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**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

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**REVISION HISTORY LOG**

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
02/04/25	Section 18.2.1.7	Specific Coverage Criteria – Ventilator Assist Devices	5	Revisions made to incorporate At Home Sleep Apnea Test criteria.