
CHAPTER 10: MEDICAL TRANSPORTATION

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
11/09/21	10.8	Ambulance – Emergency Ambulance Transportation	3	Revisions made to update/clarify the criteria for “Treatment-in-Place” services.
11/09/21	10.13	Ambulance – Claims and Encounters	6	Revisions made to include criteria for “Medicaid Non- Covered Ambulance Modifiers.”