January 11, 2021

Aetna Better Health® of Kansas
Clinical Payment, Coding and Policy Changes

We regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. To keep our providers informed, please see the below communication of upcoming new policies.

Effective for dates of service beginning April 1, 2021

Hydration Therapy

Hydration is defined as the replacement of necessary fluids by IV infusion which consists of pre-packaged fluid and electrolytes. Per our policy, which is based on CMS Coverage guidelines, the following criteria must be met for hydration infusion to be considered appropriate:

- Diagnosis Requirement - Hydration therapy for adults (over the age of 18) should be provided for an appropriate diagnosis, e.g. patients being treated for nausea and vomiting or syncope/collapse.
  Examples of approved diagnoses:
    - Gastritis and duodenitis (ICD-10 codes K29-K29.91)
    - Hypercalcemia (ICD-10 code E83.52)
    - Nausea and vomiting (ICD-10 codes R11.11-R11.12, R11.2)
    - Syncope and collapse (ICD-10 code R55)
    - Type 2 diabetes mellitus (ICD-10 codes E11.618, E11.62-E11.638, E11.65-E11.69)

- IV Fluids - per CMS policy and AMA/CPT certain IV fluids (Example-J7030-Normal saline; 1000cc) should not be separately reported with hydration infusion; basic IV fluids are included in hydration infusion.
- Minimum IV Fluid Units - based on CMS policy and the National Institute for Health and Care Excellence, hydration is allowed when provided in volume greater than 501 ML. Anything less than that is considered not reasonable and necessary

- o Minimum units allowed:
    - ▪ 2 units J7040 (Infusion, normal saline solution, sterile [500 ml = 1 unit])
    - ▪ 2 units J7042 (5% dextrose/normal saline [500 ml = 1 unit])
    - ▪ 3 units J7050 (Infusion, normal saline solution, 250 cc)
    - ▪ 2 units J7060 (5% dextrose/water [500 ml = 1 unit])