

Question: MRSA colonization versus MRSA infection

If on admission, a patient is colonized but is not infected with MRSA, will CMS reimburse the hospital if the patient later develops a healthcare-associated infection (HAI) during hospitalization?

The short answer:

- MRSA cultured from a patient on admission or even cultured later and still judged to be colonization -- has *nothing to do with CMS reimbursement*. The only issue is whether the patient develops an *actual infection* during hospitalization meeting the following criteria:
 - 1) **A CMS hospital-acquired condition (HAC)**. [Note: HACs do not receive additional payment beyond the base DRG *unless* the patient has another non-HAC complication.]
 - 2) **An infection that developed during the hospitalization—whether MRSA or any other pathogen**, meeting the CDC/NHSN definition for a specific symptomatic HAI. **Knowledge of a patient's colonizing organism on admission is irrelevant.**

Additional Comment: CMS and HAI

CMS:

- 1) CMS has NOT selected MRSA as a HAC
- 2) More importantly, CMS has not considered "colonization" of **any organism** an HAC; there is no code for "colonization POA." Further, CMS/Congress are only concerned with actual *infectious complications*
- 3) CMS HACs **do** include central-line associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CA-UTI) and certain surgical site infections (mediastinitis; certain orthopedic infections) caused by MRSA yes, but by **any other pathogen as well.**

HAI determination:

The real issue in this question is the confusion between *HAI surveillance and MRSA surveillance*

- 1) **MRSA surveillance** Some hospitals choose -- or are required by law-- to culture patients on admission for MRSA (many do not). Results may be used for patient placement and additional precautions if "colonized" with MRSA. However, CDC recommends *standard precautions* for *all* patients since we don't know what pathogens patients may be carrying—unrelated to their reason for admission. The presence of the organism has little to do with infection. If the patient had clear signs of *infection on admission* such as fever, increased WBC etc., related to MRSA or *any other organism*, a "present on admission" (POA) code would be assigned to the infection and the issue of reimbursement related to HAC is moot.
- 2) **Standard precautions** are to be used with *all patients* with the intent that *whether or not one knows a patient is colonized with a pathogen* - gram positive or gram negative – the patient should be managed as though he/she is *potentially colonized or infected* and basic precautions should be carried out accordingly: hand hygiene, glove use, etc. The caregivers are to prevent the patient from developing an infection during medical device manipulation; procedures etc., and also prevent transmission of colonized pathogens to other patients.
- 3) **HAI surveillance** – Determination of whether the patient has developed an infection (e.g., CLABSI) has **nothing** to do with whether the patient was known to carry a specific pathogen on their skin/mucous membrane, etc. Just having *knowledge* of a colonizing microbe is very different from actual development of an *infection* during care; an HAI that could have been prevented by how the catheter was inserted, for example. The HAI determination uses NHSN definitions – criteria using **symptoms as well as laboratory data**--not mere presence of a colonizing organism.