
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
03/18/24	18.2.10	Specific Coverage Criteria – Breast Milk and Supplies	4	Revisions to update clarify coverage criteria and incorporate gender inclusive language.
03/18/24	18.2.20	Specific Coverage Criteria - Diabetic Supplies and Equipment	3	Revisions to update clarify coverage criteria and incorporate gender inclusive language.
03/18/24	Appendix I	Electric Breast Pump Request Form	1	Revisions to update link to online web form.