

## Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Treatment of Skin and Soft Tissue Infections

Compiled by:  
Office of Outcomes Research and Evaluation  
University of Louisiana at Monroe  
College of Pharmacy

Methicillin-resistant *Staphylococcus aureus* (MRSA) is resistant to many antibiotics and can cause a variety of problems including skin infections, sepsis, and pneumonia. The CDC encourages clinicians to consider MRSA in the differential diagnosis of skin and soft tissue infections compatible with *S. aureus* infections, especially those that present with cellulitis, abscess, or both. Recent data suggest that MRSA as a cause of skin infections in the general community remains at high probability.

### Recommendations for Treatment

- Patients with skin and soft tissue infections due to or suspected to be due to MRSA may present with cellulitis, abscess, or both. In addition, a patient's presenting complaint of "spider bite" should raise suspicion of an *S. aureus* infection. Those with cellulitis should be treated with antibiotics, while those with abscess should undergo incision and drainage in addition to antibiotic therapy.
- Empiric antimicrobial coverage for MRSA may be warranted for treatment of skin and soft tissue infections, especially with the high community prevalence of MRSA. Empiric antibiotic therapy with activity against MRSA is especially important when the following conditions apply:
  - Previous episode of MRSA infection
  - Recurrent infections in patients who are at high risk for MRSA, which includes patients who have been recently hospitalized, reside in a long-term care facility, and those with prior antibiotic use
  - Skin and soft tissue infection not associated with purulence, but with inadequate clinical response to antibiotic therapy without activity against MRSA
- Mild infections, those with localized involvement and no systemic symptoms, may be treated with oral antibiotics. Oral antibiotics of choice include trimethoprim-sulfamethoxazole, tetracyclines, and clindamycin. Antibiotic therapy should be specific to culture and sensitivity data when available. In addition, the patient's underlying comorbidities and concomitant medications should be considered.
- Parenteral therapy may be warranted in more severe infections, such as those that include extensive soft tissue involvement, signs of systemic toxicity, and in patients who are immunocompromised. Parenteral therapy may be transitioned to oral therapy once there is clinical improvement and no signs of systemic toxicity.
- The duration of therapy for treatment of skin and soft tissue infections due to MRSA is usually 5 to 14 days depending upon the severity of the infection and response to therapy.

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- MRSA skin infections can develop into more serious infections. It is important to discuss a follow-up plan with your patients in case they develop systemic symptoms or worsening local symptoms, or if symptoms do not improve within 48 hours.
- For guidelines regarding treatment of MRSA, see the Infectious Diseases Society of America (IDSA) website, available at [www.idsociety.org](http://www.idsociety.org).
- Please see the following *Patient Education Handout-What You Need to Know about “MRSA”* which can be shared with your patients.

References:  
Centers for Disease Control and Prevention (CDC). *Methicillin-resistant Staphylococcus aureus (MRSA)*. Accessed at [www.cdc.gov/mrsa](http://www.cdc.gov/mrsa)  
Lowy, F.D. (2018). *Methicillin-resistant Staphylococcus aureus (MRSA) in adults: Treatment of Skin and Soft Tissue Infections*. UpToDate. Waltham, MA: UpToDate. Available at [www.uptodate.com](http://www.uptodate.com)

## **PATIENT EDUCATION HANDOUT**

### **What You Need to Know about “MRSA” [Methicillin-Resistant *Staphylococcus Aureus*]**

#### **What Is MRSA?**

MRSA is methicillin-resistant *Staphylococcus aureus*, a type of staph bacteria that is resistant to several antibiotics. In the general community, MRSA most often causes skin infections. In some cases, it causes pneumonia (lung infection) and other issues. If left untreated, MRSA infections can become severe and cause sepsis - a life-threatening reaction to severe infection in the body.

