

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, 2020**

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, is adjusted to conform to the 2020 changes to the Medicare payment system.

Medicare Data Source and Incorporation by Reference

Effective for services rendered on or after January 1, 2020, the maximum reasonable fees for ambulance services shall not exceed 120% of the applicable California fees (Carrier 01112 for Northern California and Carrier 01182 for Southern California) set forth in the calendar year 2020 Medicare Ambulance Fee Schedule (AFS) File.

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

The CY 2020 Ambulance Fee Schedule (AFS) File (CY 2020 File – Updated 12/02/2019 [ZIP, 84KB]), which includes the following electronic files:

Geographic_Area [ZIP]

1. AFS2020__PUF.xls
2. Geographic_Area.xlsx
3. Section 508 version of AFS2020__PUF.txt
4. Section 508 version of Geographic_Area.txt

The CMS description of the Data Elements of the AFS Data file is attached to this Order, excluding references to air ambulance pursuant 8CCR 9789.70(b).

The Zip Code to Carrier Locality File - Revised 11/19/2019 (ZIP), which includes the following electronic files:

ZPLC_JAN2020 [ZIP]

1. ZIP5_JAN2020.txt
2. ZIP5_JAN2020.xlsx
3. ZIP5lyout.txt
4. ZIP9_JAN2020.txt
5. ZIP9lyout.txt

