

---

**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

---

**REVISION HISTORY LOG**

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/21/25	18.2.1.7	Specific Coverage Criteria – Ventilator Assist Devices	5	Revisions made to update Obstructive Sleep Apnea criteria as well as Polysomnography criteria.