#### **Who Is At Risk and How Is MRSA Spread In The Community?**

Anyone can get MRSA on their body from contact with an infected wound or by sharing personal items, such as towels or razors, that have touched infected skin. MRSA infection risk can be increased when a person is in activities or places that involve crowding, skin-to-skin contact, and shared equipment or supplies. Those at higher risk for MRSA include athletes, daycare / school students, military personnel in barracks, and those who recently received inpatient medical care.

#### **How Common Is MRSA?**

Studies show that about one in three people carry staph in their nose, usually without any illness. Two in 100 people carry MRSA. There is no data showing the total number of people who get MRSA skin infections in the community.

#### **Can I Prevent MRSA? How?**

There are some steps you can take to reduce your risk of MRSA infection:

- Maintain good hand and body hygiene. Wash hands often, and clean your body regularly, especially after exercise.
- Keep cuts, scrapes and wounds clean and covered until healed.
- Avoid sharing personal items such as towels and razors.
- Get care early if you think you might have an infection.

#### **What Are MRSA Symptoms?**

Sometimes, people with MRSA skin infections first think they have a spider bite. However, unless a spider is actually seen, the irritation is likely not a spider bite. Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that might be red, swollen, painful, warm to the touch, full of pus (or other drainage), and/or accompanied by a fever.

#### **What Should I Do If I See These Symptoms?**

If you or someone in your family experiences these signs and symptoms, cover the area with a bandage, wash your hands, and contact your doctor. It is especially important to contact your doctor if signs and symptoms of an MRSA skin infection are accompanied by a fever.

#### **What Should I Do If I Think I Have a Skin Infection?**

- Contact your doctor if you think you have an infection. You cannot tell by looking at the skin if it is a staph infection (including MRSA). Finding infections early and getting care make it less likely that the infection will become severe.
- Do not try to treat the infection yourself by picking or popping the sore.

- Cover possible infections with clean, dry bandages until you can be seen by a doctor, nurse, or other health care provider.

#### Can MRSA Infections Be Treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

*More information about MRSA infection is available from the Centers for Disease Control and Prevention (CDC) at [www.cdc.gov/mrsa](http://www.cdc.gov/mrsa).*

Reference: *Centers for Disease Control and Prevention (CDC). Methicillin-resistant Staphylococcus aureus (MRSA). Accessed at [www.cdc.gov/mrsa](http://www.cdc.gov/mrsa)*

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## Pharmacy Facts Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

### Stakeholders Meeting

Louisiana Medicaid hosted a stakeholders meeting Sept. 7 to continue the discussion of the single preferred drug list (PDL) and pharmacy reimbursement. The meeting began with a [presentation and call for input on single PDL development](#) by Louisiana Medicaid Director Jen Steele. Sen. Fred Mills further elaborated on the topic and how it would affect prescribers and pharmacists. The meeting was an opportunity for all stakeholders to consider benefits as well as challenges. A public hearing for the Notice of Intent published in the August Louisiana Register is set for Sept. 27 and written comments are due Sept. 28. The meeting also included a [presentation on pharmacy reimbursement](#) by Myers and Stauffer LC, a public accounting firm that manages Louisiana Medicaid's average acquisition cost (AAC) program. The presentation covered federal requirements, state choices for ingredient cost reimbursement methods and Louisiana's current pharmacy reimbursement program. Pictured below are Steele, Mills, Louisiana Medicaid Pharmacy Director Melwyn Wendt and Pharmacist Sue Fontenot. Those in attendance included Medicaid-participating pharmacists and prescribers, managed care health plans, LDH staff and other contractors.

### Cost of Dispensing (COD) Survey Update

Medicaid plans to share the results of the Cost of Dispensing (COD) Survey soon, but there have been additional delays. Mercer, the contractor that both conducted the survey and is compiling the report, is still working to correct some minor issues with some of the submissions. For details on the COD Survey and what it included, please refer to the March 16, 2018 Pharmacy Facts, and please watch for future Pharmacy Facts to announce the report's release.

