

# IV Fluids & Electrolytes — Billing Cheat Sheet

CARECOST ESTIMATE · WAVE 8 ROLLUP

Anchor: 0.9% NaCl (J7030) 1000 mL NS / LR / D5W / Plasma-Lyte / KCl / Mg / Ca / NaHCO<sub>3</sub> Reviewed: May 22, 2026 ASP: Q2 2026

**#1 DENIAL 96360 / 96361 = HYDRATION.** Use these for plain fluid encounters (dehydration, hypovolemia, electrolyte deficit). **96365 / 96366 = DRUG infusion.** Use these only when an actual drug is being delivered IV (electrolyte concentrate, antibiotic, vasopressor, biologic). Plain saline alone does NOT justify 96365/96366. Mixing these is the most-failed fluid coding question in U.S. billing.

## THE 96360 VS 96365 DECISION (DO THIS FIRST)

ENCOUNTER	ADMIN CODE
Plain NS / LR / D5W for hydration	96360 + 96361
KCl bag for hypokalemia	96365 + 96366 (KCl = drug)
Mg sulfate for eclampsia / torsades	96374 bolus + 96365 infusion
Ca gluconate / Ca chloride IV push	96374 IV push (drug)
Saline as chemo dilution vehicle	<b>None</b> — packaged in chemo APC
Cisplatin pre-hydration (1 L NS before chemo)	96360 (hydration) + 96413/96415 (chemo)
Intraop maintenance fluids	<b>None</b> — bundled in anesthesia/facility
Inpatient maintenance fluids	<b>None</b> — in MS-DRG

**Only ONE initial code per encounter.** Hierarchy: chemo > therapeutic drug IV > IV push > hydration. Higher service is initial; lower becomes the "sequential" or "additional" line.

## BUNDLED VS SEPARATELY PAYABLE (THE BIG QUESTION)

SETTING	POS	FLUID LINE
Office hydration	11	<b>Separately payable</b>
Freestanding infusion	49	<b>Separately payable</b>
ED hydration	23	<b>Separately payable</b>
HOPD standalone hydration	22	<b>Separately payable (OPPS)</b>
HOPD chemo vehicle	22	Packaged in chemo APC
OR / intraop fluids	22 / 21	Bundled in anesthesia/facility
ASC procedural fluids	24	Packaged in ASC payment
Inpatient maintenance fluids	21	Bundled in MS-DRG
Home infusion (chronic)	12	Verify home-infusion benefit + PA

## CRYSTALLOID HCPCS + Q2 2026 ASP+6%

HCPCS	PRODUCT	UNIT	ASP+6%
J7030	0.9% NaCl	1000 mL	<b>\$2.185</b>
J7040	0.9% NaCl	500 mL	\$1.355
J7050	0.9% NaCl	250 mL	\$0.703
J7120	Lactated Ringer's	1000 mL	\$2.601
J7042	D5 + 0.45% NaCl	500 mL	\$1.285
J7060	D5W	500 mL	\$1.874
J7070	D5W	1000 mL	\$3.070
J7121	5% Dex + KCl + Na-lactate	500 mL	NOC / verify MAC
J7799	NOC (3% NaCl, sterile water, ½ NS, Plasma-Lyte non-dex)	varies	Manual / invoice

## ICD-10 — HYDRATION & ELECTROLYTES

CODE	FOR
E86.0	Dehydration (most common hydration Dx)
E86.1	Hypovolemia
E87.0 / E87.1	Hypernatremia / hyponatremia
E87.2 / E87.3	Acidosis / alkalosis
E87.5 / E87.6	Hyperkalemia / hypokalemia
E83.42	Hypomagnesemia
E83.51 / E83.52	Hypocalcemia / hypercalcemia
O15.x / O14.1x	Eclampsia / severe preeclampsia (Mg)
I47.21	Torsades de pointes (Mg)
R11.2 / R19.7	Nausea+vomiting / diarrhea (paired)
N17.x	Acute kidney injury

**R50.9 fever or R11.2 nausea ALONE = weak medical necessity.** Pair with E86.0/E86.1 + supporting vitals/labs.

## TOP DENIALS

- 96365 billed for plain saline** → downcode to 96360
- J7030 line on chemo claim** → packaged, suppress line
- Weak hydration ICD-10 (R50.9 alone)** → add E86.0/E87.x + vitals/labs
- 96361 no duration doc** → pull start/stop times; >30 min into next hr
- Two initial codes (96360 + 96365)** → only ONE initial per encounter
- JW on IV bag** → bags are multi-dose; remove modifier
- POS mismatch (POS 22 on office encounter)** → correct at front-end

## MODIFIERS

- JW / JZ:** generally **do NOT apply** — IV bags are multi-dose, not single-dose vials
- POS** is the dominant modifier: 11/49/22/23/24/21/12 routes payment
- 340B (JG/TB):** per MAC; minimal financial impact at commodity prices
- Modifier 25** on same-day E/M (99214 office / 99284 ED)

**ELECTROLYTE HCPCS + Q2 2026 ASP+6%**

HCPCS	DRUG	UNIT	ASP+6%
J3480	Potassium chloride	per 2 mEq	\$0.127
J3475	Magnesium sulfate	per 500 mg	\$0.431
J0610	Calcium gluconate	per 10 mL	Verify MAC
J0620	Calcium chloride / glycerophosphate / lactate	per 10 mL	Verify MAC
varies	Sodium bicarbonate (NaHCO <sub>3</sub> )	per 50 mEq	MAC-specific / unstable code

**NEVER IV push concentrated KCl.** Fatal cardiac arrest. Always pre-mixed dilute bags or pharmacy-prepared dilutions. Joint Commission: removed from general nursing units.

**PATIENT ASSISTANCE**

**None.** No manufacturer PAP. No copay card. No PAN/HealthWell foundation fund. Commodity generics. Patient OOP flows through facility/E&M math + admin code coinsurance + deductible, not a drug copay program. Hospital 501(r) financial assistance is the safety net for uninsured.

**SODIUM BICARBONATE CAVEAT**

NaHCO<sub>3</sub> HCPCS coding varies by MAC and changes periodically. Verify current MAC convention each quarter. May report under J3490 or J7799 NOC with NDC + invoice. Precipitates with calcium-containing fluids — flush line.

**NS VS LR VS PLASMA-LYTE VS D5W — QUICK PICK**

PICK	WHEN
<b>NS</b> (J7030)	Universal resuscitation; drug vehicle; blood-product co-infusion (Ca-free)
<b>LR</b> (J7120)	Balanced resus; trauma / burn; surgical; avoid w/ blood products + ceftriaxone (Ca)
<b>Plasma-Lyte</b> (J7121 / J7799)	Balanced resus when Ca-incompatibility is an issue
<b>D5W</b> (J7070)	Free water; vehicle for Na-restricted drugs; NOT resuscitation
<b>3% NaCl</b> (J7799 NOC)	Severe symptomatic hyponatremia (Na <120 + seizures/AMS) ICU/ED only

Sources: AMA CPT 2026 (96360/96361/96365/96366), CMS ASP Q2 2026 Pricing File, OPSS Addendum B Q2 2026, IPSS MS-DRG FY2026, FDA labels (Baxter/B. Braun/ICU Medical), Joint Commission, ASHP, ACOG. Pending SME review.

[carecostestimate.com/drugs/iv-fluids-electrolytes](https://www.carecostestimate.com/drugs/iv-fluids-electrolytes)