
Intravenous or Intra-arterial Solutions: Special Billing

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Intravenous or Intra-arterial solutions dispensed to recipients outside acute care hospitals have specific requirements pertaining to prior authorization, billing procedures and reimbursement rates. This section explains the proper codes and billing procedures for:

- Simple Intravenous Solutions
- Parenteral Nutrition Solutions
- Separately Administered Intravenous Lipids
- Intravenous Solutions of “Unlisted” Antibiotics
- Intravenous Solutions of Other “Unlisted” Drugs
- Sterile Transfers
- Intravenous Solutions of Listed Drugs
- Billing of Prior Authorized Drugs

Simple Intravenous Solutions

For the purpose of Medi-Cal reimbursement, “Simple Intravenous Solutions” are those typically used for hydration therapy. The definition includes commercially available solutions such as Normal Saline, Dextrose (up to 10%) in Water, and Lactated Ringers. Commercially prepared solutions of potassium chloride in such solutions are also included in this definition. It does not include items commonly used in parenteral nutrition solutions such as: amino acid solutions, lipids, concentrated dextrose solutions (greater than 10%). Nor does it include antibiotics, pain therapy solutions, or other intravenously administered drugs.

Parenteral Nutrition Solutions: (TPN or Hyperalimentation)

Parenteral nutrition solutions are intravenously or intra-arterially administered nutritional products that typically are suspensions or solutions of amino acids or protein, dextrose, lipids, electrolytes, vitamin and/or mineral supplements, and trace elements.

Prior Authorization

Prior authorization is required for parenteral nutrition therapy, unless dispensed within 10 days following discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. Dispensing without prior authorization is restricted to this 10-day period with a maximum of 10 days supply per dispensing.

Adjuncts

Adjuncts to parenteral nutrition solutions are other drugs that are physically mixed into a parenteral nutrition solution at any time prior to administration (for example, insulin or cimetidine). Adjuncts to parenteral nutrition are to be billed as part of the parenteral nutrition billing.

Separately Administered Intravenous Lipids

Intravenous lipid solutions or suspensions that are administered separately from parenteral nutrition solutions (that is, not physically mixed into the parenteral nutrition solution container) should be billed separately.

Prior Authorization

Prior authorization is required for intravenous lipids, unless dispensed within 10 days following discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. Dispensing without prior authorization is restricted to this 10-day period, with a maximum of 10 days supply per dispensing.

Note: When applicable, providers must seek reimbursement for parenteral nutrition or intravenous lipids from Medicare before billing Medi-Cal.

Intravenous Solutions of “Unlisted” Antibiotics

Prior authorization is required for antibiotics not listed in the Contract Drugs List unless dispensed within 10 days following discharge from a hospital, when the same I.V. antibiotic was acute care started before discharge. Dispensing without prior authorization is restricted to this 10-day period, with a maximum of 10 days supply per dispensing.

“Unlisted,” for the purpose of this definition, means a drug for which the generic name or dosage form or strength is not listed in the Contract Drugs List.

Intravenous Solutions of Other “Unlisted” Drugs

Prior authorization is required for intravenous solutions of other unlisted drugs, unless dispensed within 10 days following discharge from an acute care hospital, when the same I.V. drug was started before discharge. Dispensing without prior authorization is restricted to this 10-day period with a maximum of 10 days supply per dispensing.

“Unlisted” is defined as a drug for which the generic name or dosage form or strength is not listed in the Contract Drugs List.

Single-Ingredient Injections (Sterile Transfers)

«Sterile transfers mean transfer of a parenteral solution from one container to an empty container without making any changes to the solution.»

Prior Authorization

The following sterile transfers require prior authorization:

- Creating “unit-dose” injections from multiple dose products, regardless of time of discharge.
- Claims for more than seven containers, regardless of the 10-day post-discharge window or Contract Drugs List status.

Multiple-Ingredient Injections

Multiple-ingredient intravenous and intra-arterial injections for more than 20 containers require prior authorization, regardless of the 10-day post-discharge window or Contract Drugs List status.

Ingredients not on List of Contract Drugs

All ingredients contained in a compounded product must be listed on the Medi-Cal Contract Drugs List. If one or more ingredients is not on the list, the claim requires a TAR.

Code I Documentation Requirements

Providers must maintain readily retrievable documentation for fulfilling all aspects of Code I restrictions. For I.V. solutions that are exempt from TAR requirements because of recent hospitalization, the document must also include the date of hospital discharge and whether the same I.V. drug was started before discharge.

Claims Submission for Intravenous Solutions

For claim submission instructions for intravenous solutions, see the Medi-Cal Rx website.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.