

**Position Statement**  
**on**  
**Physician Choice of Consultant for Interpretation of Skin Biopsy Specimens**  
**(Approved by the Board of Directors: February 4, 1995;**  
**Revised November 3, 2007; Revised August 9, 2014;**  
**Revised March 21, 2020)**

The American Academy of Dermatology strongly supports the right of patients to access care and to choose a physician. As an extension of these rights, physicians have a fiduciary responsibility to choose consultants who best serve the interests of their patients. Specifically, this requires that clinicians choose a physician with expertise in dermatopathology or cutaneous immunopathology to interpret skin biopsy specimens taken from their patients. Dermatologists and pathologists are trained in the interpretation of skin biopsy specimens and many have maintained competency in this field through continued education and practical experience.<sup>i</sup> The Residency Review Committees for both dermatology and pathology require that residency training programs emphasize dermatopathology in their curricula; this requirement underscores the importance of dermatopathology to the practice of dermatology and pathology.<sup>ii</sup>

1. The Association supports dermatopathology that as a fundamental part of dermatology residency and post-residency fellowship training and education:

Dermatology residency programs devote approximately 25% of their curriculum to dermatopathology and a similar percentage of the dermatology certifying examination is devoted to ensuring proficiency in dermatopathology. The Clinical Laboratory Improvement Act of 1988 (CLIA) regulations published in the February 28, 1992 Federal Register (Vol. 57, No. 40, page 7179 (1) (2) (B) (3)), attest to this special level of expertise and qualification of dermatologists for interpretation of dermatopathology tests.<sup>iii</sup>

In addition to the education obtained during residency training, fellowship-trained physicians have acquired specific training leading to certification of special qualification in dermatopathology by the American Board of Dermatology and the American Board of Pathology after completing one or two year fellowship programs approved by the Accreditation Council for Graduate Medical Education. Physicians with additional training leading to special certification in cutaneous immunopathology are included in this group.

2. The Association supports the consultative collaboration between dermatologists and dermatopathologists to ensure clinicopathologic correlation necessary for optimal patient diagnosis, treatment and care coordination in dermatologic care.

Dermatopathology services are consultative in nature and differ from other laboratory tests that are quantitative and rely on interpretation of numerical values. Accurate interpretation of skin biopsies requires an ability to recognize and record the details of the specimen, and to synthesize these findings with the clinical situation (clinical-pathological correlation). Failure to interpret skin biopsy specimens correctly can provide misleading information that interferes with the initiation of appropriate medical or surgical management. Inaccurate, incomplete, or vague pathologic interpretation can result in potential harm to patients through inappropriate or unnecessary treatments.

The importance and value of proper clinical-pathological correlation leads many dermatologists to rely on specialized dermatopathology laboratories directed and staffed by dermatologists and/or pathologists with special expertise in dermatopathology and immunopathology. These relationships and the access to high levels of expertise help dermatologists provide the highest quality and highest value care possible. Careful communication assists in deciding when follow up is appropriate or what, if any, additional treatment is

## Physician Choice of Consultant for Interpretation of Skin Biopsy Specimens

### Page 2 of 2

needed. Dermatopathologists often alert clinicians to important considerations in differential diagnosis. Over time, the ability to transfer information between clinician and pathologist is refined, and clinical-pathological correlation improves along with trust and mutual understanding.

Certain managed care programs mandate that the treating physician send skin biopsy specimens to laboratories with exclusive contracts for pathology services. Narrow Networks and limited choice of providers can impede individualized care, delay accurate diagnosis, and hinder efficient communication between clinicians and consultants.

Some laboratories may lack ready direct access to a physician or lack sufficient numbers of physicians with a high level of training and experience in dermatopathology or immunopathology. When treating physicians must send skin biopsy specimens to multiple different laboratories in multiple locations or different interpreting physicians at the same laboratory entity, depending upon the mandates of various insurance plans, opportunities for miscommunication and misunderstanding increases. The dissemination of specimens to different laboratories and/or physicians results in interpretations by a variety of individuals whose expertise in diagnostic precision may be unknown to the treating physician, and whose terminology may be unfamiliar to the treating physician. When no working relationship has been established between the clinician and the managed care pathologist, the likelihood of having the skin biopsy specimen misinterpreted increases. Further, when a relationship is not present a pathologist who has some uncertainty in diagnosis may be tempted to over-diagnose disease severity in borderline cases. Such over-diagnosis can result in the performance of costly, unnecessary investigations, procedures, and follow-up, at an increased cost to the patient and health plan. However, if a working relationship is present, and the pathologist can be comfortable that the clinician will follow the patient carefully, the tendency toward over-diagnosis can be reduced.

Quality medical care is predicated on physicians having access to an acknowledged experts of their choice in the histopathologic diagnosis of skin diseases for the benefit of their patients. Sometimes this expert will be the treating physician. In other cases, the treating physician will choose a local or regional expert. Patients deserve routine access to this expertise, especially when the physician highly trained in dermatopathology is willing to accept a competitive reimbursement.

The right of a patient to choose a physician should include the right to choose the physician that interprets his or her pathology specimens. The collaborative relationship between a physician performing a biopsy and the interpreting dermatopathologist is critical to arriving at the most accurate and timely diagnosis possible. Limiting the choice of dermatopathologists through narrow networks, preferred laboratory status, or reducing reimbursement below sustainable levels decreases quality of care and increases the risk of inaccurate or delayed diagnosis and resultant improper treatment.

The American Academy of Dermatology/Association supports freedom of choice of consultants, free access to qualified physicians, and the right of qualified physicians to negotiate competitive reimbursement.

---

<sup>i</sup> AAD/A Position Statement on Pathology Billing

<sup>ii</sup> <https://www.abderm.org/residents-and-fellows/fellowship-training/dermatopathology.aspx>

<sup>iii</sup> <https://www.govinfo.gov/content/pkg/FR-1992-02-28/pdf/FR-1992-02-28.pdf>

*This Position Statement is provided for educational and informational purposes only. It is intended to offer physicians guiding principles and policies regarding the practice of dermatology. This Position Statement is not intended to establish a legal or medical standard of care. Physicians should use their personal and professional judgment in interpreting these guidelines and applying them to the particular circumstances of their individual practice arrangements.*