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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
04/01/19	18.2	Specific Coverage Criteria	69	Revised section on electric breast pumps (pages 14-16) to add equipment criteria effective April 1, 2019:  Technical edits made throughout the document.
04/01/19	Appendix I	Electric Breast Pump Request Form	1	NEW: Appendix added to link manual section to an electronic breast pump request form on <a href="http://lamedicaid.com">lamedicaid.com</a> .