

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

Revised/ Issued Date	Section	Section Title	Number of Page(s)	Reason for Revision
07/01/19		Table of Contents	6	Revised to add new sections to existing table of contents.
07/01/19	18.2	Specific Coverage Criteria	69	<p>Technical edits made throughout the document for clarity.</p> <p>Revised to include coverage of testing strips under section on continuous glucose monitoring devices.</p> <p>Revised to revise reimbursement methodology and to remove coding throughout the documents and referenced the fee schedule.</p> <p>Revised to add information on coverage for oxygen probes.</p>
07/01/19	18.5	Prior Authorization	5	<p>Technical edits made throughout the document for clarity.</p> <p>Revised to include information concerning emergency hospital discharge requests.</p>
07/01/19	Appendix A	Prior Authorization Form and Instructions	2	Technical change to reflect change from “Molina” to DXC Technologies”.
07/01/19	Appendix B	Claims Filing	14	Technical changes for clarity and to reflect change from “Molina” to DXC Technologies”.
07/01/19	Appendix E	Contact/Referral Information	4	Revised made throughout the document to add/update information and web links.