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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
03/17/20	18.2	Specific Coverage Criteria	69	Revisions made to clarify Pulse Oximeter Criteria.
03/17/20	18.5	Prior Authorization	5	Revisions made to clarify criteria for emergency hospital discharges.
03/17/20	Appendix E	Contact Information	4	Technical edits.
03/17/20	Appendix I	Electric Breast Pump Form	1	Technical edits.