

HYDRATION (OFFICE-BASED) (SEE ALSO, CHEMOTHERAPY, AND THERAPEUTIC, PROPHYLACTIC, AND DIAGNOSTIC INJECTIONS AND INFUSIONS POLICIES)

Policy # 09

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Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Medicare (CMS), and Select Health Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

This Hydration Policy describes a defined set of *Current Procedural Terminology* codes that are used to report IV infusion for hydration using pre-packaged fluid and electrolytes. When reported these codes are reviewed based on specific rules and guidelines that determine under what conditions hydration services will be reimbursed.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Information

The "initial" code that best describes the key or primary reason for the encounter should always be reported irrespective of the order in which the infusions or injections occur.

Per CPT, the hydration codes should be used to report "IV infusion to consist of a pre-packaged fluid and electrolytes (e.g., normal saline, D5-½ normal saline+20mEq KCl/liter) but are not used to report infusion of drugs or other substances."

Code 96360 is not reported as a concurrent infusion service. Code 96361 should be reported to identify hydration provided as a secondary or subsequent service after a different initial service reported with codes: 96360, 96365, 96374, 96409, or 96413.

If performed for hydration infusion or injection, the following are included and are not reported separately:

- Use of local anesthesia;
- Standard tubing, syringes and supplies;
- Access to indwelling IV, subcutaneous catheter or port;
- IV start – The infusion time does not begin until after the IV is started and in progress;
- Twenty minutes of time will be deducted from a listed infusion time if documentation does not specify the IV was started prior to the hydration service;
- Fluid used to administer drug(s) is considered incidental hydration and is not reported separately using codes 96360–96361;
- Code 96361 is not reimbursed unless the infusion time listed is 31 minutes beyond the first hour of infusion reported with code 96360;
- Time leading up to the discontinuation of the IV is included in the hydration infusion service and is not reported separately including monitoring the patient post-infusion.
- Flush at conclusion of infusion – The time required for the flush is included in the hydration administration codes and cannot be used as part of the infusion time. Code 96523 for flushing or irrigation of an implanted vascular access port or device, before or after chemotherapeutic or non-

chemotherapeutic drug administration, is included in chemotherapy and cannot be reported separately;

- Time spent in post-infusion to instruct the patient is included in the codes for IV services and should not be counted in the infusion time;
- Peripheral vascular access devices placed for intravenous or intra-arterial infusion and injections (36000, 36410) are included in IV hydration and cannot be separately reported with codes 96360–96361;
- Administration of fluid for transfusions to maintain line patency or between units of blood products is not reported separately;
- CPT code 99211 is not reportable with chemotherapy and non-chemotherapy drug/substance administration codes;
- Code 96523 is not reportable when an injection or infusion is provided on the same day
- Code 96360 is reported for the initial infusion for the service, which is greater than 15 minutes up to 1 hour. If the infusion does not require more than 15 minutes to administer, an initial IV push code will be paid instead of code 96360;
- Hydration infusions that are provided concurrent to non-chemotherapeutic/diagnostic or chemotherapeutic services will not be separately reimbursed; and
- Fluid administration that is performed sequentially on the same day as another infusion service (e.g., therapeutic drug, transfusion, chemotherapy) may be reported separately but requires a separate diagnosis code; the fluid administration code must be appended with modifier 59.

An initial service code is reported only one time per encounter. After the initial service code is determined subsequent, sequential, and concurrent codes are reported regardless of the subsection (Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions; Chemotherapy Administration) where the code appears. For example, the first IV push subsequent to an initial infusion is reported using a subsequent IV push code.

Covered Services and Modifier Information

Office/outpatient evaluation and management CPT codes (99201–99205, 99212–99215) are separately reportable with modifier 25 if the physician provides a significant and separately identifiable E & M service.

Other Information

For further guidelines and information on this Chemotherapy Policy, refer to the National Correct Coding Initiative Policy Manual for Medicare Services; the National Correct Coding Initiative pertinent to the date of service; the *2006 Injections and Infusion Administration Codes for Chemotherapy and Non-Chemotherapy Drugs* by the Centers for Medicare and Medicaid Services; *Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions, and Chemotherapy Administration* guidelines in *Current Procedural Terminology (CPT) 2005*; and *Reporting Drug Administration's Services for 2006, CPT Assistant* Volume 15, Issue 11, November 2005.

SELECT HEALTH MEDICARE (CMS)

Select Health Medicare **will follow the commercial plan policy.**

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow the commercial plan policy.**

Applicable Codes

Codes	Descriptions
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)

96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic
96405	Chemotherapy administration; intralesional, up to and including 7 lesions
96406	Chemotherapy administration; intralesional, more than 7 lesions
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
96415	Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump.
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)
96420	Chemotherapy administration, intra-arterial; push technique
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
96521	Refilling and maintenance of portable pump
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)
96523	Irrigation of implanted venous access device for drug delivery systems

Sources

1. *Coding for Drug Administration: A New Step-by-step Process*, Coding Corner, Dougherty, Frank Oncology Now Volume 1/Issue 1, March 2005.
2. CPT Assistant Coding Update: Infusion/Injection services; February 2009; Volume 19, Issue 2, pages 17-21).

3. CPT Assistant Coding Clarification; Facility reporting-Multiple Infusions (Codes 96360, 96361, 96365-96367); December 2011; Volume 21, Issue 12, pages 3-5).
4. *Current Procedural Terminology (CPT®)*, (2025) – American Medical Association.
5. ICD-9-CM Coding Guidelines. (2011, October 1). Retrieved May 21, 2025,, from https://www.encoderpro.com/epr/physicianDoc/pdf/i9v1/i9_guidelines.pdf
6. *Medicine Evaluation and Management Services CPT Codes 90000-99999*, National Correct Coding Initiative Policy Manual for Medicare Services, Centers for Medicare and Medicaid Services (CMS), Chapter 11, 2014.

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