
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page(s)	Reason for Revision
01/01/19		Table of Contents	6	Revised to add new sections to existing table of contents.
01/01/19	18.2	Specific Coverage Criteria	68	<p>Revised to reflect the below changes effective January 1, 2019:</p> <ul style="list-style-type: none">• Electric breast pumps are covered (page 14/15 of 68); and the• Continuous glucose monitoring device (CGM) is being added as a covered DME diabetic supplies and equipment (page 34 of 68). <p>Technical edits made throughout the document.</p>