
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
01/03/22		Table of Contents	6	Revisions made to update Cochlear Implant criteria within Specific Coverage Criteria section.
01/03/22	18.1	Services and Limitations	8	Revisions made to update section formatting for manual chapter consistency.
01/03/22	18.2	Specific Coverage Criteria	72	Revisions made to update/clarify Cochlear Implant criteria and to update section formatting for manual chapter consistency.
01/03/22	18.4	Provider Requirements	11	Revisions made to update section formatting for manual chapter consistency.
01/03/22	18.5	Prior Authorization	6	Revisions made to update section formatting for manual chapter consistency.
01/03/22	18.6	Claims Related Information	2	Revisions made to update section formatting for manual chapter consistency.
01/03/22	Appendix B	Claims Filing	6	Revisions made to update section formatting for manual chapter consistency.

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01/03/22	Appendix F	Covered Services/Codes	1	Revisions made to update section formatting for manual chapter consistency.
01/03/22	Appendix G	Standing Frame Evaluation Form	1	Revisions made to update section formatting for manual chapter consistency.
01/03/22	Appendix H	Pediatric Hospital Bed Evaluation Form	1	Revisions made to update section formatting for manual chapter consistency.
01/03/22	Appendix I	Electronic Breast Pump Request Form	1	Revisions made to update section formatting for manual chapter consistency.