
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
06/19/14	18.2	Specific Coverage Criteria	59	Revised section - Diabetic Supplies and Equipment beginning on page 28 specific to insulin pump criteria. Removed reference to CommunityCare on page 24.