## Medicare and Medicaid Advantage Filing Guidelines

A recent review of claims for either dual eligible Medicare Medicaid recipients and/or QMB only recipients revealed many claim filing errors. To help reduce the number of denied claims or rejected claim files, you should follow the guidelines listed below:

- Some claims for dual eligible recipients are being submitted electronically as [fee for service](#) Medicaid claims. Submitters must not add claims with Medicare Coverage indicated into an 837P file with a file extension of **.PHY**.

- Claims for dual eligible recipients for coinsurance/deductible consideration should not be sent to Molina **UNLESS** the claim has failed to crossover from Medicare. If that is the situation, then the claim **MUST** be filed **HARDCOPY** with Medicare EOBs and not submitted electronically. Same guidelines apply when adjusting Medicare claims.
- Claims for dual eligible recipients with Medicare Advantage coverage can be filed electronically; however, there are special requirements for the layout of these files. Providers must work with their clearinghouse or submitter to ensure that the correct procedures are being followed. Submitters should contact Molina EDI and arrange for testing prior to sending such claims to Production. Refer to articles on [lamedicaid.com](http://lamedicaid.com) dated 1/31/18 and 4/24/18 for additional details. The 837 Companion Guides have Medicare Advantage claim examples included.
- Claims for dual eligible recipients with **denials** for certain services not covered under traditional Medicare Part B coverage may be filed electronically as fee for service claims. The Medicare denial reason(s) must meet criteria established by the Louisiana Department of Health (LDH) as there are some exceptions. Refer to previous articles on [lamedicaid.com](http://lamedicaid.com) dated 5/16/17 and 1/31/18 for details on how to file this claim type.

## New Medicaid Eligibility System Launch (LaMEDS)

The Medicaid Customer Service Hotline receives a large number of application status checks daily from providers. Due to the expected increase in call volume and wait times with the implementation of the new Medicaid eligibility system, LaMEDS, on November 13, 2018, CSU will begin **directing you to the MEVS system for verifying Medicaid Eligibility effective immediately**. For multiple status checks, you may complete the Provider Status Request Form located at <http://dhhnet/dept/mva/MasterDocs/Provider%20Request%20Form.pdf>.

If you have any problems with MEVS please contact Provider Relations at 1-800-473-2783 or [providerrelations@la.gov](mailto:providerrelations@la.gov) for assistance.

Other helpful numbers:

Provider Enrollment @ 1-225-216-6370

Claims – 1-800-473-2783

Website Issues – 1-877-598-8753

## Provider Portal to Replace Facility Notification System

Louisiana Medicaid's current Facility Notification System (FNS) will be made obsolete with the launch of a new eligibility and enrollment (E&E) system, scheduled to launch in November 2018.

The new E&E system includes a provider portal, which replaces the existing FNS as the means for provider, hospital and support coordination agency (SCA) representatives to submit forms for Medicaid to process. Updated security requires all current FNS users to re-register in the new system. An authorization check will be implemented for new user requests. Providers will need to appoint an individual who will be responsible for confirming new user access requests on behalf of the provider.

The last day to submit new forms in the FNS is Nov. 6, 2018. Providers should not submit new forms after this date and wait until the new provider portal is live (scheduled for Nov. 13). The last day to save lists of previous forms submitted is Nov. 7. FNS will not be available after the launch of the new E&E system.

Training videos are available to providers that introduce the basics of the provider portal. To learn how to manage information from a personal account or provider’s profile, visit: <http://ldh.la.gov/LaMEDSAccessProviderPortal>. To learn how to submit, finish or view forms, visit: <http://ldh.la.gov/LaMEDSProviderFormEntry>. If you have questions, please contact [msmcomm@la.gov](mailto:msmcomm@la.gov).

