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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
02/14/25	Section 18.2.10	Specific Coverage Criteria – Breast Milk and Supplies	4	Revisions made to incorporate criteria for out of state DME providers.
02/14/25	Section 18.4	Provider Requirements	11	Revisions made to incorporate criteria for Professionals Exempted by the LDH Secretary.