
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page(s)	Reason for Revision
03/01/13	18.1	SERVICES AND LIMITATIONS	6	Additions and changes needed to be made.
03/01/13	18.2	SPECIFIC COVERAGE CRITERIA	47	Additions and changes needed to be made.