

To: AmeriHealth Caritas Louisiana Providers

Date: October 4, 2024

Subject: [Informational Bulletin 24-34](#): Coverage of Disposable (Elastomeric) Infusion Pumps

Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.

Coverage of Disposable (Elastomeric) Infusion Pumps

Effective with dates of service on or after **September 1, 2024**, Louisiana Medicaid now covers elastomeric, disposable infusion pumps and supplies as a benefit for short-term use (less than 30 days) for antibiotic infusion therapy.

Prior authorization is required, and the request for approval must include the following:

- Information on the underlying diagnosis or condition.
- A physician's order and documentation supporting medical necessity.
- The name of the antibiotic, dosage, the duration of therapy, and the frequency of administration.

The policy for elastomeric infusion pumps is in the Durable Medical Equipment Program Manual, Section 18.2.28 and the Healthcare Common Procedure Coding System (HCPCS) code is on the Durable Medical Equipment fee schedule, both located on lamedicaid.com.

Questions regarding fee-for-service claims should be directed to Gainwell Technologies Provider Relations at (800) 473-2783 or (225) 924-5040.

For questions related to this informational bulletin, please contact Irma Gauthier at Irma.Gauthier2@la.gov or via phone at (225) 342-5691.

For full details, please see [Informational Bulletin 24-34](#).

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007. The Provider Services Department can be reached daily between 7:00 am – 7:00 pm.

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