

CHAPTER 1: DURABLE MEDICAL EQUIPMENT

PAGE(S) 1

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
02/10/14	18.1	Services and Limitations	7	Technical change for clarity on pages 1 and 2.
02/10/14	18.2	Specific Coverage Criteria	58	Added abdominal binder and hernia supports on page 13.
02/10/14	18.4	Provider Requirements	8	Technical changes to page 4 and added “not inclusive” disclaimer to table on page