships with his patients. Outside of the clinic he enjoys being a father to 3 kids, traveling, and playing music.

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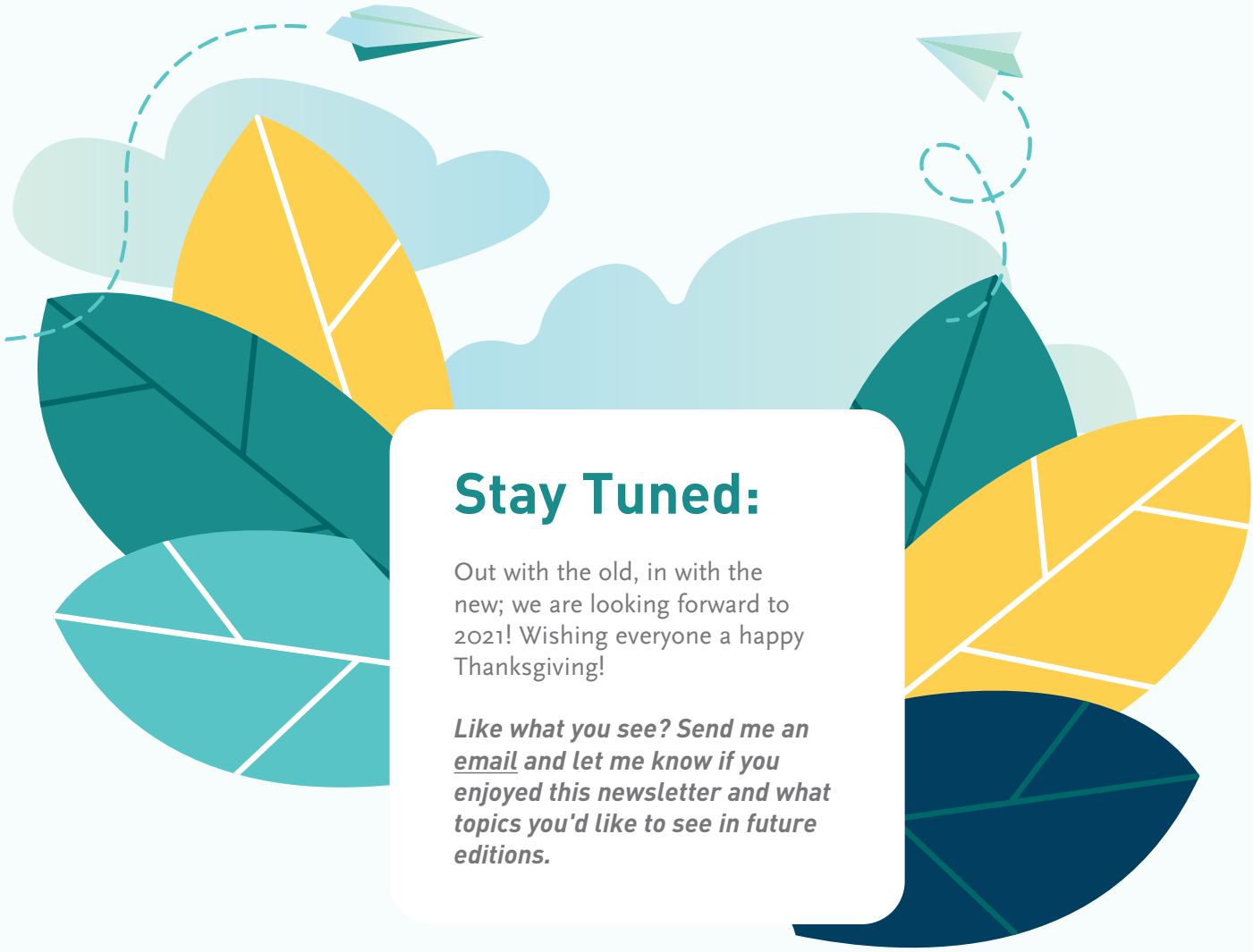

Stay Tuned:

Out with the old, in with the new; we are looking forward to 2021! Wishing everyone a happy Thanksgiving!

Like what you see? Send me an email and let me know if you enjoyed this newsletter and what topics you'd like to see in future editions.

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