ISSUED: REPLACED:

09/02/22

## **CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

## **REVISION HISTORY LOG**

Revised/Is sued Date	Section	Section Title	Number of Page (s)	Reason for Revision
09/02/22	18.2	Specific Coverage Criteria	71	Revisions have been proposed to update policy criteria pertaining to Medicaid coverage of continuous glucose monitoring devices