**Online Medicaid Provider Manual Chapter Revisions as of October 2018**

Manual Chapter	Section(s)	Date of Revision(s)
Federally Qualified Health Centers	22.4 Reimbursement	10/05/18
Intermediate Care Facilities for Individuals with Intellectual Disabilities	26.11 Rate Determination	10/11/18
Rural Health Clinics	40.4 Reimbursement	10/09/18

**Archived Online Medicaid Provider Manual Chapter Revisions as of October 2018**

Manual Chapter	Section(s)	Date of Omission(s)
Federally Qualified Health Centers	22.4 Reimbursement	10/05/18
Intermediate Care Facilities for Individuals with Intellectual Disabilities	26.11 Rate Determination	10/11/18
Rural Health Clinics	40.4 Reimbursement	10/09/18

**Remittance Advice Corner**

**Attention Louisiana Medicaid Providers:**

Effective October 17, 2018, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program will implement a Clinical Pre-Authorization requirement for pyrimethamine (Daraprim®). Please refer to [www.lamedicaid.com](http://www.lamedicaid.com) for more information.



**Attention Louisiana Medicaid Providers:**

Effective October 24, 2018, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program will implement Point of Sale (POS) quantity limits for epinephrine injection (Generic, EpiPen®, and EpiPen Jr®). Please refer to [www.lamedicaid.com](http://www.lamedicaid.com) for more information.

**Attention Louisiana Medicaid Providers:**

*Claims Adjustment/Recycle Reimbursement Changes for Physician-Administered Drugs*

Louisiana Medicaid has recently revised the reimbursement methodology for physician-administered drugs in a physician office setting effective with dates of service July 1, 2018 forward.

Fee-for-service (FFS) claims previously processed and paid for physician-administered drugs (J-codes) or payable vaccines beginning with a July 1, 2018 date of service have been adjusted/recycled as appropriate based on the updated reimbursement rate. Providers can expect to see the results of this process on the remittance advice of October 23, 2018. Crossover claims impacted by this change will be addressed separately in the near future.

This action will affect Professional Services, Take Charge Plus and applicable Immunization claims.

Please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040 if there are questions related to this matter for FFS claims. Questions related to the Healthy Louisiana managed care organizations' updates should be directed to the specific health plan.



**Attention Louisiana Medicaid Providers:**

*Physician-Administered Drugs - Reimbursement Changes*

The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) has mandated that Louisiana Medicaid revise the reimbursement methodology for physician-administered drugs in a physician office setting. This revision will update current reimbursement rates and will provide a mechanism for annual updates to the rates.

Effective for dates of service on and after July 1, 2018, Louisiana Medicaid adjusted the reimbursement rates on the fee-for-service (FFS) file for physician-administered drugs and payable vaccines in the physician office setting. The procedure codes for physician-administered drugs are typically listed as a Healthcare Common Procedure Coding System (HCPCS) procedure code beginning with “J” and payable vaccines by the relevant CPT code. Claims previously submitted for physician-administered drugs or vaccines with dates of service on or after July 1, 2018 will be systematically adjusted in the upcoming weeks to ensure proper payment. No action is required by the provider.

Going forward, updates to the reimbursement rates for physician-administered drugs and payable vaccines will occur annually at the beginning of each year as part of the annual Healthcare Common Procedure Coding System (HCPCS) process.

The rate changes are reflected on the Professional Services, Take Charge Plus and applicable Immunization fee schedules.

Please contact Molina Provider Relations at (800) 473-2783 or (225) 924-5040 if there are questions related to this matter for fee for service claims. Questions related to the Healthy Louisiana managed care organizations' updates should be directed to the specific health plan.



## For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370	General Medicaid Eligibility Hotline	1-888-342-6207
<b>Prior Authorization:</b>		MMIS Claims Processing Resolution Unit	(225) 342-3855
Home Health/EPSDT – PCS	1-800-807-1320		
Dental	1-866-263-6534 1-504-941-8206		
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Hospital Pre-Certification	1-800-877-0666		
Provider Relations	1-800-473-2783 (225) 924-5040	Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
REVS Line	1-800-776-6323 (225) 216-(REVS)7387		
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired  Pharmacy Hotline  Medicaid Fraud Hotline	1-877-544-9544  1-800-437-9101  1-800-488-2917