

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

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
02/23/21		Table of Contents	6	Revisions made to incorporate technical edits.
02/23/21	18.1	Service and Limitations	7	Revisions made to reflect name change of the Medicaid Program's fiscal intermediary from DXC Technology to Gainwell Technologies.
02/23/21	18.2	Specific Coverage Criteria	70	Revisions made to reflect name change of the Medicaid Program's fiscal intermediary from DXC Technology to Gainwell Technologies.
02/23/21	18.5	Prior Authorization	5	Revisions made to reflect name change of the Medicaid Program's fiscal intermediary from DXC Technology to Gainwell Technologies.
02/23/21	Appendix A	PA Form Instructions	2	Revisions made to reflect name change of the Medicaid Program's fiscal intermediary from DXC Technology to Gainwell Technologies.
02/23/21	Appendix B	Claims Filing	14	Revisions made to reflect name change of the Medicaid Program's fiscal intermediary from DXC Technology to Gainwell Technologies.
02/23/21	Appendix E	Contact Information	4	Revisions made to reflect name change of the Medicaid Program's fiscal intermediary from DXC Technology to Gainwell Technologies.

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02/23/21	Appendix G	Standing Frame Evaluation	1	Revisions made to reflect name change of the Medicaid Program's fiscal intermediary from DXC Technology to Gainwell Technologies.
02/23/21	Appendix I	Electric Breast Pump Form	1	Revisions made to reflect name change of the Medicaid Program's fiscal intermediary from DXC Technology to Gainwell Technologies.