

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

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
01/15/15		Table of Contents	6	Added pediatric hospital bed information to pages 3 and 4 Added pediatric hospital bed evaluation form information on page 6 Added Appendix H
01/15/15	18.2	Specific Coverage Criteria	61	Added pediatric hospital bed coverage criteria to pages 37 thru 39 Removed codes for high frequency chest wall oscillation devices on page 40 Revised section on portable oxygen on page 47 and 48 to reflect changes effective 12/15/14
01/15/15	Appendix F	Covered Services/Codes	52	Added codes E0328, and E0329 for pediatric hospital bed on page 8 Updated respiratory codes and added codes for high frequency chest wall oscillation devices on page 32 Updated codes for oxygen and added codes for portable oxygen on page 51
01/15/15	Appendix H	Pediatric Hospital Bed Evaluation Form	1	New appendix added that includes link to prior authorization form for pediatric hospital beds