

## Home Health ICD-9/ICD-10 Alert

### ICD-9 Update: Prepare Now For Major Changes To MRSA Coding

Soon you'll be coding for colonization and MSSA, too.

Methicillin resistant Staphylococcus aureus (MRSA) is on the **Centers For Medicare & Medicaid Services'** list of ICD-9 changes effective Oct. 1, which means you need to get a head start on adjusting the way you report this condition.

**Current way:** When reporting a patient with MRSA, you turn to V09.0 (Infection with microorganisms resistant to penicillins). But when the new ICD-9 codes become effective in October, this code will no longer represent MRSA.

**New way:** Instead, you'll choose from a variety of new and revised codes that indicate whether the Staphylococcus aureus is methicillin resistant or methicillin susceptible. You'll also have codes you can use to report MRSA colonization.

[Learn Six New Codes](#)

Currently, you can add V09.0 to a variety of Staphylococcus aureus infection codes to indicate MRSA. Come Oct. 1, you'll need to choose a more specific infection code. You'll also have codes to indicate infections with methicillin susceptible Staphylococcus aureus (MSSA). There will be several combination codes to identify the specific type of infections with the presence of MRSA or MSSA.

In subcategory 038.1 (Staphylococcal septicemia), you'll see re-revisions to code 038.11 that indicate Methicillin susceptible Staphylococcus aureus septicemia. You'll also find new code 038.12 (Methicillin resistant Staphylococcus aureus septicemia).

For patients with pneumonia due to Staphylococcus aureus, you'll choose from revised code 482.41 (Methicillin susceptible pneumonia due to Staphylococcus aureus) and new code 482.42 (Methicillin resistant pneumonia due to Staphylococcus aureus).

Subcategory 041.1 (Bacterial infection in conditions classified elsewhere and of unspecified site, Staphylococcus) mimics the changes to 038.1 by revising 041.11 to indicate Methicillin susceptible Staphylococcus aureus and adding new code 041.12 (Methicillin resistant Staphylococcus aureus).

**Don't miss:** When you have a diagnosis of MSSA or MRSA in conditions such as urinary tract infections (UTIs), cellulitis or osteomyelitis, you'll need to assign the code for the underlying infection first followed by the code to identify the organism as MSSA (041.11) or MRSA (041.12) as documented by the physician, says **Charlotte Lefert, RHIA**, an independent health information management consultant based in Madison, WI.

You'll also find three new V codes related to MRSA and MSSA. New codes V02.53 (Methicillin susceptible Staphylococcus aureus MSSA colonization) and V02.54 (Methicillin resistant Staphylococcus aureus MRSA colonization) give you a method for reporting colonization.

V02.54 refers to a patient who is a persistent carrier of methicillin resistant Staph aureus which is confirmed by evidence of colonization usually in the nostrils, says **Judy Adams, RN, BSN, HCS-D**, with **LarsonAllen** in Charlotte, NC. Individuals who are colonized have a higher risk of developing full-blown MRSA infections as well as transmitting the bacteria to others. These individuals must maintain very meticulous hygiene to reduce the possibility of transmitting the MRSA bacteria to others. The incidence of individuals colonized with MRSA is 80 percent at some point while only 20 to 30 percent are persistently colonized with the resistant bacteria.

A patient with an open wound that is colonized with MRSA does not have an active MRSA infection but because of colonization is at great risk. When colonized with MRSA, a patient with even simple wound care needs may require the skills of a nurse says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX.

**Benefit:** The increased incidence of MRSA in the community and the need to track such infections make the new codes a great addition, adds Selman-Holman.

#### Don't Give Up On V09

Just because there are new codes for MRSA doesn't mean that the V09 (Infection with drug-resistant microorganisms) codes are going away or that they shouldn't be used by home care anymore, Selman-Holman says. These codes will still be used for other bacteria that are resistant to penicillins (V09.0) and for Staph aureus that is resistant to other antibiotics.

**For example:** For a post-op wound infected with MRSA and VRSA you would list:

- M0230a: 998.59 (Other postoperative infection);
- M0240b: 041.12 (Methicillin resistant Staphylococcus aureus); and
- M0240c: V09.81 (Infections with microorganisms resistant to other specified drugs; with resistance to multiple drugs).

**Alphabetic index tip:** Look for these new codes by using several references in the alphabetic index, Lefert says:

- Carrier (suspected) of, staphylococcus, methicillin resistant Staphylococcus aureus or methicillin susceptible Staphylococcus aureus
- Colonization, MRSA; MSSA
- Positive, culture, nose, Staphylococcus -- see Carrier (suspected) of, Staphylococcus

New code V12.04 (Personal history of methicillin resistant Staphylococcus aureus) allows you to report patients with a personal history of MRSA. For this code, look up "History (personal) of, disease (of), infectious, MRSA; MSSA." Individuals who have had a history of previous illnesses are more likely than others to have a recurrence of the illness. Therefore these people are in a higher risk category, Adams says.