

Q & A – Hydration vs. Medication Infusion

Question: Regarding hydration vs. an infusion of medication -- does an infusion of potassium qualify as a medication if the medical necessity of potassium is documented? What constitutes a minimum flow rate for hydration therapy?

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Report Selection 2017 Hospital Based HCPCS/CPT® Codes Quarter: Q1

2017 HCPCS Codes - ALL Quarter: Q1
Codes and/or Descriptions: 96360,96365 for selected Provider: Regional Hospital (990001)
Results returned(below): 2
AWI: 1, DME: CA, Clinical Lab Fee Schedule: CA1, Physician Fee Schedule: ANAHEIM/SANTA ANA, CA

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Current Descriptor	Fee Schedule	Initial APC	Payment
<input type="checkbox"/> 96360 - intravenous infusion, hydration; initial, 31 minutes to 1 hour S - Paid Under OPSS; Separate APC.	GB (Physician Facility): \$68.64 GB (Physician Non-Facility): \$68.64	5693 - Level 3 Drug Administration	Weight: 2.3969 Payment: \$179.77 National Co-pay: \$0.00 Minimum Co-pay: \$35.96
<input type="checkbox"/> 96365 - intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour S - Paid Under OPSS; Separate APC.	GB (Physician Facility): \$82.03 GB (Physician Non-Facility): \$82.03	5693 - Level 3 Drug Administration	Weight: 2.3969 Payment: \$179.77 National Co-pay: \$0.00 Minimum Co-pay: \$35.96

Answer: Having researched this in numerous authoritative reference publications, we find:

- No instruction defines a point when the vitamin and mineral additives in a pre-packaged IV solution bag might constitute a medication. Both CPT® and CMS indicate that fluid with electrolytes does not constitute medication infusion, but hydration. Potassium is an electrolyte; therefore we find that an infusion of IV fluid with potassium qualifies as hydration.
- There is no guidance on the rate of flow that qualifies for hydration; however, we found Medicare guidance that providers should not bill hydration for an infusion which addresses an imbalance of less than 500 ml of volume.
- If the hydration flow rate is 100 ml per hour or less (for an adult patient), **PARA** does not recommend billing either hydration or medication infusion charges; the service should be considered a component of the outpatient room rate or visit charge.

The research supporting these findings is provided below.

1. The 2017 CPT® code book offers the following instruction:
“Codes 96360-96361 are intended to report a hydration IV infusion to consist of a pre-packaged fluid and electrolytes (eg, normal saline, D5-1/2 normal saline+30mEq KCL/liter) but are not used to report infusion of drugs or other substances. ...”
2. The Medicare Claims Processing Manual -- Chapter 12 - Physicians/Non-physician Practitioners repeats the CPT® instructions:
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

Hydration - The hydration codes are used to report a hydration IV infusion which consists of a pre-packaged fluid and /or electrolytes (e.g. normal saline, D5-1/2 normal saline +30 mg EqKC1/liter) but are not used to report infusion of drugs or other substances.

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3. Novitas LCD L34960 – Hydration Therapy – is instructive:

https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34960&ver=21&name=331*1&UpdatePeriod=696&bc=AQAAEAAAAAAAAA%3d%3d&

...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 expand 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.

- These CPT codes require the direct supervision of the physician. Under levels of supervision (see 42 CFR 410.32 (b)(3)(ii)), direct supervision in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room during the entire time the procedure is performed.
- When performed in conjunction with chemotherapy, these CPT codes are covered only when infusion is prolonged and done sequentially (done hour(s) before or after administration of chemotherapy), and when the volume status of a beneficiary is compromised or will be compromised by side effects of chemotherapy or an illness.

Limitations:

- Rehydration with the administration of an amount of **fluid equal to or less than 500 ml is not reasonable and necessary.**
- These CPT codes are not to be used for intradermal, subcutaneous or intramuscular or routine IV drug injections.
- Hanging of D5W or other fluid just prior to administration of chemotherapy (minutes) is not hydration therapy and should not be billed with these codes.
- These services may not be used in addition to prolonged service codes.
- When the sole purpose of fluid administration (e.g. saline, D5W) is to maintain patency of the access device, the infusion is neither diagnostic nor therapeutic; therefore, these infusion CPT codes should not be billed as hydration therapy.
- Administration of fluid in the course of transfusions to maintain line patency or between units of blood product is, likewise, not to be separately billed as hydration therapy.

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Novitas LCD L34960 - continued

- Administration of fluid to maintain line patency or flush lines between different agents given at the same chemotherapy session is not hydration therapy.
- Infusion of saline, an antiemetic, or any other non-chemotherapy when these drugs are administered at the same time as chemotherapy (within minutes) should not be billed as hydration therapy with these CPT codes.
- Fluid used to administer drug(s) is incidental hydration and is not separately payable.