

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

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
06/25/25	18.	Table of Contents	8	Revisions made to incorporate technical edits throughout section.
06/25/25	18.0	Overview	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.1	Services and Limitations	8	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.1.1	Specific Coverage Criteria – Apnea Monitors	2	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.1.2	Specific Coverage Criteria – Oxygen Concentrators	4	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.1.3	Specific Coverage Criteria – High Frequency Chest Wall Oscillation Devices	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.1.4	Specific Coverage Criteria – Peak Flow Meters and Mucus Clearance (Flutter) Devices	1	Revisions made to incorporate technical edits throughout section.

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06/25/25	18.2.1.5	Specific Coverage Criteria – Pulse Oximeter	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.1.6	Specific Coverage Criteria – Oxygen Probes	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.1.8	Specific Coverage Criteria – Nebulizers	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.1.9	Specific Coverage Criteria – Tracheostomy Care Supplies	2	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.2	Specific Coverage Criteria – Intraocular Lens	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.3	Specific Coverage Criteria – Artificial Eyes	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.4	Specific Coverage Criteria – Artificial Larynxes	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.5	Specific Coverage Criteria – Augmentative and Alternative Communication Devices	11	Revisions made to incorporate technical edits throughout section.

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06/25/25	18.2.6	Specific Coverage Criteria – Bath and Toileting Aids	2	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.7	Specific Coverage Criteria – Environmental Modifications or Repairs	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.9	Specific Coverage Criteria – Blood Pressure Devices	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.10.1 – 18.2.10.3	Specific Coverage Criteria – Breast Milk and Supplies	4	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.11	Specific Coverage Criteria – Enteral Nutrition	3	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.12	Specific Coverage Criteria – Total Parenteral Nutrition Equipment and Supplies	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.13.1 – 18.2.13.2	Specific Coverage Criteria – Binders and Supports	1	Revisions made to incorporate technical edits throughout section.

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06/25/25	18.2.14.1 – 18.2.14.2	Specific Coverage Criteria – Support Garments	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.15	Specific Coverage Criteria – Hearing Aids	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.16	Specific Coverage Criteria – Cochlear Implants	2	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.17	Specific Coverage Criteria – Dialysis Equipment and Supplies	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.18	Specific Coverage Criteria – Baclofen Therapy	4	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.19.1 – 18.2.19.6	Specific Coverage Criteria – Ambulatory Equipment	10	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.20	Specific Coverage Criteria – Diabetic Supplies and Equipment	3	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.21.1 – 18.2.21.4	Specific Coverage Criteria – Orthotics and Prosthetics	3	Revisions made to incorporate technical edits throughout section.

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06/25/25	18.2.22	Specific Coverage Criteria – Disposable Incontinence Products	3	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.23.1 – 18.2.23.2	Specific Coverage Criteria – Hospital Beds and Patient Lifts	8	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.25.1	Specific Coverage Criteria – Osteogenic Bone Growth Stimulators	2	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.25.2	Specific Coverage Criteria – Vagus Nerve Stimulators	4	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.26	Specific Coverage Criteria – Intravenous Therapy and Administrative Supplies	2	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.27	Specific Coverage Criteria – Wound Care Supplies	3	Revisions made to incorporate technical edits throughout section.
06/25/25	18.2.28	Specific Coverage Criteria – Disposable (Elastomeric) Infusion Pumps	2	Revisions made to incorporate technical edits throughout section.

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06/25/25	18.3	Beneficiary Requirements	1	Revisions made to incorporate technical edits throughout section.
06/25/25	18.4	Provider Requirements	11	Revisions made to incorporate technical edits throughout section.
06/25/25	18.5	Prior Authorization	6	Revisions made to incorporate technical edits throughout section.
06/25/25	18.6	Claims Related Information	2	Revisions made to incorporate technical edits throughout section.
06/25/25	Appendix B	Claims Filing	6	Revisions made to incorporate technical edits throughout section.
06/25/25	Appendix D	Request Form for Disposable Incontinence Products	1	Revisions made to incorporate technical edits throughout section.
06/25/25	Appendix E	Contact/Referral Information	4	Revisions made to incorporate technical edits throughout section.
06/25/25	Appendix G	Standing Frame Evaluation Form	1	Revisions made to incorporate technical edits throughout section.

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06/25/25	Appendix H	Pediatric Hospital Bed Evaluation Form	1	Revisions made to incorporate technical edits throughout section.
06/25/25	Appendix I	Electric Breast Pump Request Form	1	Revisions made to incorporate technical edits throughout section.