

## CHAPTER 18: DURABLE MEDICAL EQUIPMENT

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## REVISION HISTORY LOG

| Revised/<br>Issued<br>Date | Section | Section Title                 | Number<br>of Page<br>(s) | Reason for Revision  |
|----------------------------|---------|-------------------------------|--------------------------|--|
| 12/09/16                   | 18.2    | Specific Coverage<br>Criteria | 66                       | Editorial and structural revisions<br>made throughout the document.<br><br>Revised reimbursement per hearing<br>aid to current rate of \$553 on page<br>36.<br><br>Revised on pages 43-44 to edit<br>information concerning Enteral<br>Nutrition (formerly<br>Hyperalimentation Therapy Aid)<br><br>Removed note on page 44 under<br>Enteral Nutrition concerning<br>nutritional supplement coverage for<br>clarity. |
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