State of California
Department of Industrial Relations
DIVISION OF WORKERS’ COMPENSATION



**Order of the Administrative Director of the**

**Division of Workers’ Compensation**

**Official Medical Fee Schedule – Ambulance Fee Schedule**

**Effective for Services Rendered on or after January 1, 2022**

Pursuant to Labor Code section 5307.1(g), the Administrative Director of the Division of Workers’ Compensation orders that Title 8, California Code of Regulations, section 9789.70, pertaining to Ambulance Services in the Official Medical Fee Schedule (OMFS), is adjusted to conform to the 2022 changes to the Medicare payment system.

Medicare Data Source and Incorporation by Reference

Effective for services rendered on or after January 1, 2022, the maximum reasonable fees for ambulance services shall not exceed 120% of the applicable California fees (as determined by the applicable locality / Geographic Area) set forth in the calendar year 2022 Medicare Ambulance Fee Schedule (AFS) File, and based upon the documents incorporated by reference.

The Administrative Director incorporates by reference the following Centers for Medicare and Medicaid Services (CMS) files / data from the CMS website:

1) The CY 2022 Ambulance Fee Schedule (AFS) File [CY 2022 File (ZIP)](https://www.cms.gov/files/zip/cy-2022-file.zip), which includes the following electronic files:

AFS2022\_PUF [ZIP]

1. AFS2022\_\_PUF.xlsx

2. Geographic\_Area\_2022.xlsx

3. Section 508 compliant version of Geographic\_Area\_2022.txt

4. Section 508 version of AFS2022\_PUF.txt

2) The [Zip Code to Carrier Locality File - Revised 11/15/2021 (ZIP)](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/Downloads/Zip-Code-to-Carrier-Locality.zip), which includes the following electronic files:

ZPLC\_JAN2022[zip]

1. ZIP5\_JAN2022.txt

2. ZIP5\_JAN2022.xlsx

3. ZIP5lyout.txt

4. ZIP9\_JAN2022.txt

5. ZIP9lyout.txt

3) The [Zip Codes requiring 4 extension - Revised 11/15/2021 (ZIP)](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/Downloads/ZIP5-requiring-4ext.zip), which includes the following electronic file:

ZIP5\_requiring +4ext\_dec21\_jan22 (ZIP)

* ZIP5\_requring +4ext\_dec2020\_jan2021.txt

4) The CMS website provisions setting forth the Data Elements of the Ambulance Fee Schedule public use data file and the Relative Value Units (RVUs) which are incorporated into this Order as the “Attachment to Administrative Director Order dated 12/1/2021”

The attachment excludes references to air ambulance services as they are exempt from the workers’ compensation fee schedule pursuant to title 8, California Code of Regulations section 9789.70(b).

The Centers for Medicare and Medicaid Services (CMS) announced the CY 2022 Ambulance Inflation Factor (AIF) in CMS Manual System Transmittal No. 11044, Change Request 12488 to Pub. 100-04. [CMS Manual System Transmittal No.11044](https://www.cms.gov/files/document/r11044cp.pdf) is published on the CMS website.

The Centers for Medicare and Medicaid Services has determined that the AIF for Calendar Year 2022 is 5.1 percent (5.1%). This figure results from the subtraction of the 10-year moving average of changes in annual economy-wide private non-farm business Multi-Factor Productivity (MFP) from the consumer price index for all urban consumers (CPI-U). For services provided on or after January 1, 2022, the AIF is included in the ambulance service fees in the CY 2022 - Ambulance Fee Schedule (AFS) File.

This Order and attachment shall be published on the OMFS’ [Ambulance Fee Schedule webpage](https://www.dir.ca.gov/dwc/OMFS9904.htm#1) of the Division of Workers’ Compensation.

**IT IS SO ORDERED.**

Dated: December 1, 2021 /S/ GEORGE P. PARISOTTO\_\_\_\_\_\_\_

GEORGE P. PARISOTTO

Administrative Director of the

Division of Workers’ Compensation

Attachment to Administrative Director Order dated 12/1/2021

Excerpt of [Centers for Medicare and Medicaid Services (CMS) Ambulance Fee Schedule Pubic Use Files web page](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/afspuf) (accessed 11/30/2021) [Material in brackets are comments added by Division of Workers’ Compensation]

**Ambulance Fee Schedule Public Use Files**

[Background information omitted; access on the above-referenced webpage.]

**Data Elements of the AFS Data File**

(1) Contractor: This is the identifier used by the CMS to identify the entity which has the responsibility for adjudicating and paying claims within a defined geographical location.

Part A Medicare Administrative Contractors (MACs) pay for ambulance services based on the zip code within the appropriate carrier geographic location.

(2) Locality: This field represents subsets of locations within a defined jurisdiction with different geographic practice cost indices (GPCI’s).

(3) HCPCS: This field lists the associated HCPCS codes that are reported for services payable under the AFS.

