

CHAPTER 18: DURABLE MEDICAL EQUIPMENT**REVISION HISTORY LOG**

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
03/08/24	18.0	Overview	1	Revisions to incorporate gender inclusive language throughout section.
03/08/24	18.2.5	Specific Coverage Criteria – Augmentative and Alternative Communication Devices	11	Revisions to incorporate gender inclusive language throughout section.
03/08/24	18.2.19	Specific Coverage Criteria – Ambulatory Equipment	10	Revisions to incorporate gender inclusive language throughout section.
03/08/24	18.2.21	Specific Coverage Criteria – Orthotics and Prosthetics	3	Revisions to incorporate gender inclusive language throughout section.
03/08/24	18.2.22	Specific Coverage Criteria – Disposable Incontinence Products	3	Revisions to incorporate gender inclusive language throughout section.
03/08/24	18.2.23	Specific Coverage Criteria – Hospital Beds, Lifts, and Trapeze Bar	8	Revisions to incorporate gender inclusive language throughout section.
03/08/24	18.4	Provider Requirements	11	Revisions to incorporate gender inclusive language throughout section.

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03/08/24	18.5	Prior Authorization	6	Revisions to incorporate gender inclusive language throughout section.