
CHAPTER 10: MEDICAL TRANSPORTATION

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
11/16/21	10.1	Covered Services	3	Revisions to update the covered services criteria as well as covered services exclusions criteria.
11/16/21	10.2	Scheduling and Authorization	4	Revisions made to update the general requirements criteria.
11/16/21	10.3	Provider Requirements	9	Revisions made to update the criteria for classification of providers and general requirements.
11/16/21	10.4	Provider Responsibilities	4	Revisions made to update and clarify the criteria for vehicle operation requirements.
11/16/21	10.6	NEMT – Claims and Encounters	1	Revisions made to clarify criteria for encounter submissions.