

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| 0054T | COMPUTER-ASSISTED, FLUOROSCOPIC IMAGE-GUIDED MUSCULOSKELETAL SURGICAL NAVIGATION | 10/1/2017 | \$0.00 |
| 0055T | COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI | 10/1/2017 | \$0.00 |
| 00670 | ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL | 10/1/2013 | \$0.00 |
| 01112 | ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR ILIAC | 10/1/2012 | \$0.00 |
| 0191T | INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER | 10/1/2019 | \$2,202.78 |
| 0213T | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2019 | \$304.88 |
| 0214T | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2014 | \$0.00 |
| 0215T | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2014 | \$0.00 |
| 0216T | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2019 | \$304.88 |
| 0217T | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2014 | \$0.00 |
| 0218T | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2014 | \$0.00 |
| 0235T | CATHETER REMOVAL OF PLAQUE FROM ORGAN ARTERY, ACCESSED THROUGH THE SKIN OR OPEN | 10/1/2014 | \$3,388.81 |
| 0238T | CATHETER REMOVAL OF PLAQUE FROM GROIN ARTERY, ACCESSED THROUGH THE SKIN OR OPEN | 10/1/2019 | \$6,560.81 |
| 0249T | LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE | 10/1/2019 | \$892.12 |
| 0253T | INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER | 10/1/2019 | \$1,531.57 |
| 0394T | HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY | 10/1/2019 | \$85.70 |
| 0395T | HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY | 10/1/2019 | \$268.49 |
| 0412T | REMOVAL OF PULSE GENERATOR FOR HEART CONTRACTILITY MODULATOR SYSTEM | 10/1/2019 | \$1,424.79 |
| 0413T | REMOVAL OF ELECTRODE FOR HEART CONTRACTILITY MODULATOR SYSTEM | 10/1/2019 | \$1,424.79 |
| 0428T | REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GE | 10/1/2019 | \$1,255.98 |
| 0429T | REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING | 10/1/2019 | \$1,255.98 |
| 0430T | REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULAT | 10/1/2019 | \$1,255.98 |
| 0437T | IMPLANTATION OF NON-BIOLOGIC OR SYNTHETIC IMPLANT (EG, POLYPROPYLENE) FOR FASCIA | 10/1/2017 | \$0.00 |
| 0439T | MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY; AT REST OR WITH STRESS, FOR ASSE | 10/1/2017 | \$0.00 |
| 0440T | FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN, USING IMAGING G | 10/1/2019 | \$1,761.21 |
| 0441T | FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN, USING IMAGING G | 10/1/2019 | \$1,761.21 |
| 0442T | FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN, USING IMAGING G | 10/1/2019 | \$1,761.21 |
| 0443T | REAL TIME SPECTRAL ANALYSIS OF PROSTATE TISSUE BY FLUORESCENCE SPECTROSCOPY | 10/1/2017 | \$0.00 |
| 0444T | INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, IN | 10/1/2017 | \$0.00 |
| 0445T | SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS I | 10/1/2017 | \$0.00 |
| 0449T | INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP | 10/1/2019 | \$2,170.84 |
| 0450T | INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP | 1/1/2017 | \$0.00 |
| 0465T | SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF ME | 10/1/2019 | \$134.32 |
| 0474T | INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOUCU | 10/1/2018 | \$2,031.78 |
| 0479T | FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONA | 10/1/2019 | \$120.20 |
| 0480T | FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONA | 12/1/1990 | \$0.00 |
| 0487T | BIOMECHANICAL MAPPING, TRANSVAGINAL, WITH REPORT | 12/1/1990 | \$0.00 |
| 0491T | ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN | 10/1/2019 | \$120.20 |
| 0492T | ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN | 12/1/1990 | \$0.00 |
| 0508T | NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONA | 10/1/2019 | \$42.94 |
| 10004 | FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE; EACH ADDITIONAL LESION | 12/1/1990 | \$0.00 |
| 10005 | FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; FIRST LESION | 10/1/2019 | \$52.75 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|----------|
| 10006 | FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; EACH ADDITIONAL LE | 12/1/1990 | \$0.00 |
| 10007 | FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDANCE; FIRST LESION | 10/1/2019 | \$162.25 |
| 10008 | FINE NEEDLE ASPIRATION BIOPSY, INCLUDING FLUOROSCOPIC GUIDANCE; EACH ADDITIONAL | 12/1/1990 | \$0.00 |
| 10009 | FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; FIRST LESION | 10/1/2019 | \$226.00 |
| 10010 | FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; EACH ADDITIONAL LESION (LI | 12/1/1990 | \$0.00 |
| 10011 | FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; FIRST LESION | 10/1/2019 | \$226.00 |
| 10012 | FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; EACH ADDITIONAL LESION (LI | 12/1/1990 | \$0.00 |
| 10021 | FINE NEEDLE ASPIRATION OF FIRST LESION | 10/1/2019 | \$42.90 |
| 10030 | FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH T | 10/1/2019 | \$226.00 |
| 10035 | PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAG | 10/1/2016 | \$0.00 |
| 10036 | PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE | 10/1/2016 | \$0.00 |
| 10060 | INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, | 10/1/2019 | \$53.82 |
| 10061 | INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, | 10/1/2019 | \$83.12 |
| 10080 | INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE | 10/1/2019 | \$102.31 |
| 10081 | INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED | 10/1/2019 | \$133.21 |
| 10120 | REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN | 10/1/2019 | \$78.86 |
| 10121 | REMOVAL OF FOREIGN BODY FROM TISSUE, ACCESSED BENEATH THE SKIN | 10/1/2019 | \$421.98 |
| 10140 | INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION | 10/1/2019 | \$79.66 |
| 10160 | ASPIRATION OF ABSCESS, BLOOD ACCUMULATION, BLISTER, OR CYST | 10/1/2019 | \$61.28 |
| 10180 | INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION | 10/1/2019 | \$835.14 |
| 11000 | REMOVAL OF INFLAMED OR INFECTED SKIN, UP TO 10% OF BODY SURFACE | 10/1/2019 | \$24.51 |
| 11001 | DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE | 10/1/2014 | \$0.00 |
| 11010 | DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR | 10/1/2019 | \$226.00 |
| 11011 | REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, AND MUSCLE AT OPEN FRACTURE AND/O | 10/1/2019 | \$226.00 |
| 11012 | REMOVAL OF FOREIGN MATERIAL FROM SKIN, TISSUE, MUSCLE, AND BONE AT OPEN FRACTURE | 10/1/2019 | \$835.14 |
| 11042 | DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); | 10/1/2019 | \$120.20 |
| 11043 | DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS | 10/1/2019 | \$188.54 |
| 11044 | DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O | 10/1/2019 | \$421.98 |
| 11045 | DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); | 10/1/2014 | \$0.00 |
| 11046 | DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS | 10/1/2014 | \$0.00 |
| 11047 | DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O | 10/1/2014 | \$0.00 |
| 11055 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L | 10/1/2015 | \$0.00 |
| 11056 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO | 10/1/2016 | \$0.00 |
| 11057 | PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE | 10/1/2019 | \$37.83 |
| 11102 | TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); SINGLE LESION | 10/1/2019 | \$54.61 |
| 11103 | TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); EACH SEPARATE/ | 12/1/1990 | \$0.00 |
| 11104 | PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION | 10/1/2019 | \$67.21 |
| 11105 | PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/A | 12/1/1990 | \$0.00 |
| 11106 | INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED) | 10/1/2019 | \$82.86 |
| 11107 | INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED) | 12/1/1990 | \$0.00 |
| 11200 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDIN | 10/1/2015 | \$0.00 |
| 11201 | REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10 | 10/1/2014 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 11300 | SHAVING OF 0.5 CENTIMETERS OR LESS SKIN GROWTH OF THE TRUNK, ARMS, OR LEGS | 10/1/2016 | \$0.00 |
| 11301 | SHAVING OF 0.6 CENTIMETERS TO 1.0 CENTIMETERS SKIN GROWTH OF THE TRUNK, ARMS, OR | 10/1/2016 | \$0.00 |
| 11302 | SHAVING OF 1.1 TO 2.0 CENTIMETERS SKIN GROWTH OF THE TRUNK, ARMS, OR LEGS | 10/1/2016 | \$0.00 |
| 11303 | SHAVING OF OVER 2.0 CENTIMETERS SKIN GROWTH OF THE TRUNK, ARMS, OR LEGS | 10/1/2016 | \$0.00 |
| 11305 | SHAVING OF 0.5 CENTIMETERS OR LESS SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR G | 10/1/2015 | \$0.00 |
| 11306 | SHAVING OF 0.6 CENTIMETERS TO 1.0 CENTIMETERS SKIN GROWTH OF SCALP, NECK, HANDS, | 10/1/2016 | \$0.00 |
| 11307 | SHAVING OF 1.1 TO 2.0 CENTIMETERS SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GE | 10/1/2019 | \$68.66 |
| 11308 | SHAVING OF OVER 2.0 CENTIMETERS SKIN GROWTH OF SCALP, NECK, HANDS, FEET, OR GENI | 10/1/2016 | \$0.00 |
| 11310 | SHAVING OF 0.5 CENTIMETERS OR LESS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIP | 10/1/2019 | \$61.81 |
| 11311 | SHAVING OF 0.6 CENTIMETERS TO 1.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS | 10/1/2019 | \$68.66 |
| 11312 | SHAVING OF 1.1 TO 2.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS | 10/1/2019 | \$80.73 |
| 11313 | SHAVING OF OVER 2.0 CENTIMETERS SKIN GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, | 10/1/2019 | \$89.78 |
| 11400 | REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE TRUNK, ARMS OR LEGS | 10/1/2019 | \$66.61 |
| 11401 | REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS | 10/1/2019 | \$75.40 |
| 11402 | REMOVAL OF GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS | 10/1/2019 | \$82.59 |
| 11403 | REMOVAL OF GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS | 10/1/2019 | \$89.78 |
| 11404 | REMOVAL OF GROWTH (3.1 TO 4.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS | 10/1/2019 | \$421.98 |
| 11406 | REMOVAL OF GROWTH (4.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS | 10/1/2019 | \$421.98 |
| 11420 | REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, HANDS, FEET, OR | 10/1/2019 | \$63.67 |
| 11421 | REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G | 10/1/2019 | \$75.13 |
| 11422 | REMOVAL OF GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G | 10/1/2019 | \$83.39 |
| 11423 | REMOVAL OF GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G | 10/1/2019 | \$90.32 |
| 11424 | REMOVAL OF GROWTH (3.1 TO 4.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR G | 10/1/2019 | \$421.98 |
| 11426 | REMOVAL OF GROWTH (OVER 4.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FEET, OR GEN | 10/1/2019 | \$835.14 |
| 11440 | REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LI | 10/1/2019 | \$72.74 |
| 11441 | REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP | 10/1/2019 | \$82.06 |
| 11442 | REMOVAL OF GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP | 10/1/2019 | \$89.25 |
| 11443 | REMOVAL OF GROWTH (2.1 TO 3.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, O | 10/1/2019 | \$98.84 |
| 11444 | REMOVAL (3.1 TO 4.0 CENTIMETERS) GROWTH OF FACE, EARS, EYELIDS, NOSE, LIPS, OR M | 10/1/2019 | \$421.98 |
| 11446 | REMOVAL (OVER 4.0 CENTIMETERS) GROWTH OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR | 10/1/2019 | \$835.14 |
