

## Hydration, Therapeutic, Prophylactic, And Diagnostic Injections And Infusions

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

96360 - 96379

### 2.0 HCPCS PROCEDURE CODES

[J2357](#), J3487, J3488

### 3.0 DESCRIPTION

Intravenous (IV) hydration infusion consists of pre-packaged fluid and electrolytes, but not infusion of drugs or other substances. A therapeutic, prophylactic, or diagnostic IV infusion or injection (other than hydration) is for the administration of substances or drugs.

**Note:** Policy regarding chemotherapy administration is found in [Section 16.3](#).

### 4.0 POLICY

**4.1** Hydration IV infusion consisting of a pre-packaged fluid and electrolytes **is** covered.

**4.2** Intravenous or intra-arterial push (an injection in which the health care professional who administers the substance/drug is continuously present to administer the injection and observe the patient or an infusion of 15 minutes or less) for therapy, prophylactic, or diagnosis is covered.

**4.3** Off-label use of zoledronic acid (Zometa<sup>®</sup>) for **the** treatment of breast cancer may be cost-shared when:

**4.3.1** Patient was premenopausal at the time of diagnosis, and has stage I or II breast cancer;

**4.3.2** Patient has had surgically induced menopause (e.g., oophorectomy) or has been put temporarily into menopause (chemically induced menopause with Goserelin or similar product) prior to administration of zoledronic acid;

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**4.3.3** Patient has hormone receptor (Estrogen Receptor (ER) and/or Progesterone Receptor (PR)) positive disease and zoledronic acid is being used in combination with hormonal therapy (e.g., Tamoxifen, Arimidex®, Aromasin®, Femara®);

**4.3.4** No concurrent adjuvant chemotherapy has been given or planned;

**4.3.5** Prescriber is an oncologist or an individual highly familiar with prescribing and monitoring of oncology-related medications.

**4.3.6** Off-label use of omalizumab (Xolair®) for the treatment of chronic urticaria may be cost-shared.

**5.0 EFFECTIVE DATES**

**5.1** February 12, 2009, for off-label use of zoledronic acid (Zometa®) for the treatment of breast cancer.

**5.2** July 1, 2011, for off-label use of omalizumab (Xolair®) for the treatment of chronic urticaria.

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