(4) Relative Value Units (RVU): RVUs set a numeric value for ambulance services relative to the value of a base level ambulance service. Since there are marked differences in resources necessary to furnish the various levels of ground ambulance services, different levels of payment are appropriate for the various levels of service. The different payment amounts are based on level of service. An RVU expresses the constant multiplier for a particular type of service (including, where appropriate, an emergency response). An RVU of 1.00 is assigned to the Basic Life Support (BLS) level of ground service, i.e., BLS has an RVU of 1; higher RVU values are assigned to the other types of ground ambulance services, which require a higher level of service than BLS.

The RVUs are as follows:

| **Service Level (HCPCS Code)** | **RVU** |
| --- | --- |
| Basic Life Support, Non-emergency (BLS) (A0428) | 1.00 |
| Basic Life Support, emergency (BLS- Emergency) (A0429) | 1.60 |
| Advanced Life Support, non-emergency, Level 1 (ALS1) (A0426) | 1.20 |
| Advanced Life Support, emergency, Level 1 (ALS1- Emergency) (A0427) | 1.90 |
| Advanced Life Support, Level 2 (ALS2) (A0433) | 2.75 |
| Specialty Care Transport (SCT) (A0434) | 3.25 |
| Paramedic Intercept (PI) (A0432) | 1.75 |

[CMS Medicare information regarding air ambulance omitted pursuant 8 CCR 9789.70(b) as it is not applicable for workers’ compensation.]

(5) Geographic Practice Cost Index (GPCI): The non-facility practice expense (PE) portion of the GCPI of the Medicare physician fee schedule (PFS) is used to adjust payment to account for regional differences. The geographic areas applicable to the AFS are the same as those used for the PFS.

The location where the beneficiary was put into the ambulance (“point of pickup”) establishes which GPCI applies. For multiple vehicle transports, i.e., where ground ambulance transports to an air ambulance, each leg of the transport is separately evaluated for the applicable GPCI.

Thus, for the second (or any subsequent) leg of a transport, the point of pickup establishes the applicable GPCI for that portion of the ambulance transport. The GPCI is not applied to the mileage payment.

(6) Base Rate: The Base Rate is a nationally uniform dollar amount used to calculate each HCPCS code payment amount, updated annually by the ambulance inflation factor (AIF).

(7)(a) - Urban Base Rate/Urban Mileage:

This field displays one of four rates calculated as such for 2022:

1. Urban ground adjusted base rates – (RVU\*(.3+ (.7\*GPCI)))\*BASE RATE\* 1.02
2. Urban air adjusted base rates – ((BASE RATE\*.5)+(BASE RATE\*.5\*GPCI))\*RVU
[NOT applicable to workers’ compensation pursuant to 8 CCR 9789.70(b).]
3. Urban ground mileage rates – BASE RATE\*1.02
4. Urban air mileage rates – BASE RATE\*1.00
[NOT applicable to workers’ compensation pursuant to 8 CCR 9789.70(b).]

For more information on how the urban base rate and mileage rate amounts are calculated, see the AFS final rule published in the Federal Register on February 27, 2002 (67 FR 9100).

(7)(b)- Rural Base Rate / Rural Mileage:

This field displays one of four rates calculated as such for 2022:

1. Rural ground adjusted base rates – (RVU\*(.3+ (.7\*GPCI)))\*BASE RATE\* 1.03
2. Rural air adjusted base rates – ((BASE RATE\*.5)+(BASE RATE\*.5\*GPCI))\*RVU\*1.5
[NOT applicable to workers’ compensation pursuant to 8 CCR 9789.70(b).]
3. Rural ground mileage rates – BASE RATE\*1.03
4. Rural air mileage rates – BASE RATE\*1.50
[NOT applicable to workers’ compensation pursuant to 8 CCR 9789.70(b).]

[CMS Medicare information regarding air ambulance omitted pursuant 8 CCR 9789.70(b) as it is not applicable for workers’ compensation.]

For more information on how the rural base rate and mileage rate amounts are calculated, see the AFS final rule published in the Federal Register on February 27, 2002 (67 FR 9100).

(7)(c) - Rural Base Rate / Lowest Quartile: The “super-rural bonus” payment rate applies only to ground ambulance transports originating in a rural area determined by the Secretary to be in the lowest 25th percentile of all rural populations arrayed by population density. The MACs will apply this amount to the base rate when the point of pickup (POP) is in one of a group of designated rural ZIP codes. In order to calculate the “super-rural bonus” payment rate of 22.6%, multiply any rural ground ambulance transport service payment rate by .226. For example, for HCPCS A0428 (BLS), for Carrier 01112, Locality 05, use the rural rate of $ 309.57 and multiply by .226 for a bonus payment rate (309.57\* .226 = 69.96) and then add that bonus rate to the rural rate (309.57 + 69.96=379.53

(8) Rural Ground Miles 1-17: This field displays the amounts for rural ground miles 1-17.

For ground rural miles 1-17, the mileage rate for ground transports provided in a rural area is 1.5 times the rural mileage rate per mile.

(The urban ground mileage rate applies to all miles of an ambulance transport originating in an urban area.)

[CMS Medicare information regarding air ambulance omitted pursuant 8 CCR 9789.70(b) as it is not applicable for workers’ compensation.]

For more information, please refer to 42 CFR § 414.610(c)(5)(i).