



Coverage of Disposable (Elastomeric) Infusion Pumps

Effective September 1, 2024, Louisiana Medicaid will cover elastomeric, disposable infusion pumps and supplies for short-term, less than 30 days, antibiotic infusion therapy.

- **Prior Authorization Requirements:** To obtain coverage, prior authorization is mandatory. The following information must be provided:
 - **Diagnosis and Condition:** Detailed information about the underlying medical condition or diagnosis necessitating the therapy.
 - **Physician's Order:** A formal order from a physician, along with documentation that supports the medical necessity of the infusion therapy.
 - **Therapy Details:** Specifics about the antibiotic being used, including the dosage, duration of the therapy, and the frequency of administration.

- **Policy Reference:** The detailed policy can be found in the [Durable Medical Equipment Program Manual, Section 18.2.28](#). The relevant HCPCS code is listed on the [Durable Medical Equipment fee schedule](#).

LDH has published Informational Bulletin 24-34 for your reference [IB24-34.pdf \(la.gov\)](#).

For questions or concerns regarding any bulletin, contact UnitedHealthcare Community Plan at 1-866-675-1607.