| 11450 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH | 10/1/2019 | \$835.14 |
| 11451 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH | 10/1/2019 | \$835.14 |
| 11462 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH | 10/1/2019 | \$835.14 |
| 11463 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH | 10/1/2019 | \$835.14 |
| 11470 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, | 10/1/2019 | \$835.14 |
| 11471 | EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, | 10/1/2019 | \$835.14 |
| 11600 | REMOVAL OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF THE TRUNK, ARMS, OR LEG | 10/1/2019 | \$97.51 |
| 11601 | REMOVAL OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS | 10/1/2019 | \$110.30 |
| 11602 | REMOVAL OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS | 10/1/2019 | \$118.56 |
| 11603 | REMOVAL OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS | 10/1/2019 | \$128.41 |
| 11604 | REMOVAL OF MALIGNANT GROWTH (3.1 TO 4 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS | 10/1/2019 | \$226.00 |
| 11606 | REMOVAL OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS | 10/1/2019 | \$421.98 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 11620 | REMOVAL OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, HANDS, | 10/1/2019 | \$98.04 |
| 11621 | REMOVAL OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, | 10/1/2019 | \$110.57 |
| 11622 | REMOVAL OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, | 10/1/2019 | \$120.42 |
| 11623 | REMOVAL OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, | 10/1/2019 | \$132.15 |
| 11624 | REMOVAL OF MALIGNANT GROWTH (3.1 TO 4 CENTIMETERS) OF THE SCALP, NECK, HANDS, FE | 10/1/2019 | \$421.98 |
| 11626 | REMOVAL OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF THE SCALP, NECK, HANDS, FE | 10/1/2019 | \$835.14 |
| 11640 | REMOVAL OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS | 10/1/2019 | \$101.78 |
| 11641 | REMOVAL OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, | 10/1/2019 | \$114.03 |
| 11642 | REMOVAL OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, | 10/1/2019 | \$125.22 |
| 11643 | REMOVAL OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, | 10/1/2019 | \$136.94 |
| 11644 | REMOVAL OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, | 10/1/2019 | \$421.98 |
| 11646 | REMOVAL OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, N | 10/1/2019 | \$835.14 |
| 11719 | TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER | 10/1/2015 | \$0.00 |
| 11720 | DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE | 10/1/2015 | \$0.00 |
| 11721 | DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE | 10/1/2015 | \$0.00 |
| 11730 | AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE | 10/1/2016 | \$0.00 |
| 11732 | AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE | 10/1/2014 | \$0.00 |
| 11740 | EVACUATION OF SUBUNGUAL HEMATOMA | 10/1/2015 | \$0.00 |
| 11750 | EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED | 10/1/2019 | \$72.20 |
| 11755 | BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL | 10/1/2019 | \$56.75 |
| 11760 | REPAIR OF NAIL BED | 10/1/2019 | \$188.54 |
| 11762 | RECONSTRUCTION OF NAIL BED WITH GRAFT | 10/1/2019 | \$131.35 |
| 11765 | WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL) | 10/1/2016 | \$0.00 |
| 11770 | EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE | 10/1/2019 | \$835.14 |
| 11771 | EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE | 10/1/2019 | \$835.14 |
| 11772 | EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED | 10/1/2019 | \$835.14 |
| 11900 | INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS | 10/1/2015 | \$0.00 |
| 11901 | INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS | 10/1/2015 | \$0.00 |
| 11920 | TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT | 10/1/2019 | \$86.05 |
| 11921 | TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT | 10/1/2019 | \$96.18 |
| 11960 | INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT | 10/1/2019 | \$1,135.10 |
| 11970 | REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS | 10/1/2019 | \$2,425.24 |
| 11971 | REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS | 10/1/2019 | \$835.14 |
| 11976 | REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES | 10/1/2019 | \$56.75 |
| 11980 | SUBCUTANEOUS HORMONE PELLETT IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR | 10/1/2015 | \$0.00 |
| 11981 | INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | 10/1/2015 | \$0.00 |
| 11982 | REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | 10/1/2015 | \$0.00 |
| 11983 | REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | 10/1/2015 | \$0.00 |
| 12001 | REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, UNDERARMS, TRUNK, | 10/1/2015 | \$0.00 |
| 12002 | REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITALS | 10/1/2015 | \$0.00 |
| 12004 | REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITAL | 10/1/2015 | \$0.00 |
| 12005 | REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITA | 10/1/2019 | \$120.20 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 12006 | REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITA | 10/1/2019 | \$120.20 |
| 12007 | REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, NECK, UNDERARMS, GENITALS, | 10/1/2019 | \$68.66 |
| 12011 | REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS | 10/1/2015 | \$0.00 |
| 12013 | REPAIR OF WOUND (2.6 TO 5.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, | 10/1/2015 | \$0.00 |
| 12014 | REPAIR OF WOUND (5.1 TO 7.5 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, | 10/1/2015 | \$0.00 |
| 12015 | REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS | 10/1/2019 | \$68.66 |
| 12016 | REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP | 10/1/2019 | \$120.20 |
| 12017 | REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIP | 10/1/2019 | \$120.20 |
| 12018 | REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, | 10/1/2019 | \$68.66 |
| 12020 | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE | 10/1/2019 | \$188.54 |
| 12021 | TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING | 10/1/2019 | \$120.20 |
| 12031 | REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, | 10/1/2019 | \$120.20 |
| 12032 | REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, A | 10/1/2019 | \$120.20 |
| 12034 | REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, | 10/1/2019 | \$120.20 |
| 12035 | REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, | 10/1/2019 | \$120.20 |
| 12036 | REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, | 10/1/2019 | \$188.54 |
| 12037 | REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, AN | 10/1/2019 | \$750.21 |
| 12041 | REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF NECK, HANDS, FEET, AND/OR GENITALS | 10/1/2019 | \$120.20 |
| 12042 | REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS | 10/1/2019 | \$120.20 |
| 12044 | REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS | 10/1/2019 | \$188.54 |
| 12045 | REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS | 10/1/2019 | \$188.54 |
| 12046 | REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS | 10/1/2019 | \$120.20 |
| 12047 | REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF NECK, HANDS, FEET, AND/OR GENITALS | 10/1/2019 | \$750.21 |
| 12051 | REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AN | 10/1/2019 | \$120.20 |
| 12052 | REPAIR OF WOUND (2.6 TO 5.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AND | 10/1/2019 | \$120.20 |
| 12053 | REPAIR OF WOUND (5.1 TO 7.5 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AND | 10/1/2019 | \$120.20 |
| 12054 | REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AN | 10/1/2019 | \$120.20 |
| 12055 | REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, A | 10/1/2019 | \$120.20 |
| 12056 | REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, A | 10/1/2019 | \$120.20 |
| 12057 | REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF FACE, EARS, EYELIDS, NOSE, LIPS, AND/ | 10/1/2019 | \$120.20 |
| 13100 | REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM | 10/1/2019 | \$188.54 |
| 13101 | REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM | 10/1/2019 | \$188.54 |
| 13102 | REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN | 10/1/2014 | \$0.00 |
| 13120 | REPAIR OF WOUND (1.1 TO 2.5 CENTIMETERS) OF SCALP, ARMS, AND/OR LEGS | 10/1/2019 | \$188.54 |
| 13121 | REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF SCALP, ARMS, AND/OR LEGS | 10/1/2019 | \$188.54 |
| 13122 | REPAIR OF WOUND OF SCALP, ARMS, AND/OR LEGS | 10/1/2014 | \$0.00 |
| 13131 | REPAIR OF WOUND (1.1 TO 2.5 CENTIMETERS) OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, | 10/1/2019 | \$120.20 |
| 13132 | REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, | 10/1/2019 | \$188.54 |
| 13133 | REPAIR OF WOUND OF FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITALS, HAN | 10/1/2014 | \$0.00 |
| 13151 | REPAIR OF WOUND (1.1 TO 2.5 CENTIMETERS) OF EYELIDS, NOSE, EARS, AND/OR LIPS | 10/1/2019 | \$188.54 |
| 13152 | REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF EYELIDS, NOSE, EARS, AND/OR LIPS | 10/1/2019 | \$188.54 |
| 13153 | REPAIR OF WOUND OF EYELIDS, NOSE, EARS, AND/OR LIPS | 10/1/2014 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 13160 | SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED | 10/1/2019 | \$750.21 |
| 14000 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS | 10/1/2019 | \$750.21 |
| 14001 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ | 10/1/2019 | \$750.21 |
| 14020 | TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF THE SCALP, ARMS, | 10/1/2019 | \$750.21 |
| 14021 | TISSUE TRANSFER REPAIR OF WOUND (10.1 TO 30.0 SQ CENTIMETERS) OF THE SCALP, ARMS | 10/1/2019 | \$750.21 |
| 14040 | TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF THE FOREHEAD, CHE | 10/1/2019 | \$750.21 |
| 14041 | TISSUE TRANSFER REPAIR OF WOUND (10.1 TO 30.0 SQ CENTIMETERS) OF THE FOREHEAD, C | 10/1/2019 | \$750.21 |
| 14060 | TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF EYELIDS, NOSE, EA | 10/1/2019 | \$750.21 |
| 14061 | TISSUE TRANSFER REPAIR OF WOUND (10.1 TO 30.0 SQ CENTIMETERS) OF EYELIDS, NOSE, | 10/1/2019 | \$750.21 |
| 14301 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA: DEFECT 30.1 SQ CM TO 60.0 S | 10/1/2019 | \$1,135.10 |
| 14302 | ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM | 10/1/2014 | \$0.00 |
| 14350 | FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE | 10/1/2019 | \$750.21 |
| 15002 | PREPARATION OF GRAFT SITE AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR 1% BODY AR | 10/1/2019 | \$750.21 |
| 15003 | PREPARATION OF GRAFT SITE AT TRUNK, ARMS, OR LEGS | 10/1/2014 | \$0.00 |
| 15004 | PREPARATION OF GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION | 10/1/2019 | \$188.54 |
| 15005 | PREPARATION OF GRAFT SITE OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION | 10/1/2014 | \$0.00 |
| 15040 | HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS | 10/1/2019 | \$750.21 |
| 15050 | PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER | 10/1/2019 | \$188.54 |
| 15100 | SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR LESS, OR 1% BODY ARE OF I | 10/1/2019 | \$750.21 |
| 15101 | SKIN GRAFT AT TRUNK, ARMS, OR LEGS | 10/1/2014 | \$0.00 |
