

The COVID-19 Pandemic and Its Impact on Mohs Micrographic Surgery Claims in the US



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Background

- The Centers for Disease Control and Prevention issued recommendations to optimize the use of personal protective equipment (PPE) for frontline workers at the start of the COVID-19.
- The American College of Mohs Surgery, the National Comprehensive Cancer Network, the American Society for Dermatologic Surgery, and the American Academy of Dermatology made recommendations to postpone nonessential and nonurgent procedures.²⁻⁴
- The initial guidelines of the American College of Mohs Surgery advised cancellation of all elective surgeries.³
- Most cases of basal cell carcinoma were deferred for as long as 3 months; low-risk squamous cell carcinoma (SCC) and melanoma in situ treatment was deferred for as long as 2 or 3 months.³
- Little is known the Impact of COVID-19 on the number of MMS performed in the US at national level.

Methods

- The Centers for Medicare & Medicaid Services
 Database (data.cms.gov) provided medicare claims
 data for 2013-2022.
- Searching "Medicare Physician & Other Practitioners - by Geography and Service," using the CPT code for MMS (17311), and collecting the number of MMS claims at national and state levels led to calculation of the year-over-year (YOY) change in MMS.

Results and Conclusion

- MMS claims increased an average 5.7% YOY from 2013 to 2019 then decreased 8% YOY in 2020 in the US (Fig 1).
- In Virginia, MMS claims increased an average of 11.2% YOY between 2013 and 2019 then decreased 8% YOY in 2020 (Fig 2).
- MMS claims decreased YOY in 2020 in every state except Alaska, Georgia, Kansas, Missouri, Nevada, North Dakota, Rhode Island, and South Dakota.
- MMS claims decreased in the US and most states, including Virginia, in 2020 likely due to COVID-19.

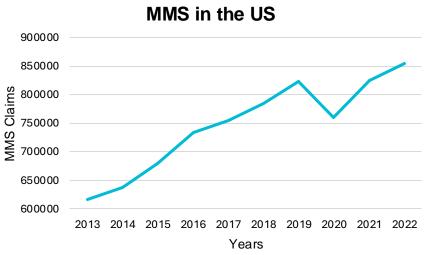


Figure 1. Year over year (YOY) change of MMS claims in the US from 2013-2022.

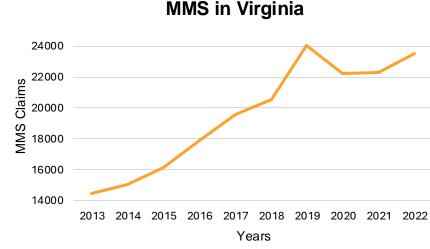


Figure 2. Year over year (YOY) change of MMS claims in the state of Virginia from 2013-2022.

References

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