## LOUISIANA MEDICAID PROGRAM

## **CHAPTER 10: MEDICAL TRANSPORTATION**

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/06/22	10.1	Covered Services	3	Revisions to revise Expectations to Standards criteria.
07/06/22	10.3	Provider Requirements	9	Revisions made to update Insurance Requirements criteria and For-Profit and Non-Profit Requirements.
07/06/22	10.8	Emergency Ambulance Transportation	4	Revisions made to revise Emergency Action Procedure criteria and Treatment-In-Place Ambulance Services criteria.