| 15110 | SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR LESS, OR 1% BODY AREA OF | 10/1/2019 | \$750.21 |
| 15111 | SKIN GRAFT AT TRUNK, ARMS, OR LEGS | 10/1/2014 | \$0.00 |
| 15115 | SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN | 10/1/2019 | \$750.21 |
| 15116 | SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN | 10/1/2014 | \$0.00 |
| 15120 | SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN | 10/1/2019 | \$1,135.10 |
| 15121 | SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN | 10/1/2014 | \$0.00 |
| 15130 | SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 100 SQ CM OR LESS, OR 1% BODY AREA OF | 10/1/2019 | \$750.21 |
| 15131 | SKIN GRAFT AT TRUNK, ARMS, OR LEGS | 10/1/2014 | \$0.00 |
| 15135 | SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN | 10/1/2019 | \$1,135.10 |
| 15136 | SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN | 10/1/2014 | \$0.00 |
| 15150 | SKIN GRAFT AT TRUNK, ARMS, OR LEGS (FIRST 25 SQ CENTIMETERS OR LESS) | 10/1/2019 | \$750.21 |
| 15151 | SKIN GRAFT AT TRUNK, ARMS, OR LEGS | 10/1/2014 | \$0.00 |
| 15152 | SKIN GRAFT AT TRUNK, ARMS, OR LEGS | 10/1/2014 | \$0.00 |
| 15155 | SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN | 10/1/2019 | \$1,135.10 |
| 15156 | SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN | 10/1/2014 | \$0.00 |
| 15157 | SKIN GRAFT OF FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, EYE REGION, GENITALS, HAN | 10/1/2014 | \$0.00 |
| 15200 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 | 10/1/2019 | \$750.21 |
| 15201 | FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH | 10/1/2014 | \$0.00 |
| 15220 | RELOCATION OF PATIENT SKIN (20 SQ CENTIMETERS OR LESS) TO SCALP, ARMS, AND/OR LE | 10/1/2019 | \$750.21 |
| 15221 | RELOCATION OF PATIENT SKIN TO SCALP, ARMS, AND/OR LEGS | 10/1/2014 | \$0.00 |
| 15240 | RELOCATION OF PATIENT SKIN TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GE | 10/1/2019 | \$750.21 |
| 15241 | RELOCATION OF PATIENT SKIN TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GE | 10/1/2014 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 15260 | RELOCATION OF PATIENT SKIN TO NOSE, EARS, EYELIDS, AND/OR LIPS (20 SQ CENTIMETER | 10/1/2019 | \$750.21 |
| 15261 | RELOCATION OF PATIENT SKIN TO NOSE, EARS, EYELIDS, AND/OR LIPS | 10/1/2014 | \$0.00 |
| 15271 | APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO TRUNK, ARMS, O | 10/1/2019 | \$750.21 |
| 15272 | APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO TRUNK, ARMS, O | 10/1/2014 | \$0.00 |
| 15273 | APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREATER OR EQUAL TO 100 SQ CM) TO | 10/1/2019 | \$1,135.10 |
| 15274 | APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREATER OR EQUAL TO 100 SQ CM) TO | 10/1/2014 | \$0.00 |
| 15275 | APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO FACE, SCALP, E | 10/1/2019 | \$750.21 |
| 15276 | APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE UP TO 100 SQ CM) TO FACE, SCALP, E | 10/1/2014 | \$0.00 |
| 15277 | APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREAT THAN OR EQUAL TO 100 SQ CM) | 10/1/2019 | \$750.21 |
| 15278 | APPLICATION OF SKIN SUBSTITUTE (WOUND SURFACE GREAT THAN OR EQUAL TO 100 SQ CM) | 10/1/2014 | \$0.00 |
| 15570 | FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK | 10/1/2019 | \$750.21 |
| 15572 | CREATION OF FLAP GRAFT TO SCALP, ARMS, OR LEGS | 10/1/2019 | \$1,135.10 |
| 15574 | CREATION OF FLAP GRAFT TO FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, UNDERARMS, GENITA | 10/1/2019 | \$750.21 |
| 15576 | CREATION OF FLAP GRAFT TO EYELIDS, NOSE, EARS, LIPS, OR MOUTH | 10/1/2019 | \$750.21 |
| 15600 | DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK | 10/1/2019 | \$1,135.10 |
| 15610 | TRANSFER OF SKIN FLAP TO SCALP, ARMS, OR LEGS | 10/1/2019 | \$750.21 |
| 15620 | TRANSFER OF SKIN FLAP TO FOREHEAD, CHEEKS, CHIN, NECK, UNDERARMS, GENITALS, HAND | 10/1/2019 | \$750.21 |
| 15630 | TRANSFER OF SKIN FLAP TO EYELIDS, NOSE, EARS, OR LIPS | 10/1/2019 | \$750.21 |
| 15650 | TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING | 10/1/2019 | \$750.21 |
| 15730 | MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S | 10/1/2019 | \$1,135.10 |
| 15731 | CREATION OF FLAP GRAFT TO NOSE, FOREHEAD, TEMPLE, OR SCALP | 10/1/2019 | \$1,135.10 |
| 15733 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR | 10/1/2019 | \$1,135.10 |
| 15734 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK | 10/1/2019 | \$1,135.10 |
| 15736 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY | 10/1/2019 | \$750.21 |
| 15738 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY | 10/1/2019 | \$1,135.10 |
| 15740 | FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY | 10/1/2019 | \$750.21 |
| 15750 | FLAP; NEUROVASCULAR PEDICLE | 10/1/2019 | \$1,135.10 |
| 15760 | GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING | 10/1/2019 | \$750.21 |
| 15770 | "CREATION OF SKIN, FAT AND MUSCLE GRAFT" | 10/1/2019 | \$1,135.10 |
| 15777 | IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R | 10/1/2014 | \$0.00 |
| 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL | 10/1/2015 | \$0.00 |
| 15789 | CHEMICAL PEEL, FACIAL; DERMAL | 10/1/2019 | \$188.54 |
| 15792 | CHEMICAL PEEL, NONFACIAL; EPIDERMAL | 10/1/2015 | \$0.00 |
| 15793 | CHEMICAL PEEL, NONFACIAL; DERMAL | 10/1/2015 | \$0.00 |
| 15823 | BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID | 10/1/2019 | \$750.21 |
| 15830 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, | 10/1/2019 | \$1,685.87 |
| 15840 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA) | 10/1/2019 | \$1,135.10 |
| 15841 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT) | 10/1/2019 | \$1,135.10 |
| 15842 | GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE | 10/1/2019 | \$750.21 |
| 15845 | GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER | 10/1/2019 | \$1,135.10 |
| 15847 | EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (| 10/1/2014 | \$0.00 |
| 15850 | REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON | 10/1/2019 | \$188.54 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 15851 | REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON | 10/1/2019 | \$50.62 |
| 15852 | DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL) | 10/1/2015 | \$0.00 |
| 15860 | INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP | 10/1/2015 | \$0.00 |
| 15920 | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE | 10/1/2019 | \$835.14 |
| 15922 | EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE | 10/1/2019 | \$1,135.10 |
| 15931 | EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; | 10/1/2019 | \$421.98 |
| 15933 | EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY | 10/1/2019 | \$835.14 |
| 15934 | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; | 10/1/2019 | \$1,135.10 |
| 15935 | EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY | 10/1/2019 | \$1,135.10 |
| 15936 | EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP | 10/1/2019 | \$750.21 |
| 15937 | EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP | 10/1/2019 | \$750.21 |
| 15940 | EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; | 10/1/2019 | \$835.14 |
| 15941 | EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY | 10/1/2019 | \$835.14 |
| 15944 | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; | 10/1/2019 | \$1,135.10 |
| 15945 | EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY | 10/1/2019 | \$750.21 |
| 15946 | EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR | 10/1/2019 | \$750.21 |
| 15950 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; | 10/1/2019 | \$421.98 |
| 15951 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY | 10/1/2019 | \$835.14 |
| 15952 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; | 10/1/2019 | \$750.21 |
| 15953 | EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY | 10/1/2019 | \$1,135.10 |
| 15956 | EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR | 10/1/2019 | \$750.21 |
| 15958 | EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR | 10/1/2019 | \$1,135.10 |
| 16000 | INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI | 10/1/2015 | \$0.00 |
| 16020 | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; | 10/1/2016 | \$0.00 |
| 16025 | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; | 10/1/2019 | \$68.66 |
| 16030 | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; | 10/1/2019 | \$120.20 |
| 16035 | ESCHAROTOMY; INITIAL INCISION | 10/1/2019 | \$120.20 |
| 17000 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI | 10/1/2016 | \$0.00 |
| 17003 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, | 10/1/2014 | \$0.00 |
| 17004 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI | 10/1/2019 | \$73.27 |
| 17106 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); | 10/1/2019 | \$120.20 |
| 17107 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); | 10/1/2019 | \$188.54 |
| 17108 | DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); | 10/1/2019 | \$259.50 |
| 17110 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI | 10/1/2015 | \$0.00 |
| 17111 | DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, | 10/1/2016 | \$0.00 |
| 17250 | CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA) | 10/1/2016 | \$0.00 |
| 17260 | DESTRUCTION OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF TRUNK, ARMS, OR LEG | 10/1/2016 | \$0.00 |
| 17261 | DESTRUCTION OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS | 10/1/2016 | \$0.00 |
| 17262 | DESTRUCTION OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS | 10/1/2016 | \$0.00 |
| 17263 | DESTRUCTION OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS | 10/1/2016 | \$0.00 |
| 17264 | DESTRUCTION OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS | 10/1/2019 | \$95.65 |
| 17266 | DESTRUCTION OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF TRUNK, ARMS, OR LEGS | 10/1/2019 | \$104.70 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 17270 | DESTRUCTION OF MALIGNANT GROWTH (0.5 CENTIMETERS) OF SCALP, NECK, HANDS, FEET, O | 10/1/2019 | \$68.66 |
| 17271 | DESTRUCTION OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF SCALP, NECK, HANDS, | 10/1/2019 | \$68.66 |
| 17272 | DESTRUCTION OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF SCALP, NECK, HANDS, | 10/1/2016 | \$0.00 |
| 17273 | DESTRUCTION OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF SCALP, NECK, HANDS, | 10/1/2019 | \$94.32 |
| 17274 | DESTRUCTION OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF SCALP, NECK, HANDS, | 10/1/2019 | \$106.30 |
| 17276 | DESTRUCTION OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF SCALP, NECK, HANDS, FE | 10/1/2019 | \$117.49 |
| 17280 | DESTRUCTION OF MALIGNANT GROWTH (0.5 CENTIMETERS OR LESS) OF FACE, EARS, EYELIDS | 10/1/2016 | \$0.00 |
| 17281 | DESTRUCTION OF MALIGNANT GROWTH (0.6 TO 1.0 CENTIMETERS) OF FACE, EARS, EYELIDS, | 10/1/2019 | \$81.53 |
| 17282 | DESTRUCTION OF MALIGNANT GROWTH (1.1 TO 2.0 CENTIMETERS) OF FACE, EARS, EYELIDS, | 10/1/2019 | \$91.91 |
| 17283 | DESTRUCTION OF MALIGNANT GROWTH (2.1 TO 3.0 CENTIMETERS) OF FACE, EARS, EYELIDS, | 10/1/2019 | \$104.17 |
| 17284 | DESTRUCTION OF MALIGNANT GROWTH (3.1 TO 4.0 CENTIMETERS) OF FACE, EARS, EYELIDS, | 10/1/2019 | \$115.09 |
| 17286 | DESTRUCTION OF MALIGNANT GROWTH (OVER 4.0 CENTIMETERS) OF FACE, EARS, EYELIDS, N | 10/1/2019 | \$136.14 |
| 17311 | REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE HEAD, NECK, HANDS, FEET, OR | 10/1/2019 | \$188.54 |
