Home IV Hydration Therapy for Adults

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Section: Home Therapies
Place(s) of Service: Home

I. Description

Home IV hydration therapy for adults involves intravenous fluid replacement in the home for a patient who has a fluid volume deficit (hypovolemia) that cannot be compensated by adequate fluid intake, or who has other conditions causing fluid loss.

When fluid intake is insufficient or the output is excessive, hypovolemia occurs. Severe hypovolemia is a serious condition that may lead to altered cardiovascular function, confusion, acidosis, renal insufficiency, uremia, and fatal shock.

For patients requiring hydration therapy due to hyperemesis gravidarum, see Home IV Hydration Therapy for Hyperemesis Gravidarum.

II. Criteria/Guidelines

A. Home IV hydration therapy is covered (subject to Limitations/Exclusions and Administrative Guidelines) for an adult who has one or more of the following indications:

1. A medical condition that results in prolonged (longer than one week) hypovolemia, e.g., persistent nausea/vomiting or diarrhea, small bowel obstruction, inflammatory bowel syndrome, pancreatitis or excessive burns or wound drainage.
2. Terminally ill patients in need of palliative hydration, in lieu of hospitalization.

B. Continuation of therapy is covered (subject to Limitations/Exclusions and Administrative Guidelines) when the patient's condition has not resolved or improved to the extent that the patient is able to tolerate adequate oral or enteral fluids.

C. The patient must meet the definition of homebound found in the Glossary to receive this service.
III. Limitations/Exclusions

A. The following indications for home IV hydration are not covered:
   1. Routine pre- and/or postoperative care.
   2. Routine care pre- and/or post-chemotherapy or radiation therapy.

B. Extension of therapy is not covered when:
   1. The patient's condition has resolved or improved to the extent that the patient is able to tolerate adequate oral or enteral fluids.
   2. The patient's condition requires enteral or parenteral nutrition.
   3. Follow-up assessment of the patient's condition is not performed.
   4. The patient is noncompliant with treatment.

IV. Administrative Guideline

A. Precertification is not required for the first seven days of therapy when the above criteria are met. HMSA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria. Documentation in the medical record must support that the patient has a medical condition resulting in hypovolemia. Examples of clinical and/or laboratory evidence of hypovolemia include, but are not limited to the following:
   1. Clinical: reduced urine output, decrease in blood pressure, increase in heart rate, orthostatic vital sign changes, weight loss and change in mental status.
   2. Laboratory: increased urine specific gravity, abnormal serum osmolality or electrolytes and elevated BUN or creatinine.

B. For therapy exceeding seven days, precertification is required. The following documentation from the patient's medical record must be submitted:
   1. For terminally ill patients, documentation that indicates that treatment is palliative and in lieu of hospitalization.
   2. For all other patients:
      a. Renewed physician orders.
      b. Documentation supporting clinical and/or laboratory evidence of hypovolemia prior to initiation of IV hydration.
      c. Documentation supporting that patient is responding to IV hydration.
      d. Documentation supporting unresolved medical condition and inability to tolerate adequate oral or enteral hydration.

C. To precertify, please complete HMSA's Precertification Request - IV Therapy and mail or fax the form as indicated.

D. For billing instruction, see Home Prolonged IV Hydration Therapy for Adults - Administrative Information.

V. Important Reminder
The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.