

OASIS Alert

Diagnosis Coding: Clear Up Your Staph Coding Confusion

Read the fine print or you may be reporting 'MSSA' when you mean 'MRSA.'

You have a whole new way to report methicillin-resistant Staphylococcus aureus (MRSA), thanks to the surge in new cases, but unless you read the fine print, you could be documenting the wrong problem -- and hurting your bottom line.

Problem: While MRSA used to be a problem for hospitals, "a variation of this condition is showing up with more and more home health patients," explains **Judy Adams** of **LarsonAllen** in Charlotte, N.C.

Solution: The 2009 ICD-9 codes take notice of this change and offer a variety of new and revised codes that indicate whether the Staphylococcus aureus is methicillin resistant or methicillin susceptible. Plus, you now have codes you can use to report MRSA colonization and history of MRSA.

Know These Codes Or Pay the Price

Previously, you could add V09.0 to the Staphylococcus aureus infection codes to indicate MRSA. But now you must choose a more specific infection code. And you also have new codes to indicate infections with methicillin susceptible Staphylococcus aureus (MSSA).

ICD-9 never had codes that specifically mentioned MSSA before, Adams says. Use these codes if the information in the medical record notes that the patient has Staph aureus but doesn't state that it is resistant to methicillin, she instructs. MSSA simply means that Staph aureus is the infective organism.

In addition, there are also several new or revised combination codes that identify the specific type of infections with the presence of MRSA or MSSA.

Subcategory 038.1 (Staphylococcal septicemia), revises code 038.11 to indicate methicillin susceptible Staphylococcus aureus septicemia, while new code 038.12 reports methicillin resistant Staphylococcus aureus septicemia.

For patients with pneumonia due to Staphylococcus aureus, you now have 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 Staphylo-coccus aureus).

Patients may also be carriers of MRSA, which you can report with V02.54 (Carrier or suspected carrier of methicillin susceptible Staphylococcus aureus), meaning that they have the bacteria present in their bodies but do not have an active infection, Adams says. People in contact with MRSA, either in the facility or out in the community, may culture out MRSA from dark damp places on the body, such as the groin, armpits, nose, and ears without having an active infection.

There is also a new code for a patient who has a history of MRSA but does not currently have the infection or colonization -- V12.04 (Personal history of methicillin resistant Staphylococcus aureus).

Caution: To make things more interesting for coders this year, several of the codes for MSSA are the codes that used to be reported for MRSA situations, Adams says.

For example: Previously, 038.11 and V09.0 (Infection with microorganisms resistant to penicillins) were the codes to

report for a septicemia infection due to MRSA. But now 038.11 is used to report MSSA.

Another example: Codes 041.11 and V09.0 reported an MRSA infection last year, but this year 041.11 describes MSSA.

Last example: Listing 482.41 and V09.0 used to be the way to report MRSA pneumonia. But now 482.41 denotes MSSA pneumonia.

Compare These Scenarios

Beware that coders who rely on memory for coding MRSA may be saying something they didn't intend to about their patient's diagnosis, Adams says.

In 2008 if you were caring for a patient with a leg abscess infected with MRSA, you would have reported the following codes, says **Trish Twombly, RN, BSN, HCS-D, CHCE**, director of coding with **Foundation Management Services** in Denton, Texas:

- 682.6 (Other cellulitis and abscess; leg, except foot);
- 041.11 (Staphylococcus aureus); and
- V09.0 (Infection with microorganisms resistant to penicillins).

As of Oct 1, however, you would list 682.6 followed by 041.12 to show the patient has Staph aureus and is resistant to penicillin.

Note the change: You use two codes this year to indicate MRSA Staph aureus, as opposed to three codes last year.

Code 041.11 still indicates Staph aureus -- it just has nothing to do with MRSA. Now the code indicates an infection with Staphylococcus aureus. Code 041.12 is a combination code, meaning that the patient has an infection with Staph aureus and that bacteria is resistant to methicillin and similar antibiotics.

In short, the titles have changed, so if you don't pay attention to this change, you may misreport diagnoses.

Drop the habit: Stop using V09.0 to report an MRSA infection. Prior to Oct. 1, you had to list this code if your patient had an MRSA infection, Twombly says. Now, you have the new combo codes for MRSA. If you look in your coding manual, you'll find that V09.0 is still a valid V code, just not for MRSA, she says.

Don't forget V09.x codes: If that bacteria is resistant to another type of antibiotics, even if it is Staph aureus, you will still need to use the V09.x codes. For example, if the patient above had Staph aureus that was resistant to penicillin and Vancomycin, you would code for it as follows:

- 682.6 (Other cellulitis and abscess; leg, except foot);
- 041.12 (Methicillin resistant Staphylococcus aureus); and
- V09.81 (Infection with microorganisms resistant to other specified drugs; with resistance to multiple drugs).