



CODEWRITE

July 2019

Intravenous Infusion for Hydration

By Judy A. Bielby, MBA, RHIA, CPHQ, CCS, FAHIMA

Objective

The objective of this article is to examine the coding of hydration with CPT® codes 96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour, and 96361, Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure).

Clinical Information

It is important to note that the purpose of hydration intravenous (IV) infusion is to hydrate. These codes were created to report instances when a patient requires rehydration with IV infusion of fluids. The health record should include documentation to support infusion services for dehydration or fluid loss, including relevant diagnosis, signs and symptoms, and abnormal lab values. Relevant signs and symptoms might include lack of fluid intake, excessive losses of fluid, dry skin, dizziness, and/or other signs and symptoms.

Official Guidelines Involved

The CPT coding guidelines are found at the beginning of each section of the CPT book. More specific guidelines and instructions are found at the subsection, subheading, category, subcategory, and code levels within the CPT book.

Relevant guidelines and instructions for the coding of hydration IV infusion are found within the Medicine Section of CPT. Extensive guidelines are found in the subsection "Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration."¹ These guidelines explain how to report multiple infusions, injections, or combinations of these services.

Additional instructions are found in the subheading "Hydration."² Use CPT codes 96360 and 96361 to report hydration IV infusion consisting of prepackaged fluid and electrolytes. These codes are not used to report infusion of drugs and other substances. These codes are not used to report infusion of fluids when performed simply to keep an IV open. Specific instructions are also found at the code level. Do not use these codes to report a period of hydration lasting less than 31 minutes.

Relevant CPT Assistant and Coding Clinic for HCPCS Advice

Examine the following articles in *CPT Assistant* and *Coding Clinic for HCPCS* for advice and coding examples.

- American Medical Association. Intravenous infusion for hydration, clarification. *CPT Assistant*. May 2014: p. 11.
- American Medical Association. Hematopoietic Stem Cell Transplantation/Bone Marrow Transplantation. *CPT Assistant*. October 2013: p. 3.
- American Hospital Association. IV push, infusion vs hydration. *Coding Clinic for HCPCS*. First Quarter 2012: pp. 1-4.
- American Medical Association. Infusion reporting. *CPT Assistant*. December 2011: pp. 3-5, 19.
- American Medical Association. Time-based codes reporting. *CPT Assistant*. October 2011: p. 3.
- American Medical Association. Hydration infusion. *CPT Assistant*. May 2011: pp. 7, 11.
- American Medical Association. Infusion and injection services reporting - clarification. *CPT Assistant*. May 2010: p. 8.
- American Hospital Association. RAC Audit Highlights. *Coding Clinic for HCPCS*. Fourth Quarter 2009: pp. 7,8.
- American Hospital Association. Recovery audit contractor reviews - the first round. *Coding Clinic for HCPCS*. Third Quarter 2009: pp. 1-3.

Coding Scenarios

The purpose of the infusion is important to determine the correct CPT code. Please note that the scenarios described below depict the code results of one experienced coding professional. This is not intended to represent official coding advice or official sequencing instruction but is only intended to illustrate how documentation impacts code assignment.

Scenario 1

A 62-year-old male with dehydration received 33 minutes of intravenous infusion of prepackaged fluids for hydration. No other IV infusion or injection services were provided.

This infusion should be reported with CPT code 96360, Intravenous infusion, hydration; initial, 31 minutes to 1 hour.

Scenario 2

A 62-year-old male with severe hypokalemia and cardiac arrhythmia received 20 mEq of KCl added to a bag of IV fluids. The health record makes no mention of the IV fluid being provided for hydration.

In this case, the reason for the infusion was to correct the severely low potassium level, not to rehydrate the patient. One or more of the codes from the range of 96365-96376 would be reported depending on the amount of time that it takes to administer the potassium. Neither code 96360 nor code 96361 would be reported for this scenario.

Additional Questions for Coding Discussion

Do your payers have specific policies on the reporting of CPT codes 96360 and 96361? Check with your Medicare Administrative Contractor to see if they have published guidance on documentation requirements. National Coverage Determinations and Local Coverage Determinations are found in the Medicare Coverage Database.³

NOTES

1. American Medical Association. 2018. *Current Procedural Terminology*. Chicago, Illinois: American Medical Association, p. 717.

2. Ibid, p. 718.

3. Centers for Medicare and Medicaid Services. Medicare Coverage Database. Available at <https://www.cms.gov/medicare-coverage-database/>

REFERENCE

1. MedlinePlus [Internet]. Bethesda (MD): National Library of Medicine (US). Dehydration; [updated 2019 Apr 30; reviewed 2016 Apr 15; cited 2019 May 7]. Available at <https://medlineplus.gov/dehydration.html>

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Judy Bielby (jbzielby@kumc.edu) is a consultant and educator in the Kansas City, MO, area.

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