



Medicine: Hydration Therapy

Policy Number: M-0046

Payment will not be made for any use of these drugs outside of the criteria without prior authorization. The member may not be billed unless the member explicitly agrees in writing to be responsible for the charges in accordance with the contract/provider manual. Prior authorization will only be given if the provider demonstrates the intended use meets Medicare coverage guidelines.

Indications:

The clinical manifestations of dehydration or volume depletion are related to the volume and rate of fluid loss, the nature of the fluid that is lost, and the responsiveness of the vasculature to volume reduction. Rehydration with fluids containing sodium as the principal solute preferentially expands the extracellular fluid volume; a 1-liter infusion of normal saline may expand blood volume by about 300 ml. In general, an imbalance of less than 500 ml of volume is not likely to require intravenous rehydration.

Hydration services are indicated:

1. In documented volume depletion.
2. When performed in conjunction with chemotherapy, these CPT codes are covered only when infusion is prolonged and done sequentially [done hour(s) before and/or after administration of chemotherapy], and when the volume status of a patient is compromised or will be compromised by side effects of chemotherapy or an illness.
3. In some endocrine conditions with findings such as hypercalcemia, prolonged hydration can be medically necessary.
4. As an adjunct to the treatment of hypotension.

Coding Information:

CPT/HCPCS Code(s)

96360	Hydration iv infusion init
96361	Hydrate iv infusion add-on



ICD-9 Code(s)

250.80	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
275.42	HYPERCALCEMIA
276.0	HYPEROSMOLALITY AND/OR HYPERNATREMIA
276.50	VOLUME DEPLETION, UNSPECIFIED
276.51	DEHYDRATION
276.52	HYPOVOLEMIA
458.9	HYPOTENSION UNSPECIFIED
535.00 - 535.01	ACUTE GASTRITIS (WITHOUT HEMORRHAGE) - ACUTE GASTRITIS WITH HEMORRHAGE
535.10 - 535.11	ATROPHIC GASTRITIS (WITHOUT HEMORRHAGE) - ATROPHIC GASTRITIS WITH HEMORRHAGE
535.20 - 535.21	GASTRIC MUCOSAL HYPERTROPHY (WITHOUT HEMORRHAGE) - GASTRIC MUCOSAL HYPERTROPHY WITH HEMORRHAGE
535.30 - 535.31	ALCOHOLIC GASTRITIS (WITHOUT HEMORRHAGE) - ALCOHOLIC GASTRITIS WITH HEMORRHAGE
535.40 - 535.41	OTHER SPECIFIED GASTRITIS (WITHOUT HEMORRHAGE) - OTHER SPECIFIED GASTRITIS WITH HEMORRHAGE
535.50 - 535.51	UNSPECIFIED GASTRITIS AND GASTRODUODENITIS (WITHOUT HEMORRHAGE) - UNSPECIFIED GASTRITIS AND GASTRODUODENITIS WITH HEMORRHAGE
535.60 - 535.61	DUODENITIS (WITHOUT HEMORRHAGE) - DUODENITIS WITH HEMORRHAGE
535.70 - 535.71	EOSINOPHILIC GASTRITIS, WITHOUT MENTION OF HEMORRHAGE - EOSINOPHILIC GASTRITIS, WITH HEMORRHAGE
536.2	PERSISTENT VOMITING
558.9	OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS
578.0	HEMATEMESIS
585.3	CHRONIC KIDNEY DISEASE, STAGE III (MODERATE)
643.10	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE UNSPECIFIED AS TO EPISODE OF CARE
643.13	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE ANTEPARTUM
643.20	LATE VOMITING OF PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE
643.23	LATE VOMITING OF PREGNANCY ANTEPARTUM
643.80	OTHER VOMITING COMPLICATING PREGNANCY UNSPECIFIED AS TO EPISODE OF CARE

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643.83	OTHER VOMITING COMPLICATING PREGNANCY ANTEPARTUM
780.2	SYNCOPE AND COLLAPSE
780.4	DIZZINESS AND GIDDINESS
780.97	ALTERED MENTAL STATUS
787.01	NAUSEA WITH VOMITING
787.03	VOMITING ALONE
787.91	DIARRHEA
V15.89	OTHER SPECIFIED PERSONAL HISTORY PRESENTING HAZARDS TO HEALTH
V58.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY

Documentations Requirements

1. All 'Indications' must be clearly documented in the patient's medical record and made available to Medicare upon request.
2. The volume of hydration therapy and the doses of non-chemotherapy drugs administered should be documented in the medical record.
3. CPT Codes 96360 and 96361 are time-based codes and must be documented with start and stop times or total hydration infusion time.
4. Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

Utilization Guidelines

1. When administering multiple infusions, injections or combinations, report only one 'initial' service code unless documented medical necessity supports more than one IV site.
2. Rehydration via hydration therapy of extensively dehydrated patients can be accomplished in hours; therefore, the medical necessity of hydration beyond 12 hours must be documented in the medical record.

Limitations:

1. Rehydration with the administration of an amount of fluid equal to or less than 500 ml is not reasonable and necessary.



2. These CPT codes are not to be used for routine IV drug injections.
3. Hanging of D5W or other fluid just prior to administration of chemotherapy is not hydration therapy and should not be billed with these codes.
4. When the sole purpose of fluid administration is to maintain patency of the access device, these infusion CPT codes should not be billed as hydration therapy.
5. Administration of fluid in the course of transfusions to maintain line patency or between units of blood product is not to be separately billed as hydration therapy.
6. Fluid used to administer drug(s) is incidental hydration and is not separately payable.
7. Rehydration via hydration therapy of extensively dehydrated patients can be accomplished in hours; therefore, the medical necessity of hydration beyond 12 hours must be documented in the medical record.
8. These CPT codes require the direct supervision of the physician or non-physician practitioner for the initiation of the service.

Definitions:

CPT Code-- The Current Procedural Terminology (CPT) code set is maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.

HCPCS Code—Healthcare Common Procedure Coding System - A system of letter and number codes assigned to procedures, medications, supplies and equipment used for pricing and billing.

ICD-9 Code—International Classification of Disease, 9th edition. A standardized classification of disease, injuries, and causes of death, by etiology and anatomic localization and codified into a 6-digit number, which allows clinicians, statisticians, politicians, health planners and others to speak a common language, both US and internationally.



References:

1. Local Coverage Determination (LCD) for Medicine: Hydration Therapy (L32290). Available at: [http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=32290&ContrlId=213&ver=2&ContrVer=1&CntrctrSelected=213*1&Cntrctr=213&name=Cahaba+Government+Benefit+Administrators%24*%24sup*%24*%c2%ae%24*%24%2fsup*%24*%2c+LLC+\(10102%2c+MAC+--+Part+B\)&s=2&bc=AggAAAAIAAAAA&.](http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=32290&ContrlId=213&ver=2&ContrVer=1&CntrctrSelected=213*1&Cntrctr=213&name=Cahaba+Government+Benefit+Administrators%24*%24sup*%24*%c2%ae%24*%24%2fsup*%24*%2c+LLC+(10102%2c+MAC+--+Part+B)&s=2&bc=AggAAAAIAAAAA&.) . Accessed November 15, 2012 2012.

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