

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

### Know The Difference Between Staph aureus Susceptible, Staph aureus Resistant And Staph aureus Colonization

Before you can select the right code, you'll need to understand the difference between MRSA, MSSA, and MRSA colonization. **Judy Adams, RN, BSN, HCS-D**, with **LarsonAllen** in Charlotte, NC. provides the following explanations:

- **MRSA:** A bacteria associated with severe infections resistant (unresponsive) to a wide range of antibiotics (penicillins and cephalosporins) generally used to treat Staphylococcus aureus infections.
- **MSSA:** This strain of the bacteria can also cause infection and illness, but it is susceptible or re-sponsive to penicillins and is not as severe an illness as one associated with MRSA. When Staph aureus is not designated as resistant to penicillins, it is considered MSSA. MSSA also includes Staph aureus, NOS.
- **Colonization:** A growth of Staph aureus bacteria, generally in the anterior nostrils of an individual. Approximately 80 percent of individuals are colonized with staph aureus at some point, but most only have the colonization intermittently. Approx-imately 20 to 30 percent of individuals have a persistent colonization of Staph aureus.

**Watch for these signs:** Staphylococcus thrives in warm, moist places, says **Charlotte Lefert, RHIA**, an independent health information management consultant based in Madison, WI. Common sites of colonization include the nostrils, underarms, groin, and other skin surfaces such as the hands. Positive lab tests may come from a variety of specimens (e.g. sputum, lungs, urine, wounds).

When a patient develops an infection, there are clinical signs and symptoms of illness or inflammation, such as localized pain or tenderness, redness, warmth, swelling, drainage or fever, Lefert says. These are due to the invasion of the bacteria into the tissue. Various treatment options exist for these infections. These may or may not require the use of antibiotics.

A patient with MRSA is given medications to treat their infection. A colonized patient would not require medication but might be placed on contact precautions to prevent other people from being exposed to the patient's sputum or wherever they are colonized.

A person colonized with MRSA also may receive an anti-microbial such as Rifampin and be instructed to bathe with soap, such as Phisoderm, to decrease the colonization. Routinely it takes three negative cultures of the axilla and nares over a period of time before the person is considered free of MRSA. Once free of the colonization, you'll code for the patient with the history of MRSA.

Lab testing of the Staphylococcus aureus organism will help to identify the most appropriate antibiotic to prescribe and whether the organism is resistant to methicillin, Lefert says.

More serious infections such as surgical wound infections, bloodstream infections, and pneumonia may require more aggressive treatment such as hospitalization or the use of IV antibiotics.