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**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

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**REVISION HISTORY LOG**

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
06/09/21		Table of Contents	6	Revisions made to incorporate Enteral Formula Coverage for Beneficiaries with Inborn Errors of Metabolism criteria.
06/09/21	18.2	Specific Coverage Criteria	71	Revisions made to incorporate Enteral Formula Coverage for Beneficiaries with Inborn Errors of Metabolism criteria.