| 17312 | REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE HEAD, NECK, HANDS, FEET, OR | 10/1/2014 | \$0.00 |
| 17313 | REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE TRUNK, ARMS, OR LEGS (FIRST | 10/1/2019 | \$188.54 |
| 17314 | REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE TRUNK, ARMS, OR LEGS | 10/1/2014 | \$0.00 |
| 17315 | REMOVAL AND MICROSCOPIC EXAMINATION OF GROWTH OF THE TRUNK, ARMS, OR LEGS | 10/1/2014 | \$0.00 |
| 17340 | CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE | 10/1/2015 | \$0.00 |
| 19000 | PUNCTURE ASPIRATION OF CYST OF BREAST; | 10/1/2019 | \$57.82 |
| 19001 | PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN | 10/1/2014 | \$0.00 |
| 19020 | MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP | 10/1/2019 | \$421.98 |
| 19030 | INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM | 10/1/2012 | \$0.00 |
| 19081 | BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL | 10/1/2019 | \$421.98 |
| 19082 | BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL | 1/1/2014 | \$0.00 |
| 19083 | BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL | 10/1/2019 | \$421.98 |
| 19084 | BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL | 1/1/2014 | \$0.00 |
| 19085 | BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL | 10/1/2019 | \$421.98 |
| 19086 | BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL | 1/1/2014 | \$0.00 |
| 19100 | BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT | 10/1/2019 | \$421.98 |
| 19101 | BIOPSY OF BREAST, OPEN PROCEDURE | 10/1/2019 | \$825.49 |
| 19105 | ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIB | 10/1/2019 | \$1,198.87 |
| 19110 | NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR | 10/1/2019 | \$825.49 |
| 19112 | EXCISION OF LACTIFEROUS DUCT FISTULA | 10/1/2019 | \$825.49 |
| 19120 | REMOVAL OF 1 OR MORE BREAST GROWTH, OPEN PROCEDURE | 10/1/2019 | \$825.49 |
| 19125 | REMOVAL OF BREAST GROWTH, OPEN PROCEDURE | 10/1/2019 | \$825.49 |
| 19126 | REMOVAL OF GROWTH OF CHEST WALL AND RIBS, OPEN PROCEDURE | 10/1/2014 | \$0.00 |
| 19281 | PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED | 1/1/2014 | \$0.00 |
| 19282 | PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED | 1/1/2014 | \$0.00 |
| 19283 | PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED | 1/1/2014 | \$0.00 |
| 19284 | PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED | 1/1/2014 | \$0.00 |
| 19285 | PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED | 1/1/2014 | \$0.00 |
| 19286 | PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED | 1/1/2014 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| 19287 | PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEED | 1/1/2014 | \$0.00 |
| 19288 | PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE/NEED | 1/1/2014 | \$0.00 |
| 19294 | PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FO | 12/1/1990 | \$0.00 |
| 19296 | PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN | 10/1/2019 | \$3,655.48 |
| 19297 | PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN | 10/1/2015 | \$0.00 |
| 19298 | PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE | 10/1/2019 | \$1,685.87 |
| 19300 | MASTECTOMY FOR GYNECOMASTIA | 10/1/2019 | \$825.49 |
| 19301 | MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY); | 10/1/2019 | \$825.49 |
| 19302 | MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY); | 10/1/2019 | \$1,685.87 |
| 19303 | MASTECTOMY, SIMPLE, COMPLETE | 10/1/2019 | \$1,685.87 |
| 19304 | REMOVAL OF TUMOR AND BREAST TISSUE, ACCESSED BENEATH THE SKIN | 10/1/2019 | \$825.49 |
| 19316 | MASTOPEXY | 10/1/2019 | \$1,685.87 |
| 19318 | REDUCTION MAMMAPLASTY | 10/1/2019 | \$1,685.87 |
| 19325 | MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT | 10/1/2019 | \$2,417.06 |
| 19328 | REMOVAL OF INTACT MAMMARY IMPLANT | 10/1/2019 | \$825.49 |
| 19330 | REMOVAL OF MAMMARY IMPLANT MATERIAL | 10/1/2019 | \$825.49 |
| 19340 | INSERTION OF BREAST PROSTHESIS AT TIME OF BREAST REPOSITIONING, REMOVAL OR RECON | 10/1/2019 | \$1,685.87 |
| 19342 | INSERTION OF BREAST PROSTHESIS FOLLOWING BREAST REPOSITIONING, REMOVAL OR RECONS | 10/1/2019 | \$2,417.06 |
| 19350 | NIPPLE/AREOLA RECONSTRUCTION | 10/1/2019 | \$825.49 |
| 19355 | CORRECTION OF INVERTED NIPPLES | 10/1/2019 | \$825.49 |
| 19357 | BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING | 10/1/2019 | \$4,192.70 |
| 19366 | BREAST RECONSTRUCTION WITH OTHER TECHNIQUE | 10/1/2019 | \$1,685.87 |
| 19370 | INCISION OF CAPSULE SURROUNDING BREAST WITH FREEING OF SCAR TISSUE, OPEN PROCEDU | 10/1/2019 | \$825.49 |
| 19371 | PERIPROSTHETIC CAPSULECTOMY, BREAST | 10/1/2019 | \$825.49 |
| 19380 | REVISION OF RECONSTRUCTED BREAST | 10/1/2019 | \$1,685.87 |
| 19396 | PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT | 10/1/2019 | \$825.49 |
| 20103 | EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY | 10/1/2019 | \$226.00 |
| 20150 | EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH | 10/1/2019 | \$996.47 |
| 20200 | BIOPSY, MUSCLE; SUPERFICIAL | 10/1/2019 | \$421.98 |
| 20205 | BIOPSY, MUSCLE; DEEP | 10/1/2019 | \$835.14 |
| 20206 | NEEDLE BIOPSY OF MUSCLE, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$421.98 |
| 20220 | BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS | 10/1/2019 | \$421.98 |
| 20225 | BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR) | 10/1/2019 | \$421.98 |
| 20240 | BIOPSY OF BONE, OPEN PROCEDURE | 10/1/2019 | \$835.14 |
| 20245 | BIOPSY OF BONE, OPEN PROCEDURE | 10/1/2019 | \$835.14 |
| 20250 | BIOPSY OF SPINE BONE AT MIDDLE SPINAL COLUMN, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 20251 | BIOPSY OF SPINE BONE AT UPPER OR LOWER SPINAL COLUMN, OPEN PROCEDURE | 10/1/2019 | \$2,425.24 |
| 20500 | INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE) | 10/1/2019 | \$44.76 |
| 20501 | INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM) | 10/1/2012 | \$0.00 |
| 20520 | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE | 10/1/2019 | \$98.84 |
| 20525 | REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED | 10/1/2019 | \$835.14 |
| 20526 | INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL | 10/1/2019 | \$29.31 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 20527 | INJECTION OF ENZYME IN PALM TISSUE | 10/1/2019 | \$32.23 |
| 20550 | INJECTIONS OF TENDON SHEATH, LIGAMENT, OR MUSCLE MEMBRANE | 10/1/2019 | \$17.85 |
| 20551 | INJECTION(S); SINGLE TENDON ORIGIN/INSERTION | 10/1/2019 | \$18.65 |
| 20552 | INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S) | 10/1/2019 | \$22.38 |
| 20553 | INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S) | 10/1/2019 | \$26.11 |
| 20555 | PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT | 10/1/2019 | \$996.47 |
| 20600 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS, | 10/1/2019 | \$17.05 |
| 20604 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS, | 10/1/2019 | \$29.57 |
| 20605 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG, | 10/1/2019 | \$18.11 |
| 20606 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TE | 10/1/2019 | \$31.97 |
| 20610 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, | 10/1/2019 | \$21.31 |
| 20611 | ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT, OR BURSA (EG, SHOULDER | 10/1/2019 | \$36.23 |
| 20612 | ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION | 10/1/2019 | \$24.51 |
| 20615 | ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST | 10/1/2019 | \$114.83 |
| 20650 | INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING | 10/1/2019 | \$996.47 |
| 20662 | APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC | 10/1/2019 | \$536.67 |
| 20663 | APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL | 10/1/2019 | \$996.47 |
| 20665 | REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL | 10/1/2019 | \$169.54 |
| 20670 | REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE | 10/1/2019 | \$421.98 |
| 20680 | REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR | 10/1/2019 | \$835.14 |
| 20690 | APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIX | 10/1/2019 | \$3,119.42 |
| 20692 | APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, | 10/1/2019 | \$7,152.04 |
| 20693 | ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, | 10/1/2019 | \$2,425.24 |
| 20694 | REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM | 10/1/2019 | \$536.67 |
| 20696 | APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX | 10/1/2019 | \$9,997.21 |
| 20697 | APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX | 10/1/2019 | \$536.67 |
| 20822 | REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON | 10/1/2019 | \$536.67 |
| 20900 | BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON) | 10/1/2019 | \$2,425.24 |
| 20902 | BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE | 10/1/2019 | \$2,425.24 |
| 20910 | CARTILAGE GRAFT; COSTOCHONDRAL | 10/1/2019 | \$188.54 |
| 20912 | CARTILAGE GRAFT; NASAL SEPTUM | 10/1/2019 | \$1,135.10 |
| 20920 | FASCIA LATA GRAFT; BY STRIPPER | 10/1/2019 | \$750.21 |
| 20922 | FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET | 10/1/2019 | \$750.21 |
| 20924 | TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS) | 10/1/2019 | \$2,425.24 |
| 20926 | TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS) | 10/1/2019 | \$1,135.10 |
| 20930 | ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGER | 10/1/2013 | \$0.00 |
| 20931 | ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CO | 10/1/2013 | \$0.00 |
| 20932 | ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN P | 12/1/1990 | \$0.00 |
| 20933 | ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN P | 12/1/1990 | \$0.00 |
| 20934 | ALLOGRAFT, INCLUDES TEMPLATING, CUTTING, PLACEMENT AND INTERNAL FIXATION, WHEN P | 12/1/1990 | \$0.00 |
| 20936 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB | 10/1/2017 | \$0.00 |
| 20937 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (TH | 10/1/2017 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| 20938 | AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI | 10/1/2017 | \$0.00 |
| 20939 | BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE S | 12/1/1990 | \$0.00 |
| 20950 | MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WIC | 10/1/2019 | \$226.00 |
| 20972 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL | 10/1/2019 | \$2,425.24 |
| 20973 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB | 10/1/2019 | \$2,425.24 |
| 20975 | ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE) | 10/1/2012 | \$0.00 |
| 20979 | LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERAT | 10/1/2015 | \$0.00 |
| 20982 | DESTRUCTION OF 1 OR MORE BONE GROWTHS ACCESSED THROUGH THE SKIN | 10/1/2019 | \$2,425.24 |
| 20983 | DESTRUCTION OF 1 OR MORE BONE GROWTHS, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$2,425.24 |
| 21010 | ARTHROTOMY, TEMPOROMANDIBULAR JOINT | 10/1/2019 | \$756.10 |
| 21011 | EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM | 10/1/2019 | \$175.84 |
| 21012 | EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER | 10/1/2019 | \$421.98 |
| 21013 | EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA | 10/1/2019 | \$230.72 |
| 21014 | EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAM | 10/1/2019 | \$835.14 |
| 21015 | REMOVAL OF (LESS THAN 2 CENTIMETERS) SOFT TISSUE GROWTH OF FACE OR SCALP | 10/1/2019 | \$835.14 |
| 21016 | REMOVAL OF (2 CENTIMETERS OR GREATER) SOFT TISSUE GROWTH OF FACE OR SCALP | 10/1/2019 | \$835.14 |
