

# Disposable-elastomeric-infusion-pumps

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4050

Recent review date: 12/2025

Next review date: 4/2027

Policy contains: Disposable infusion pumps.

*AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case-by-case basis by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.*

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## Policy statement

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AmeriHealth Caritas Louisiana covers disposable (Elastomeric) infusion pumps when deemed medically necessary based on specific criteria. Coverage is determined by evaluation of the following qualifying conditions.

AmeriHealth Caritas Louisiana will provide coverage when one or more of the following criteria are met:

- Device will be used for short-term antibiotic infusion therapy (less than 30-day duration).
- Device is expected to increase beneficiary compliance with antibiotic therapy.
- Caregiver cannot administer the antibiotic by pump.
- To avoid hospitalization of an immuno-compromised beneficiary, which may increase the risk of further infection.
- Outside of antibiotic therapy, the beneficiary has no need for hospitalization.

Disposable (Elastomeric) Infusion Pumps are not covered when the antibiotic being administered:

- Is not considered medically necessary to the treatment of the beneficiary's illness;
- Is used for pain management;
- Exceeds the frequency or duration ordered by the physician;
- Is a chemotherapeutic agent; or

- is not FDA-approved.

### Prior authorization

Prior authorization (PA) is required for disposable infusion pumps and intravenous (IV) supplies.

### Intravenous Supplies

The following standards will be considered when determining medical necessity of IV supplies for use with disposable (Elastomeric) infusion pumps:

1. The aseptic technique is acceptable for IV catheter insertion and site care;
2. Nonsterile gloves are acceptable for the insertion of a peripheral IV catheter and for changing any IV site dressing;
3. Sterile technique may be medically necessary. Examples of medical necessity include, but are not limited to, a beneficiary who is immuno-compromised;
4. Peripheral IV site is rotated at least weekly, but no more frequently than every 72 hours;
5. IV administration set (with or without dial flow regulator), extension set (with or without dial flow regulator), and any add-on devices are changed every 72 hours; or
6. One IV access catheter is used per insertion.

### Documentation Requirements

Requests for disposable (Elastomeric) infusion pumps must include the following:

1. Information on the underlying diagnosis or condition;
2. Physician's order and documentation supporting medical necessity; and
3. Name of the antibiotic, dosage, the duration of therapy, and the frequency of administration.

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## **References**

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Louisiana Department of Health Durable Medical Equipment Manual 18.2.28. Issued **June 25, 2025**

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## **Policy updates**

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