“what’s in a name”

frequent topic of policy debate

“What’s in a name? That which we call a rose
By any other name would smell as sweet.”

Juliet Capulet to Romeo Montague, *Romeo and Juliet*

Despite Juliet’s romantic claim that a name is but an artificial and meaningless convention, increasingly physicians are finding the terms that they and others use to describe themselves have very real implications on their ability to practice, to attract new patients and to distinguish themselves from those who have less training and expertise in our chosen field.

use of the title “surgeon” in public policy

Just ask dermatologic surgeons practicing in Ontario, Canada, who due to new regulations passed by the College of Physicians and Surgeons of Ontario (CPSO), can no longer use the term “surgeon” in any public communications to describe themselves—including advertisements, business cards, and phone book listings. The CPSO proposed the regulation in 2007, after an otherwise healthy woman died during a liposuction procedure in the office of a family physician, who had advertised herself as a “cosmetic surgeon.” Under the CPSO regulation, specialists wishing to describe themselves as “surgeons” can only do so if they are certified in a surgical specialty by the Royal College of Physicians and Surgeons of Canada, or under CPSO’s Recognition of Non-family Medicine Specialists policy.

Dermatology is considered a medical, not surgical, specialty by the Royal College’s certification program, despite the required surgical knowledge and training. Certification of plastic surgeons and otolaryngologists falls under the surgical arm of the Royal College, thus allowing those specialties to advertise themselves as “surgeons.” The ASDSA continues to support efforts by the Canadian Society for Dermatologic Surgery and the Canadian Dermatology Association to combat the inappropriate restriction of trade that prohibiting the use our Canadian members’ ability to use the title “surgeon” represents.

The ASDSA is currently battling bills in Maryland which seek to define “elective cosmetic surgery” and “surgery.” In both cases, the definition of surgery proposed would not include any non-ablative laser procedures, dermal fillers or botulinum toxin injections. It would be limited to ablative procedures and those using higher levels of anesthesia, despite the fact that these definitions are contrary to those used by the American Medical Association (AMA) and the American College of Surgery (ACS). According to the definitions proposed within these Maryland bills, none of the procedures typically performed by ASDSA members would legally be considered “surgery.”

The AMA defines surgery as “performed for the purpose of structurally altering the human body by the incision or destruction of tissues and is part of the practice of medicine. Surgery also is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles…” Additionally, AMA policy states, “The AMA supports the position that revision, destruction, incision or other structural alteration of human tissue using laser is surgery.”

erosion of the “surgery” within our own specialty

In addition to obvious concerns regarding the overly-exclusive grandfathering process and over-emphasis on a single procedure contained within the American Board of Dermatology’s (ABD) previously proposed Procedural Dermatology Certification, the ASDSA also objected to the use of the term “Procedural Dermatology” over “Dermatologic Surgery.” The ASDSA is of the opinion that the term “Procedural Dermatology,” as used in both the ABD fellowship and the previously proposed certification, undermines the status of dermatologic surgeons as skin surgeons. The ASDSA also believes that the term “procedural” was imposed upon dermatologic surgeons by surgeons in other fields primarily concerned about competition for the use of the term “surgeon.”

Likewise, the ASDSA made an appeal to the National Uniform Claim Commission (NUCC) last summer regarding the change in taxonomy from “Dermatological Surgery” to “Procedural Dermatology” within the NUCC’s Health Care Provider Taxonomy Code Set. This code set is used to report provider type or physician, practitioner, or supplier specialty for a claim. In addition to “Procedural Dermatology,” dermatology subspecialty titles include “Clinical and Laboratory Dermatological Immunology,” “Dermatopathology,” “Mohs Micrographic Surgery” and “Pediatric Dermatology.”

Because this taxonomy is used to communicate with third-party payers, there is some concern the change from “Dermatological Surgery” to “Procedural Dermatology” will result in contested claims for laser, Mohs and other procedures which are defined as “surgery” within several states but are within the scope of practice of dermatologic surgeons. In some incidences, payers have attempted to refute claims for Mohs surgery and others on a similar basis. On several occasions, the ASDSA wrote letters to insurance carriers who attempted to deny payment on this basis to our members. The
AMA estimates one appeal costs the physician’s practice around $25 and costs the health plan $60 to manually address.

Unfortunately, the appeal for the use of the term “Dermatologic Surgery” in the NUCC’s Health Care Provider Taxonomy Code Set has so far been unsuccessful. The NUCC has responded to the request from ASDSA by saying they were asked to have the taxonomy reflect the accredited Procedural Dermatology Fellowship title. The NUCC requested ASDSA work directly with the ABD to determine the appropriate title for the subspecialty, as the use of the title “Procedural Dermatology” is consistent with the Accreditation Council for Graduate Medical Education approved fellowship and the certification proposed to the American Board of Medical Specialties (ABMS). The ASDSA requested that the ABD support its appeal to NUCC until the issue of the title of the fellowship program and possible certification program is resolved; however, the ABD refused this request. The ASDSA is, however, heartened to learn that the ABD is considering alternate names to describe the proposed certification.

does it matter?
What’s in the name “dermatologic surgery?” Increasingly, in an effort to combat the unlicensed practice of medicine and to give patients a better understanding of their provider’s level of training and licensure, states are passing truth in advertising legislation which requires those offering medical services to explicitly state their level of licensure, and in some cases, specify in what specialty they have achieved ABMS-recognized or equivalent board certification. The ASDSA is supportive of these measures, as it believes this type of transparency is essential to patient safety. However, ASDSA must also continue to fight to ensure any legal definition of surgery at the state legislative or regulatory levels include dermatologic surgery to preserve our members’ ability to describe themselves as “surgeons.”