| 21025 | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE | 10/1/2019 | \$1,714.58 |
| 21026 | EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S) | 10/1/2019 | \$1,714.58 |
| 21029 | REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA) | 10/1/2019 | \$756.10 |
| 21030 | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND | 10/1/2019 | \$237.38 |
| 21031 | EXCISION OF TORUS MANDIBULARIS | 10/1/2019 | \$198.75 |
| 21032 | EXCISION OF MAXILLARY TORUS PALATINUS | 10/1/2019 | \$199.55 |
| 21034 | EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA | 10/1/2019 | \$1,714.58 |
| 21040 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE | 10/1/2019 | \$756.10 |
| 21044 | EXCISION OF MALIGNANT TUMOR OF MANDIBLE; | 10/1/2019 | \$1,714.58 |
| 21046 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY | 10/1/2019 | \$1,714.58 |
| 21047 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY | 10/1/2019 | \$1,714.58 |
| 21048 | EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY | 10/1/2019 | \$1,714.58 |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE) | 10/1/2019 | \$1,714.58 |
| 21060 | MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE) | 10/1/2019 | \$1,714.58 |
| 21070 | CORONOIDECTOMY (SEPARATE PROCEDURE) | 10/1/2019 | \$1,714.58 |
| 21073 | MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES | 10/1/2019 | \$186.50 |
| 21076 | IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS | 10/1/2019 | \$318.37 |
| 21077 | IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS | 10/1/2019 | \$782.75 |
| 21079 | IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS | 10/1/2019 | \$548.03 |
| 21080 | IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS | 10/1/2019 | \$626.09 |
| 21081 | IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS | 10/1/2019 | \$581.33 |
| 21082 | IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS | 10/1/2019 | \$559.22 |
| 21083 | IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS | 10/1/2019 | \$550.43 |
| 21084 | IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS | 10/1/2019 | \$618.89 |
| 21085 | IMPRESSION AND CUSTOM PREPARATION OF ORAL SURGICAL SPLINT | 10/1/2019 | \$79.80 |
| 21086 | IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS | 10/1/2019 | \$585.86 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 21087 | IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS | 10/1/2019 | \$585.86 |
| 21088 | IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS | 10/1/2019 | \$756.10 |
| 21100 | APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL | 10/1/2019 | \$1,714.58 |
| 21110 | APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE | 10/1/2019 | \$440.03 |
| 21116 | INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY | 10/1/2012 | \$0.00 |
| 21120 | GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL) | 10/1/2019 | \$1,714.58 |
| 21121 | GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE | 10/1/2019 | \$756.10 |
| 21122 | GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION | 10/1/2019 | \$1,714.58 |
| 21123 | GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES | 10/1/2019 | \$756.10 |
| 21125 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL | 10/1/2019 | \$1,714.58 |
| 21127 | AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR | 10/1/2019 | \$1,714.58 |
| 21137 | REDUCTION FOREHEAD; CONTOURING ONLY | 10/1/2019 | \$756.10 |
| 21138 | REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE | 10/1/2019 | \$1,714.58 |
| 21139 | REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL | 10/1/2019 | \$1,714.58 |
| 21150 | RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS | 10/1/2019 | \$1,714.58 |
| 21181 | RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS | 10/1/2019 | \$1,714.58 |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL; | 10/1/2019 | \$1,714.58 |
| 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT | 10/1/2019 | \$1,714.58 |
| 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD) | 10/1/2019 | \$1,714.58 |
| 21208 | OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC | 10/1/2019 | \$1,714.58 |
| 21209 | OSTEOPLASTY, FACIAL BONES; REDUCTION | 10/1/2019 | \$1,714.58 |
| 21210 | GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT) | 10/1/2019 | \$1,714.58 |
| 21215 | GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT) | 10/1/2019 | \$1,714.58 |
| 21230 | GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES | 10/1/2019 | \$1,714.58 |
| 21235 | GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT) | 10/1/2019 | \$1,714.58 |
| 21240 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES | 10/1/2019 | \$1,714.58 |
| 21242 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT | 10/1/2019 | \$1,714.58 |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT | 10/1/2019 | \$11,484.62 |
| 21244 | RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, | 10/1/2019 | \$2,406.92 |
| 21245 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL | 10/1/2019 | \$1,714.58 |
| 21246 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE | 10/1/2019 | \$1,714.58 |
| 21248 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); | 10/1/2019 | \$1,714.58 |
| 21249 | RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); | 10/1/2019 | \$1,714.58 |
| 21260 | PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; | 10/1/2019 | \$1,714.58 |
| 21267 | PLASTIC REPOSITIONING OF EYE SOCKET BONES ON ONE SIDE OF THE FACE WITH BONE GRAF | 10/1/2019 | \$1,714.58 |
| 21270 | MALAR AUGMENTATION, PROSTHETIC MATERIAL | 10/1/2019 | \$1,714.58 |
| 21275 | SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION | 10/1/2019 | \$1,714.58 |
| 21280 | MEDIAL CANTHOPEXY (SEPARATE PROCEDURE) | 10/1/2019 | \$756.10 |
| 21282 | LATERAL CANTHOPEXY | 10/1/2019 | \$756.10 |
| 21295 | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC | 10/1/2019 | \$440.03 |
| 21296 | REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC | 10/1/2019 | \$756.10 |
| 21310 | CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| 21315 | CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION | 10/1/2019 | \$440.03 |
| 21320 | CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION | 10/1/2019 | \$756.10 |
| 21325 | OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED | 10/1/2019 | \$756.10 |
| 21330 | OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL | 10/1/2019 | \$1,714.58 |
| 21335 | OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED | 10/1/2019 | \$756.10 |
| 21336 | OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION | 10/1/2019 | \$996.47 |
| 21337 | CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION | 10/1/2019 | \$756.10 |
| 21338 | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION | 10/1/2019 | \$2,426.01 |
| 21339 | OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION | 10/1/2019 | \$1,714.58 |
| 21340 | TREATMENT OF BROKEN EYE SOCKET AND NASAL BONES, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$756.10 |
| 21345 | CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH | 10/1/2019 | \$440.03 |
| 21355 | TREATMENT OF BROKEN LOWER AND UPPER CHEEK BONES WITH MANIPULATION, ACCESSED THRO | 10/1/2019 | \$756.10 |
| 21356 | OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPROACH) | 10/1/2019 | \$1,714.58 |
| 21360 | OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR | 10/1/2019 | \$1,714.58 |
| 21390 | OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH | 10/1/2019 | \$1,714.58 |
| 21400 | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION | 10/1/2019 | \$187.04 |
| 21401 | CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATION | 10/1/2019 | \$440.03 |
| 21406 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT | 10/1/2019 | \$1,714.58 |
| 21407 | OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT | 10/1/2019 | \$1,714.58 |
| 21421 | CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH | 10/1/2019 | \$756.10 |
| 21440 | CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE | 10/1/2019 | \$354.87 |
| 21445 | OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE | 10/1/2019 | \$1,714.58 |
| 21450 | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$187.04 |
| 21451 | CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION | 10/1/2019 | \$440.03 |
| 21452 | TREATMENT OF BROKEN JAW BONE WITH PLACEMENT OF EXTERNAL HARDWARE, ACCESSED THROU | 10/1/2019 | \$1,714.58 |
| 21453 | CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION | 10/1/2019 | \$1,714.58 |
| 21454 | OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION | 10/1/2019 | \$2,314.85 |
| 21461 | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION | 10/1/2019 | \$2,209.91 |
| 21462 | OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION | 10/1/2019 | \$2,322.88 |
| 21465 | OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE | 10/1/2019 | \$1,714.58 |
| 21480 | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT | 10/1/2019 | \$86.14 |
| 21485 | CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT | 10/1/2019 | \$440.03 |
| 21490 | OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION | 10/1/2019 | \$756.10 |
| 21497 | INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE | 10/1/2019 | \$440.03 |
| 21501 | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; | 10/1/2019 | \$835.14 |
| 21502 | INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR | 10/1/2019 | \$996.47 |
| 21550 | BIOPSY, SOFT TISSUE OF NECK OR THORAX | 10/1/2019 | \$421.98 |
| 21552 | EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR G | 10/1/2019 | \$835.14 |
| 21554 | EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUS | 10/1/2019 | \$835.14 |
| 21555 | EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN | 10/1/2019 | \$421.98 |
| 21556 | EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMU | 10/1/2019 | \$835.14 |
| 21557 | REMOVAL OF (LESS THAN 5 CENTIMETERS) GROWTH OF NECK OR FRONT OF CHEST | 10/1/2019 | \$835.14 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 21558 | REMOVAL OF (5 CENTIMETERS OR GREATER) GROWTH OF NECK OR FRONT OF CHEST | 10/1/2019 | \$835.14 |
| 21600 | EXCISION OF RIB, PARTIAL | 10/1/2019 | \$2,425.24 |
| 21610 | COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE) | 10/1/2019 | \$996.47 |
| 21685 | HYOID MYOTOMY AND SUSPENSION | 10/1/2019 | \$1,714.58 |
| 21700 | DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB | 10/1/2019 | \$996.47 |
| 21720 | RELEASE OF TENDONS OF NECK MUSCLE, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 21725 | RELEASE OF TENDONS OF NECK MUSCLE WITH CAST APPLICATION, OPEN PROCEDURE | 10/1/2019 | \$226.00 |
| 21820 | CLOSED TREATMENT OF STERNUM FRACTURE | 10/1/2019 | \$86.14 |
| 21920 | BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL | 10/1/2019 | \$129.75 |
| 21925 | BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP | 10/1/2019 | \$421.98 |
| 21930 | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM | 10/1/2019 | \$421.98 |
| 21931 | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER | 10/1/2019 | \$421.98 |
| 21932 | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); L | 10/1/2019 | \$835.14 |
| 21933 | EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); | 10/1/2019 | \$835.14 |
| 21935 | REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF BACK OR FLANK | 10/1/2019 | \$835.14 |
| 21936 | REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF BACK OR FLANK | 10/1/2019 | \$835.14 |
