
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/20/21		Table of Contents	6	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.
07/20/21	18.0	Overview	1	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.
07/20/21	18.1	Services and Limitations	8	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.
07/20/21	18.2	Specific Coverage Criteria	72	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.
07/20/21	18.3	Beneficiary Requirements	1	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.
07/20/21	18.4	Provider Requirements	11	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.
07/20/21	18.5	Prior Authorization	6	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.

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07/20/21	18.6	Claims Related Information	2	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.
07/20/21	Appendix A	Prior Authorization Forms and Instructions	2	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.
07/20/21	Appendix B	Claims Filing	14	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.
07/20/21	Appendix D	Prescription Request Form	2	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.
07/20/21	Appendix E	Contact/Referral Information	4	Revisions made to update the usage of “recipient” to “beneficiary” per CMS guidance.