
CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG

| Revised/ Issued Date | Section | Section Title | Number of Page (s) | Reason for Revision |
|----------------------------|---------|-------------------------------|-----------------------|-------------------------------------------------------------------|
| 07/29/20 | 18.2 | Specific Coverage Criteria | 70 | Revisions made to clarify requirements for intraocular lenses. |