| 22010 | DRAINAGE OF ABSCESS OF UPPER OR MIDDLE SPINE, OPEN CHEST PROCEDURE | 10/1/2014 | \$711.68 |
| 22102 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA | 10/1/2019 | \$2,425.24 |
| 22103 | PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA | 10/1/2014 | \$0.00 |
| 22310 | CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING | 10/1/2019 | \$86.14 |
| 22315 | CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED SPINE BONES WITH CASTING AND/OR BRA | 10/1/2019 | \$996.47 |
| 22505 | MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION | 10/1/2019 | \$536.67 |
| 22510 | PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B | 10/1/2019 | \$996.47 |
| 22511 | PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B | 10/1/2019 | \$996.47 |
| 22512 | PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B | 1/1/2015 | \$0.00 |
| 22513 | PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI | 10/1/2019 | \$2,425.24 |
| 22514 | PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI | 10/1/2019 | \$2,425.24 |
| 22515 | PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI | 1/1/2015 | \$0.00 |
| 22551 | FUSION OF SPINE BONES WITH REMOVAL OF DISC AT UPPER SPINAL COLUMN, ANTERIOR APPR | 10/1/2019 | \$6,967.90 |
| 22552 | FUSION OF SPINE BONES WITH REMOVAL OF DISC IN UPPER SPINAL COLUMN BELOW SECOND V | 10/1/2017 | \$0.00 |
| 22554 | FUSION OF SPINE BONES WITH REMOVAL OF DISC AT UPPER SPINAL COLUMN, ANTERIOR APPR | 10/1/2019 | \$6,894.77 |
| 22585 | FUSION OF SPINE BONES WITH REMOVAL OF DISC, ANTERIOR APPROACH | 10/1/2017 | \$0.00 |
| 22612 | FUSION OF LOWER SPINE BONES, POSTERIOR OR POSTEROLATERAL APPROACH | 10/1/2019 | \$5,202.97 |
| 22614 | FUSION OF SPINE BONES, POSTERIOR OR POSTEROLATERAL APPROACH | 10/1/2015 | \$0.00 |
| 22840 | INSERTION OF POSTERIOR SPINAL INSTRUMENTATION AT BASE OF NECK FOR STABILIZATION, | 10/1/2017 | \$0.00 |
| 22842 | INSERTION OF POSTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 3 TO 6 V | 10/1/2017 | \$0.00 |
| 22845 | INSERTION OF ANTERIOR SPINAL INSTRUMENTATION FOR SPINAL STABILIZATION, 2 TO 3 VE | 10/1/2017 | \$0.00 |
| 22849 | REINSERTION OF SPINAL FIXATION DEVICE | 10/1/2014 | \$988.01 |
| 22850 | REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD) | 10/1/2014 | \$546.36 |
| 22852 | REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION | 10/1/2014 | \$522.14 |
| 22853 | INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH I | 1/1/2017 | \$0.00 |
| 22854 | INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) W | 1/1/2017 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 22856 | INSERTION OF ARTIFICIAL UPPER SPINE DISC, ANTERIOR APPROACH | 10/1/2019 | \$10,962.72 |
| 22858 | TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO | 10/1/2018 | \$0.00 |
| 22859 | INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, M | 1/1/2017 | \$0.00 |
| 22867 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, | 10/1/2019 | \$11,121.91 |
| 22868 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, | 1/1/2017 | \$0.00 |
| 22869 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, | 10/1/2019 | \$11,892.23 |
| 22870 | INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, | 1/1/2017 | \$0.00 |
| 22900 | EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); | 10/1/2019 | \$835.14 |
| 22901 | EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG,INTRAMUSCULAR); 5 | 10/1/2019 | \$835.14 |
| 22902 | EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM | 10/1/2019 | \$421.98 |
| 22903 | EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER | 10/1/2019 | \$835.14 |
| 22904 | REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH IN ABDOMINAL WALL | 10/1/2019 | \$835.14 |
| 22905 | REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH IN ABDOMINAL WALL | 10/1/2019 | \$835.14 |
| 23000 | REMOVAL OF CALCIUM DEPOSITS AT ROTATOR CUFF TENDONS, OPEN PROCEDURE | 10/1/2019 | \$835.14 |
| 23020 | CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE) | 10/1/2019 | \$996.47 |
| 23030 | INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA | 10/1/2019 | \$835.14 |
| 23031 | INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA | 10/1/2019 | \$421.98 |
| 23035 | INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA | 10/1/2019 | \$536.67 |
| 23040 | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF | 10/1/2019 | \$996.47 |
| 23044 | ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, | 10/1/2019 | \$996.47 |
| 23065 | BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL | 10/1/2019 | \$98.04 |
| 23066 | BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP | 10/1/2019 | \$835.14 |
| 23071 | EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER | 10/1/2019 | \$421.98 |
| 23073 | EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 | 10/1/2019 | \$835.14 |
| 23075 | EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM | 10/1/2019 | \$421.98 |
| 23076 | EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); L | 10/1/2019 | \$835.14 |
| 23077 | REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF SHOULDER AREA | 10/1/2019 | \$835.14 |
| 23078 | REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF SHOULDER AREA | 10/1/2019 | \$835.14 |
| 23100 | ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY | 10/1/2019 | \$996.47 |
| 23101 | INCISION TO REPAIR JOINTS BETWEEN SHOULDER, CHEST AND COLLAR BONES | 10/1/2019 | \$996.47 |
| 23105 | ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY | 10/1/2019 | \$2,425.24 |
| 23106 | ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY | 10/1/2019 | \$996.47 |
| 23107 | ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL | 10/1/2019 | \$2,425.24 |
| 23120 | CLAVICULECTOMY; PARTIAL | 10/1/2019 | \$996.47 |
| 23125 | CLAVICULECTOMY; TOTAL | 10/1/2019 | \$996.47 |
| 23130 | ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL | 10/1/2019 | \$996.47 |
| 23140 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; | 10/1/2019 | \$996.47 |
| 23145 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH | 10/1/2019 | \$996.47 |
| 23146 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH | 10/1/2019 | \$2,425.24 |
| 23150 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; | 10/1/2019 | \$996.47 |
| 23155 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH | 10/1/2019 | \$2,425.24 |
| 23156 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH | 10/1/2019 | \$2,425.24 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 23170 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE | 10/1/2019 | \$996.47 |
| 23172 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA | 10/1/2019 | \$996.47 |
| 23174 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO | 10/1/2019 | \$996.47 |
| 23180 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 10/1/2019 | \$996.47 |
| 23182 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 10/1/2019 | \$996.47 |
| 23184 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 10/1/2019 | \$2,425.24 |
| 23190 | OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) | 10/1/2019 | \$996.47 |
| 23195 | RESECTION, HUMERAL HEAD | 10/1/2019 | \$2,425.24 |
| 23330 | REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE SKIN | 10/1/2019 | \$226.00 |
| 23333 | REMOVAL OF FOREIGN BODY OF SHOULDER JOINT, ACCESSED BENEATH THE TISSUE OR MUSCLE | 10/1/2019 | \$421.98 |
| 23334 | REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUME | 10/1/2019 | \$835.14 |
| 23350 | INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER | 10/1/2012 | \$0.00 |
| 23395 | MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE | 10/1/2019 | \$2,425.24 |
| 23397 | MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE | 10/1/2019 | \$2,425.24 |
| 23400 | SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS) | 10/1/2019 | \$2,425.24 |
| 23405 | TENOTOMY, SHOULDER AREA; SINGLE TENDON | 10/1/2019 | \$2,425.24 |
| 23406 | TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION | 10/1/2019 | \$996.47 |
| 23410 | REPAIR OF TORN TENDONS OF SHOULDER, OPEN PROCEDURE | 10/1/2019 | \$2,425.24 |
| 23412 | REPAIR OF TORN TENDONS OF SHOULDER, OPEN PROCEDURE | 10/1/2019 | \$2,425.24 |
| 23415 | CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY | 10/1/2019 | \$2,425.24 |
| 23420 | RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES | 10/1/2019 | \$2,425.24 |
| 23430 | TENODESIS OF LONG TENDON OF BICEPS | 10/1/2019 | \$2,425.24 |
| 23440 | RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS | 10/1/2019 | \$996.47 |
| 23450 | CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION | 10/1/2019 | \$2,425.24 |
| 23455 | CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE) | 10/1/2019 | \$2,425.24 |
| 23460 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK | 10/1/2019 | \$2,425.24 |
| 23462 | CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER | 10/1/2019 | \$2,425.24 |
| 23465 | CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK | 10/1/2019 | \$2,425.24 |
| 23466 | CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY | 10/1/2019 | \$2,425.24 |
| 23480 | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; | 10/1/2019 | \$2,425.24 |
| 23485 | OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR | 10/1/2019 | \$6,791.85 |
| 23490 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT | 10/1/2019 | \$2,425.24 |
| 23491 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT | 10/1/2019 | \$5,202.97 |
| 23500 | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 23505 | CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 23515 | OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME | 10/1/2019 | \$3,131.83 |
| 23520 | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION | 10/1/2019 | \$536.67 |
| 23525 | CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION | 10/1/2019 | \$86.14 |
| 23530 | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; | 10/1/2019 | \$2,425.24 |
| 23532 | OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL | 10/1/2019 | \$2,425.24 |
| 23540 | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 23545 | CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION | 10/1/2019 | \$86.14 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 23550 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; | 10/1/2019 | \$2,425.24 |
| 23552 | OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL | 10/1/2019 | \$3,080.27 |
| 23570 | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 23575 | CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT | 10/1/2019 | \$536.67 |
| 23585 | OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) INCLUDES INTERNA | 10/1/2019 | \$2,425.24 |
| 23600 | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; | 10/1/2019 | \$86.14 |
| 23605 | CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; | 10/1/2019 | \$536.67 |
| 23615 | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU | 10/1/2019 | \$6,874.19 |
| 23616 | OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU | 10/1/2019 | \$10,810.33 |
| 23620 | CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 23625 | CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 23630 | OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATIO | 10/1/2019 | \$2,425.24 |
| 23650 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA | 10/1/2019 | \$86.14 |
| 23655 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING | 10/1/2019 | \$536.67 |
| 23660 | OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION | 10/1/2019 | \$2,425.24 |
