



## Aetna Better Health® of Illinois Policy

Policy Name:	Hydration Therapy	Page:	1 of 2
Department:	Medical Policy & Program Solutions	Policy Number:	XXXX.XX
Subsection:		Effective Date:	12/01/2020
Applies to:	■ Medicaid Health Plan		

### **PURPOSE:**

Per Aetna Better Health of Illinois Policy, which is based on CMS Coverage guidelines, specific criteria must be met for hydration infusion to be considered appropriate.

### **STATEMENT OF OBJECTIVE:**

The following criteria must be met for hydration infusion to be considered appropriate:

- Diagnosis Requirement:

Hydration therapy for adults should be provided for an appropriate diagnosis, e.g. patients being treated for nausea and vomiting or syncope/collapse.

- 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.

- We apply the CMS Coverage policy, in accordance with AMA CPT Manual guidelines, as applicable to Hydration Therapy:

Intravenous fluids (saline, dextrose, ringers lactate) should not be separately reported with intravenous infusion hydration code 96360.

- Minimum IV Fluid Units:

Per our policy, 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

### **DEFINITIONS:**

Hydration	The replacement of necessary fluids by IV infusion which consists of pre-packaged fluid and electrolytes.
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### **LEGAL/CONTRACT REFERENCE:**

**N/A**

Aetna Better Health

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Review/Revision History	
Reviewed	08/2025