LOUISIANA MEDICAID PROGRAM

ISSUED: 12/01/10 REPLACED: 11/01/10

CHAPTER 10: MEDICAL TRANSPORTATION

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
12/01/10	Appendix B	NEMT – Intra-State Rates	1	Reimbursement rate reduction effective 12/1/10