| 23665 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL | 10/1/2019 | \$536.67 |
| 23670 | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROS | 10/1/2019 | \$2,425.24 |
| 23675 | CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK | 10/1/2019 | \$536.67 |
| 23680 | OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTUR | 10/1/2019 | \$6,976.72 |
| 23700 | MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION | 10/1/2019 | \$536.67 |
| 23800 | ARTHRODESIS, GLENOHUMERAL JOINT; | 10/1/2019 | \$2,425.24 |
| 23802 | ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING | 10/1/2019 | \$5,202.97 |
| 23921 | REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF SHOULDER | 10/1/2019 | \$750.21 |
| 23930 | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA | 10/1/2019 | \$421.98 |
| 23931 | INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA | 10/1/2019 | \$421.98 |
| 23935 | INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE | 10/1/2019 | \$996.47 |
| 24000 | INCISION OF ELBOW WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY | 10/1/2019 | \$996.47 |
| 24006 | ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE | 10/1/2019 | \$996.47 |
| 24065 | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL | 10/1/2019 | \$131.62 |
| 24066 | BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR | 10/1/2019 | \$835.14 |
| 24071 | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR G | 10/1/2019 | \$835.14 |
| 24073 | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG,INTRAMUS | 10/1/2019 | \$835.14 |
| 24075 | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN | 10/1/2019 | \$421.98 |
| 24076 | EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMU | 10/1/2019 | \$835.14 |
| 24077 | REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF UPPER ARM OR ELBOW | 10/1/2019 | \$835.14 |
| 24079 | REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF UPPER ARM OR ELBOW | 10/1/2019 | \$835.14 |
| 24100 | ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY | 10/1/2019 | \$996.47 |
| 24101 | ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR | 10/1/2019 | \$996.47 |
| 24102 | ARTHROTOMY, ELBOW; WITH SYNOVECTOMY | 10/1/2019 | \$996.47 |
| 24105 | EXCISION, OLECRANON BURSA | 10/1/2019 | \$996.47 |
| 24110 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; | 10/1/2019 | \$996.47 |
| 24115 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT | 10/1/2019 | \$3,510.53 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 24116 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT | 10/1/2019 | \$2,425.24 |
| 24120 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR | 10/1/2019 | \$996.47 |
| 24125 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR | 10/1/2019 | \$996.47 |
| 24126 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR | 10/1/2019 | \$3,446.94 |
| 24130 | EXCISION, RADIAL HEAD | 10/1/2019 | \$996.47 |
| 24134 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS | 10/1/2019 | \$2,425.24 |
| 24136 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK | 10/1/2019 | \$996.47 |
| 24138 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS | 10/1/2019 | \$2,425.24 |
| 24140 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 10/1/2019 | \$996.47 |
| 24145 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 10/1/2019 | \$2,425.24 |
| 24147 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 10/1/2019 | \$996.47 |
| 24149 | RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH | 10/1/2019 | \$2,425.24 |
| 24152 | RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK | 10/1/2019 | \$2,425.24 |
| 24155 | RESECTION OF ELBOW JOINT (ARTHRECTOMY) | 10/1/2019 | \$996.47 |
| 24160 | REMOVAL OF ELBOW JOINT HARDWARE | 10/1/2019 | \$996.47 |
| 24164 | REMOVAL OF HARDWARE OF FOREARM BONE AT ELBOW JOINT | 10/1/2019 | \$996.47 |
| 24200 | REMOVAL OF FOREIGN BODY OF UPPER ARM OR ELBOW AREA, ACCESSED BENEATH THE SKIN | 10/1/2019 | \$104.97 |
| 24201 | REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA | 10/1/2019 | \$835.14 |
| 24220 | INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY | 10/1/2012 | \$0.00 |
| 24300 | MANIPULATION, ELBOW, UNDER ANESTHESIA | 10/1/2019 | \$536.67 |
| 24301 | MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING | 10/1/2019 | \$2,425.24 |
| 24305 | TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON | 10/1/2019 | \$996.47 |
| 24310 | INCISION OF TENDON LOCATED FROM ELBOW TO SHOULDER, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 24320 | TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO | 10/1/2019 | \$2,425.24 |
| 24330 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); | 10/1/2019 | \$996.47 |
| 24331 | FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT | 10/1/2019 | \$2,425.24 |
| 24332 | TENOLYSIS, TRICEPS | 10/1/2019 | \$996.47 |
| 24340 | TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE) | 10/1/2019 | \$2,425.24 |
| 24341 | REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR | 10/1/2019 | \$2,425.24 |
| 24342 | REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT | 10/1/2019 | \$2,425.24 |
| 24343 | REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE | 10/1/2019 | \$996.47 |
| 24344 | RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES | 10/1/2019 | \$3,123.24 |
| 24345 | REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE | 10/1/2019 | \$2,425.24 |
| 24346 | RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES | 10/1/2019 | \$5,202.97 |
| 24357 | INCISION OF TENDON TO REPAIR ELBOW JOINT, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$996.47 |
| 24358 | REMOVAL OF TISSUE AND/OR BONE AT ELBOW, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 24359 | REMOVAL OF TISSUE AND/OR BONE AT ELBOW WITH TENDON REPAIR, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 24360 | ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL) | 10/1/2019 | \$2,425.24 |
| 24361 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT | 10/1/2019 | \$11,325.44 |
| 24362 | ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION | 10/1/2019 | \$7,345.00 |
| 24363 | ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC | 10/1/2019 | \$11,477.84 |
| 24365 | ARTHROPLASTY, RADIAL HEAD; | 10/1/2019 | \$5,202.97 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 24366 | ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT | 10/1/2019 | \$7,367.79 |
| 24370 | REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA | 10/1/2019 | \$6,982.97 |
| 24371 | REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA | 10/1/2019 | \$10,929.84 |
| 24400 | OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION | 10/1/2019 | \$2,425.24 |
| 24410 | MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT | 10/1/2019 | \$5,202.97 |
| 24420 | OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876) | 10/1/2019 | \$2,425.24 |
| 24430 | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION | 10/1/2019 | \$6,707.69 |
| 24435 | REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT | 10/1/2019 | \$6,707.69 |
| 24470 | HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS) | 10/1/2019 | \$996.47 |
| 24495 | DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION | 10/1/2019 | \$2,425.24 |
| 24498 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT | 10/1/2019 | \$6,867.93 |
| 24500 | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 24505 | CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT | 10/1/2019 | \$536.67 |
| 24515 | OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT | 10/1/2019 | \$6,600.00 |
| 24516 | TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, | 10/1/2019 | \$6,677.18 |
| 24530 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR | 10/1/2019 | \$86.14 |
| 24535 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR | 10/1/2019 | \$536.67 |
| 24538 | INSERTION OF HARDWARE TO GROWTH PLATE OR BROKEN UPPER ARM BONE AT ELBOW, ACCESSE | 10/1/2019 | \$2,425.24 |
| 24545 | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE | 10/1/2019 | \$6,937.77 |
| 24546 | OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE | 10/1/2019 | \$10,452.30 |
| 24560 | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT | 10/1/2019 | \$86.14 |
| 24565 | CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH | 10/1/2019 | \$536.67 |
| 24566 | INSERTION OF HARDWARE TO BROKEN UPPER ARM BONE AT ELBOW WITH MANIPULATION, ACCES | 10/1/2019 | \$536.67 |
| 24575 | OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTE | 10/1/2019 | \$5,202.97 |
| 24576 | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT | 10/1/2019 | \$86.14 |
| 24577 | CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH | 10/1/2019 | \$536.67 |
| 24579 | OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNA | 10/1/2019 | \$6,366.24 |
| 24582 | INSERTION OF HARDWARE TO BROKEN UPPER ARM BONE AT SHOULDER WITH MANIPULATION, AC | 10/1/2019 | \$996.47 |
| 24586 | OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW | 10/1/2019 | \$5,202.97 |
| 24587 | OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW WIT | 10/1/2019 | \$7,235.47 |
| 24600 | TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA | 10/1/2019 | \$86.14 |
| 24605 | TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA | 10/1/2019 | \$536.67 |
| 24615 | OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION | 10/1/2019 | \$2,425.24 |
| 24620 | CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE | 10/1/2019 | \$536.67 |
| 24635 | OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX | 10/1/2019 | \$3,194.47 |
| 24640 | CLOSED TREATMENT OF DISLOCATED FOREARM BONE OF ELBOW, CHILD | 10/1/2019 | \$40.76 |
| 24650 | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 24655 | CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 24665 | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA | 10/1/2019 | \$2,425.24 |
| 24666 | OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA | 10/1/2019 | \$7,364.11 |
| 24670 | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC | 10/1/2019 | \$86.14 |
| 24675 | CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC | 10/1/2019 | \$536.67 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 24685 | OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCES | 10/1/2019 | \$3,023.36 |
| 24800 | ARTHRODESIS, ELBOW JOINT; LOCAL | 10/1/2019 | \$2,425.24 |
| 24802 | ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT) | 10/1/2019 | \$5,202.97 |
| 24925 | AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION | 10/1/2019 | \$996.47 |
| 25000 | INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE) | 10/1/2019 | \$536.67 |
| 25001 | INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS) | 10/1/2019 | \$996.47 |
| 25020 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT; | 10/1/2019 | \$536.67 |
| 25023 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT; | 10/1/2019 | \$996.47 |
| 25024 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR | 10/1/2019 | \$996.47 |
| 25025 | DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR | 10/1/2019 | \$536.67 |
| 25028 | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA | 10/1/2019 | \$996.47 |
| 25031 | INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA | 10/1/2019 | \$536.67 |
| 25035 | INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE | 10/1/2019 | \$2,425.24 |
| 25040 | ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR | 10/1/2019 | \$996.47 |
| 25065 | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL | 10/1/2019 | \$132.68 |
