Local Coverage Determination (LCD) for Medicine: Hydration Therapy (L32290)

Contractor Name
Cahaba Government Benefit Administrators®, LLC

Document Information

LCD ID Number
L32290

LCD Title
Medicine: Hydration Therapy

Contractor's Determination Number

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Oversight Region
Region IV

Original Determination Effective Date
For services performed on or after 04/01/2012

Original Determination Ending Date

Revision Effective Date

Revision Ending Date

CMS National Coverage Policy

- Title XVIII of the Social Security Act, Section 1833(e). This section states that no payment shall be made to any provider for any claims that lack the necessary information to process the claim.
• Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury or to improve the function of a malformed body part.

• Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations and services.

• Medicare Claims Processing Manual (Pub. 100-04), Chapter 12, Section 30.5 - Payment for Codes for Chemotherapy Administration and Non-chemotherapy Injections and Infusions


### Indications and Limitations of Coverage and/or Medical Necessity

#### 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.

#### 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.

Bill Type Codes:
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes
96360 Hydration iv infusion init
96361 Hydrate iv infusion add-on

ICD-9 Codes that Support Medical Necessity
The correct use of an ICD-9-CM code listed in the “ICD-9 Codes that Support Medical Necessity” section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-9 codes must be coded to the highest level of specificity. Consult the ‘Official ICD-9-CM Guidelines for Coding and Reporting’ in the current ICD-9-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

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 - ACUTE GASTRITIS (WITHOUT HEMORRHAGE) - ACUTE GASTRITIS
535.01 WITH HEMORRHAGE
535.10 - ATROPHIC GASTRITIS (WITHOUT HEMORRHAGE) - ATROPHIC
535.11 GASTRITIS WITH HEMORRHAGE
535.20 - GASTRIC MUCOSAL HYPERTROPHY (WITHOUT HEMORRHAGE) -
535.21 GASTRIC MUCOSAL HYPERTROPHY WITH HEMORRHAGE
535.30 - ALCOHOLIC GASTRITIS (WITHOUT HEMORRHAGE) - ALCOHOLIC
535.31 GASTRITIS WITH HEMORRHAGE
535.40 - OTHER SPECIFIED GASTRITIS (WITHOUT HEMORRHAGE) - OTHER
535.41 SPECIFIED GASTRITIS WITH HEMORRHAGE
535.50 - UNSPECIFIED GASTRITIS AND GASTRODUODENITIS (WITHOUT
535.51 HEMORRHAGE) - UNSPECIFIED GASTRITIS AND
535.60 - DUODENITIS (WITHOUT HEMORRHAGE) - DUODENITIS WITH
535.61 HEMORRHAGE
535.70 - EOSINOPHILIC GASTRITIS, WITHOUT MENTION OF HEMORRHAGE
535.71 - EOSINOPHILIC GASTRITIS, WITH HEMORRHAGE
536.2 PERSISTENT VOMITING
558.9 OTHER AND UNSPECIFIED NONINFECTIONOUS 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
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
Diagnoses that Support Medical Necessity
N/A

ICD-9 Codes that DO NOT Support Medical Necessity
Any ICD-9-CM code not listed in the “ICD-9 Codes that Support Medical Necessity” section of this LCD.
XX000* Not Applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation
N/A

Diagnoses that DO NOT Support Medical Necessity
Any diagnoses that are not listed in the “ICD-9 Codes that Support Medical Necessity” section of this LCD.

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.

Appendices
N/A

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.

Sources of Information and Basis for Decision

• Consultation with the representatives to the Carrier Advisory Committee and other Medicare contractors.
Advisory Committee Meeting Notes

Date of Open Meeting

11/01/2011

Dates of Carrier Advisory Committee (CAC) Meetings

11/01/2011 (Alabama)
11/11/2011 (Georgia)
11/03/2011 (Tennessee)

This local coverage determination (LCD) does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this LCD was developed in cooperation with advisory groups, which include representatives from physician specialties; representatives from the Medical Associations for the above states; and other Association Representatives.

Start Date of Comment Period
11/11/2011

End Date of Comment Period
12/31/2011

Start Date of Notice Period
02/15/2012

Revision History Number
Revision History Explanation
What's New Posted Date: February 2012
Newsline Published Date: February 2012
Effective Date: April 1, 2012

This is a new LCD effective April 1, 2012.

Reason for Change
Other

Related Documents
Article(s)
A51622 - LCD - MAC - Comment - Medicine: Hydration Therapy

LCD Attachments
There are no attachments for this LCD.

Updated on 03/14/2012 with effective dates 04/01/2012 - N/A
Read the LCD Disclaimer
Local Coverage Article for LCD - MAC - Comment - Medicine: Hydration Therapy (A51622)

Contractor Name
Cahaba Government Benefit Administrators®, LLC

General Information
Article ID Number: A51622
Article Type: Article
Key Article: No
Article Title: LCD - MAC - Comment - Medicine: Hydration Therapy

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Original Article Effective Date
02/15/2012

Article Revision Effective Date

Article Text

This document represents an aggregate of the comments, recommendations and suggestions for finalizing this LCD. Comments were reviewed and incorporated into the LCD where deemed applicable.

1. **Comment:** The policy states that “These CPT codes require the direct supervision of the physician.” In the 2011 OPPS final rule, hydration services were among the category of services defined as ‘extended duration services’. These ‘extended duration services’ require direct supervision for the initiation of the service, but then general supervision is allowed after the patient is determined to be stable. I also believe other non-physician practitioners are allowed to supervise therapeutic services such as hydration.
**Response:** We agree with the above comments. We did not wish to get to this level of granularity in the LCD regarding supervision of these services; however, we will revise this ‘Limitation’ to read:

These CPT codes require the direct supervision of the physician or non-physician practitioner for the initiation of the service.

2. **Comment:** The CPT Book 2012 Professional Edition states, “When administering multiple infusions, injections or combinations, only one ‘initial’ service code should be reported for a given date, unless protocol requires that two separate IV sites must be used.” Therefore, the following draft LCD statement under the ‘Utilization Guidelines’ section may be misleading:

When administering multiple infusions, injections or combinations, report only one ‘initial’ service code (96360).

We request this statement be updated to the following to provide clarification:

When administering multiple infusions, injections or combinations, report only one ‘initial’ service code, unless protocol requires that two separate IV sites must be used.

**Response:** We agree and will revise this statement in the ‘Utilization Guidelines’ to read:

When administering multiple infusions, injections or combinations, report only one ‘initial’ service code unless documented medical necessity supports more than one IV site.

No Coding Information has been entered in this section of the article.

**Related Document(s)**

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Updated on 02/01/2012 with effective dates 02/15/2012 - N/A

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