ISSUE #10

Quarterly Newsletter

UTAH DERMATOLOGY SOCIETY

✦

18 August 2024

Hello and Happy Summer!

I hope each of you are enjoying the sunshine and my favorite dermatosis that comes along with it: phytophotodermatitis!

Thank you to everyone who attended the 2024 UDS annual meeting held in Moab. We had universally good feedback from both attendees and exhibitors. A special thank you to our two outgoing organizers: immediate past president, Elena Hadjicharalambous, and longtime executive secretary, Cassi Hall. Thank you for all your efforts!

I'm excited to begin my two-year term as UDS president with two fantastic officers at my side: Lindsay Wilson (vice president) and Eric Millican (treasurer/secretary). Leah Marrett is our executive secretary and point person for any member needs.

We are already hard at work planning the 2025 annual meeting which will be held May 2-3, 2025 in Springdale, UT with several fantastic speakers already confirmed. Don't wait to book your hotel room! Historically, the group rate has sold out several months before the meeting.

Please contact any of us with questions, requests, or suggestions. I'd love to hear from you and included my contact information below.

We hope you enjoy this summer issue of our UDS newsletter!

Best,

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In this newsletter you can expect:

Billing Pearl from Dr. Millican

CMS created **G2211**, an add-on E/M code to increase payment for primary care, but it is not restricted to specific specialties. Dermatologists are unlikely to "serve as the continuing focal point for all needed health care services," BUT they often treat patients as "part of ongoing care related to a patient's single, serious condition or a complex condition."A few key points about using this code:

·Ongoing: you must have assumed OR be planning on assuming ongoing care of the patient for this condition
·Serious/complex: CMS has not defined these terms and it is currently left to your discretion.
·CMS does not (yet) require supporting documentation
·You cannot use this with a -25 modifier (i.e., any procedure in the same visit)
·CMS Reimbursement is ~ $15. Private payers/Medicaid have been very unclear on reimbursement details.

Literature Spotlight:

Emergency Contraception for Patients Taking Isotretinoin (JAMA Derm)

In patients on isotretinoin, abstinence may be reported but not upheld. The authors cite that an average of 200-300 pregnancies are reported annually in patients taking isotretinoin. Because of this article (and its new place on my bulletin board), I remind my abstinent isotretinoin patients at every visit that we have emergency options if needed.

JAMA Dermatol. 2024; 160(5):487-488.

Table. Emergency Contraception Options[3]

Form of emergency contraception	Dosage	Pregnancy risk, %	Benefits or considerations	Risks
Levonorgestrel (Plan B)	Take 1 tablet by mouth	0.6-3.1	Available without a prescription in the US Use within 4 d of unprotected intercourse (5 d for off-label prescription) Consider providing prescription for patients with limited transportation or Medicaid Recommend routine hormonal contraception as soon as desired after emergency contraception use Avoid use with cytochrome p450 inducers	Changes to menstrual cycle length May cause nausea, headache Less effective for overweight or obesity
Ulipristal acetate (ella)	Take 1 tablet by mouth	0.9-2.1	More effective than oral levonorgestrel but available only with prescription Preferred oral option for overweight or obesity (>70 kg) Use within 5 d of unprotected intercourse Consider providing prescription for patients with limited transportation or Medicaid Recommend routine hormonal contraception delayed until 5 d after emergency contraception use Avoid use with cytochrome p450 inducers	May cause nausea, headache Interacts with hormonal contraception (do not restart for 5 d)
Combined oral contraceptives (Yuzpe regimen)	Oral tablet, dosing depends on formulation	2.0-3.5	May be easier to access if already using birth control pills	Higher risk of nausea, vomiting Least effective option
Copper intrauterine device (Paragard)	Placed in the uterus by a clinician; effective for 10 y	0.1	Nonhormonal option Continued pregnancy prevention after insertion Must be inserted within 5 d of unprotected intercourse Not affected by weight	May cause heavier bleeding, cramping Potential discomfort of insertion
Levonorgestrel intrauterine device, 52 mg (Mirena, Liletta)	Placed in the uterus by a clinician; effective for 3-8 y depending on system	0.3	Continued pregnancy prevention after insertion Must be inserted within 5 d of unprotected intercourse Not affected by weight	Changes to menstrual cycle pattern Potential discomfort of insertion

Call for UDS Logo Ideas

In the next few months, we will be working with a graphic designer to remaster our logo so that we have a high resolution image for the website, future conference materials, etc. If you have ideas for an updated version of our current logo, we'd love to hear them! Please send thoughts toLeah Marrett at utahdermsociety@gmail.com.

Until next time!

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