

Reimbursement Policy Statement Illinois Medicaid

Effective Date	Next Annual Review	Policy Number	
12/01/2020	01/30/2027	ABHIL-RP-0020	
Policy Name		Department	
Hydration Therapy		Claims Operations Medical Payment	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health® of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

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A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of hydration therapy. This policy aligns with guidance from the Centers for Medicare & Medicaid Services (CMS), AMA CPT Coding Guidelines and guidance from the National Institute for Health and Care Excellence.

B. Overview

This policy outlines the coding and editing guidelines for reporting hydration infusion therapy. This is a treatment where pre-packaged fluids and electrolytes are delivered by intravenous infusion. This method bypasses the digestive system to deliver needed fluids quickly into the bloodstream to treat appropriate diagnoses. This policy applies to all professional and facility claim types.

C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children’s Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system maintained by the Centers for Medicare & Medicaid Services (CMS) that is used primarily to identify products, supplies, and services not included in the CPT codes, such as Ambulance Services, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) when used outside a physician's office. Level II HCPCS codes were established for submitting claims for items and/or services not addressed in other existing code sets.

Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
National Institute for Health and Care Excellence (NICE)	An independent, evidence- based organization that creates guidance on diagnosing, treating and managing various conditions.

D. Reimbursement Guidelines

ABH IL will only reimburse for intravenous hydration therapy when

- Reported using an approved ICD-10-CM diagnosis code as indicated in this policy
- Reported infusion fluid is for 501 ml or more

Claims that are submitted will be denied when

- Reported without an approved ICD-10-CM diagnosis code as indicated in this policy
- Reported infusion fluid is 500 ml or less

Individual claim lines reporting intravenous fluid HCPCS codes will be denied as not separately reported.

The medical record documentation is expected to support the specific CPT code(s), HCPCS Level II codes and ICD-10-CM codes reported.

E. Codes/Condition of Coverage

CPT Codes

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)



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HCPCS Codes

J7030	Infusion, normal saline solution, 1,000 cc
J7040	Infusion, normal saline solution, sterile (500 ml=1 unit)
J7042	5% dextrose/normal saline (500 ml = 1 unit)
J7050	Infusion, normal saline solution, 250 cc
J7060	5% dextrose/water (500 ml = 1 unit)
J7070	Infusion, D-5-W, 1,000 cc
J7120	Ringers lactate infusion, up to 1,000 cc
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc

ICD-10-CM Approved Diagnosis Codes

D57.0X	Hb-SS disease with crisis
D57.211X	Sickle-cell/Hb-C disease with crisis
D57.411X	Sickle-cell thalassemia, unspecified, with crisis
D57.43X	Sickle-cell thalassemia beta zero with crisis
D57.45X	Sickle-cell thalassemia beta plus with crisis
D57.81X	Other sickle-cell disorders with crisis
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.62X	Type 2 diabetes mellitus with skin complications
E11.63X	Type 2 diabetes mellitus with oral complications
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E13.62X	Other specified diabetes mellitus with skin complications
E13.638	Other specified diabetes mellitus with other oral complications
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E83.52	Hypercalcemia
E86.X	Volume depletion
E87.0	Hyperosmolality and hypernatremia
I95.0- I95.2	Hypotension
I95.9	Hypotension, unspecified
K29.XX	Gastritis and duodenitis
K52.2X	Allergic and dietetic gastroenteritis and colitis
K52.3	Indeterminate colitis
K52.81	Eosinophilic gastritis or gastroenteritis



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K52.83X	Microscopic colitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
K92.0	Hematemesis
M62.82	Rhabdomyolysis
N18.3X	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
O21.1- O21.8	Excessive vomiting in pregnancy
R11.10- R11.12	Vomiting
R11.2	Nausea with vomiting, unspecified
R19.7	Diarrhea, unspecified
R41.0	Disorientation, unspecified
R41.82	Altered mental status, unspecified
R42	Dizziness and giddiness
R55	Syncope and collapse
Z51.1X	Encounter for antineoplastic chemotherapy and immunotherapy
Z51.89	Encounter for other specified aftercare
Z92.89	Personal history of other medical treatment

F. Frequently Asked Questions
N/A

G. Review/Revision Date

Action	Date	Comments
Review	01/30/2026	Policy template updated- No content changes
Effective Date	12/01/2020	

- H. Resources**
- American Medical Association. *CPT Professional Edition 2026, AMA*; 2025.
 - American Medical Association. *HCPCS Level II Professional Edition. 2025 ed.* American Medical Association; 2024
 - American Medical Association. *ICD-10-CM 2025 the Complete Official Codebook, AMA*; 2024.