

## Part B Insider (Multispecialty) Coding Alert

### Epidemics: Make Sure You Document Potentially Deadly Staph Strain

#### Use V09.0 in addition to 041.11 for MRSA

Researchers and epidemiologists are seeing a terrifying increase in drug-resistant staph infections across the United States, according to reports presented at the meeting of the **Infectious Diseases Society of America** in Boston last month.

While most cases of methicillin-resistant *Staphylococcus aureus* (MRSA) just cause nasty skin infections, some can lead to "flesh-eating" necrotizing fasciitis infections. One report to the IDSA cited 14 cases of necrotizing fasciitis in the past year, according to the **Associated Press**. Last year, 17 people came down with MRSA-related pneumonia, and five died. Some antibiotics will still kill MRSA, at least for now.

The sharp upward trend in MRSA infections shows no sign of slacking, so you should be prepared to code for the infection now. "Our doctors run into it a lot," says **Christie Berry**, a coder with **Glendora Radiology** in Glendora, CA.

If your doctor does encounter an MRSA case, it's not enough to use 041.11, the ICD-9 code for regular *Staphylococcus aureus*, say experts. You should also append V09.0 (Infection with microorganisms resistant to penicillins). The descriptor for V09.0 actually specifies MRSA, notes **Andrew Borden**, reimbursement manager in the department of otolaryngology and communication sciences at **Medical College of Wisconsin** in Milwaukee. You could also use an unspecified infection code along with V09.0, Borden notes.

Code for the specific organism in addition to V09.0 if the ICD-9 code doesn't include that information, instructs Delafield, WI-based coding consultant **Katie Ciaciolo**.

Usually, for patients with MRSA, the doctor will have to do additional work, says **Julie Robertson**, an otolaryngology coding and reimbursement specialist for **University ENT Specialists** in Cincinnati. For example, the doctor may have to do extra cultures and "sensitives." The doctor also will have to perform one or more extra endoscopic assessments. You should bill "in the 312 family" for these services, says Robertson. For example, if the doctor performs debridement, then you would bill 31237.

If a patient has MRSA, it will likely raise the level of evaluation and management claims, adds Robertson. But that depends on how good the doctor's documentation is, notes Borden. By itself, more complex medical decision-making won't drive up the level, he points out. Either the history or exam also will have to become more complex as well.

If the notes merely state that the patient has proved resistant to traditional staph treatments, that won't necessarily raise the E/M level, Borden cautions. "A higher level is going to be based on multiple parts of that documentation."