

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
03/01/16	18.2	Specific Coverage Criteria	66	Editorial and structural revisions made throughout the document. Revised reimbursement per hearing aid to current rate of \$553 on page 36. Revised on pages 43-44 to edit information concerning Enteral Nutrition (formerly Hyperalimentation Therapy Aid) Removed note on page 44 under Enteral Nutrition concerning nutritional supplement coverage for clarity.