| 25066 | BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR) | 10/1/2019 | \$835.14 |
| 25071 | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR | 10/1/2019 | \$421.98 |
| 25073 | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA | 10/1/2019 | \$835.14 |
| 25075 | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS TH | 10/1/2019 | \$421.98 |
| 25076 | EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA | 10/1/2019 | \$421.98 |
| 25077 | REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH AT FOREARM AND/OR WRIST | 10/1/2019 | \$421.98 |
| 25078 | REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH AT FOREARM AND/OR WRIST | 10/1/2019 | \$835.14 |
| 25085 | CAPSULOTOMY, WRIST (EG, CONTRACTURE) | 10/1/2019 | \$996.47 |
| 25100 | ARTHROTOMY, WRIST JOINT; WITH BIOPSY | 10/1/2019 | \$996.47 |
| 25101 | ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH | 10/1/2019 | \$996.47 |
| 25105 | ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY | 10/1/2019 | \$996.47 |
| 25107 | ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, | 10/1/2019 | \$996.47 |
| 25109 | EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH | 10/1/2019 | \$996.47 |
| 25110 | EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST | 10/1/2019 | \$536.67 |
| 25111 | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY | 10/1/2019 | \$536.67 |
| 25112 | EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT | 10/1/2019 | \$536.67 |
| 25115 | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, | 10/1/2019 | \$536.67 |
| 25116 | RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, | 10/1/2019 | \$996.47 |
| 25118 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; | 10/1/2019 | \$536.67 |
| 25119 | SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION | 10/1/2019 | \$996.47 |
| 25120 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING | 10/1/2019 | \$996.47 |
| 25125 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING | 10/1/2019 | \$536.67 |
| 25126 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING | 10/1/2019 | \$1,361.43 |
| 25130 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; | 10/1/2019 | \$996.47 |
| 25135 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH | 10/1/2019 | \$996.47 |
| 25136 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH | 10/1/2019 | \$2,425.24 |
| 25145 | SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 25150 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, | 10/1/2019 | \$996.47 |
| 25151 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, | 10/1/2019 | \$996.47 |
| 25210 | CARPECTOMY; ONE BONE | 10/1/2019 | \$996.47 |
| 25215 | CARPECTOMY; ALL BONES OF PROXIMAL ROW | 10/1/2019 | \$996.47 |
| 25230 | RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE) | 10/1/2019 | \$996.47 |
| 25240 | EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION) | 10/1/2019 | \$996.47 |
| 25246 | INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY | 10/1/2012 | \$0.00 |
| 25248 | EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST | 10/1/2019 | \$536.67 |
| 25250 | REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE) | 10/1/2019 | \$536.67 |
| 25251 | REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST | 10/1/2019 | \$996.47 |
| 25259 | MANIPULATION, WRIST, UNDER ANESTHESIA | 10/1/2019 | \$536.67 |
| 25260 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TE | 10/1/2019 | \$996.47 |
| 25263 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH | 10/1/2019 | \$996.47 |
| 25265 | REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE | 10/1/2019 | \$996.47 |
| 25270 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH | 10/1/2019 | \$996.47 |
| 25272 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, | 10/1/2019 | \$996.47 |
| 25274 | REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE | 10/1/2019 | \$996.47 |
| 25275 | REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT | 10/1/2019 | \$996.47 |
| 25280 | LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, | 10/1/2019 | \$996.47 |
| 25290 | INCISION OF TENDON OF FOREARM AND/OR WRIST, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 25295 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON | 10/1/2019 | \$996.47 |
| 25300 | TENODESIS AT WRIST; FLEXORS OF FINGERS | 10/1/2019 | \$996.47 |
| 25301 | TENODESIS AT WRIST; EXTENSORS OF FINGERS | 10/1/2019 | \$996.47 |
| 25310 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, | 10/1/2019 | \$996.47 |
| 25312 | TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, | 10/1/2019 | \$996.47 |
| 25315 | FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM | 10/1/2019 | \$2,425.24 |
| 25316 | FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM | 10/1/2019 | \$2,425.24 |
| 25320 | REPAIR OF WRIST JOINT, OPEN PROCEDURE | 10/1/2019 | \$2,425.24 |
| 25332 | ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR | 10/1/2019 | \$996.47 |
| 25335 | CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND) | 10/1/2019 | \$996.47 |
| 25337 | RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR | 10/1/2019 | \$2,425.24 |
| 25350 | OSTEOTOMY, RADIUS; DISTAL THIRD | 10/1/2019 | \$2,425.24 |
| 25355 | OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD | 10/1/2019 | \$996.47 |
| 25360 | OSTEOTOMY; ULNA | 10/1/2019 | \$2,425.24 |
| 25365 | OSTEOTOMY; RADIUS AND ULNA | 10/1/2019 | \$5,202.97 |
| 25370 | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE | 10/1/2019 | \$996.47 |
| 25375 | MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE | 10/1/2019 | \$996.47 |
| 25390 | OSTEOPLASTY, RADIUS OR ULNA; SHORTENING | 10/1/2019 | \$3,121.33 |
| 25391 | OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT | 10/1/2019 | \$6,805.82 |
| 25392 | OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876) | 10/1/2019 | \$996.47 |
| 25393 | OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT | 10/1/2019 | \$996.47 |
| 25394 | OSTEOPLASTY, CARPAL BONE, SHORTENING | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 25400 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION | 10/1/2019 | \$3,204.02 |
| 25405 | REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES | 10/1/2019 | \$3,145.58 |
| 25415 | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION | 10/1/2019 | \$3,168.69 |
| 25420 | REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES | 10/1/2019 | \$3,219.11 |
| 25425 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA | 10/1/2019 | \$2,425.24 |
| 25426 | REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA | 10/1/2019 | \$996.47 |
| 25430 | INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE) | 10/1/2019 | \$996.47 |
| 25431 | REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) | 10/1/2019 | \$2,425.24 |
| 25440 | REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL | 10/1/2019 | \$2,425.24 |
| 25441 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS | 10/1/2019 | \$7,562.21 |
| 25442 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA | 10/1/2019 | \$11,173.05 |
| 25443 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR) | 10/1/2019 | \$2,425.24 |
| 25444 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE | 10/1/2019 | \$7,970.92 |
| 25445 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM | 10/1/2019 | \$3,220.44 |
| 25446 | ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE | 10/1/2019 | \$11,703.83 |
| 25447 | ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS | 10/1/2019 | \$996.47 |
| 25449 | REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT | 10/1/2019 | \$2,425.24 |
| 25450 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA | 10/1/2019 | \$996.47 |
| 25455 | EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA | 10/1/2019 | \$996.47 |
| 25490 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT | 10/1/2019 | \$2,425.24 |
| 25491 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT | 10/1/2019 | \$5,202.97 |
| 25492 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT | 10/1/2019 | \$996.47 |
| 25500 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 25505 | CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 25515 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR | 10/1/2019 | \$3,085.05 |
| 25520 | CLOSED TREATMENT OF BROKEN FOREARM AND DISLOCATED WRIST BONES | 10/1/2019 | \$536.67 |
| 25525 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR | 10/1/2019 | \$3,027.18 |
| 25526 | OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR | 10/1/2019 | \$2,425.24 |
| 25530 | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 25535 | CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION | 10/1/2019 | \$86.14 |
| 25545 | OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORM | 10/1/2019 | \$2,425.24 |
| 25560 | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 25565 | CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 25574 | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN | 10/1/2019 | \$3,192.75 |
| 25575 | OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN | 10/1/2019 | \$3,215.29 |
| 25600 | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYS | 10/1/2019 | \$86.14 |
| 25605 | CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR | 10/1/2019 | \$536.67 |
| 25606 | INSERTION OF HARDWARE TO LOWER FOREARM BONE BROKEN OR GROWTH PLATE SEPARATION, A | 10/1/2019 | \$996.47 |
| 25607 | OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO | 10/1/2019 | \$3,267.80 |
| 25608 | OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO | 10/1/2019 | \$3,268.19 |
| 25609 | OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO | 10/1/2019 | \$3,291.30 |
| 25622 | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 25624 | CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 25628 | OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATI | 10/1/2019 | \$2,425.24 |
| 25630 | CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID | 10/1/2019 | \$86.14 |
| 25635 | CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID | 10/1/2019 | \$536.67 |
| 25645 | OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID | 10/1/2019 | \$996.47 |
| 25650 | CLOSED TREATMENT OF ULNAR STYLOID FRACTURE | 10/1/2019 | \$86.14 |
| 25651 | INSERTION OF HARDWARE BROKEN BONE OF FOREARM AT WRIST, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$996.47 |
| 25652 | OPEN TREATMENT OF ULNAR STYLOID FRACTURE | 10/1/2019 | \$2,425.24 |
| 25660 | CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, | 10/1/2019 | \$86.14 |
| 25670 | OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES | 10/1/2019 | \$996.47 |
| 25671 | INSERTION OF HARDWARE TO DISLOCATED WRIST, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$996.47 |
| 25675 | CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION | 10/1/2019 | \$86.14 |
| 25676 | OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC | 10/1/2019 | \$2,425.24 |
| 25680 | CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH | 10/1/2019 | \$86.14 |
| 25685 | OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION | 10/1/2019 | \$996.47 |
| 25690 | CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 25695 | OPEN TREATMENT OF LUNATE DISLOCATION | 10/1/2019 | \$2,425.24 |
| 25800 | ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/ OR I | 10/1/2019 | \$2,425.24 |
| 25805 | ARTHRODESIS, WRIST; WITH SLIDING GRAFT | 10/1/2019 | \$3,053.54 |
| 25810 | ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT) | 10/1/2019 | \$6,683.06 |
| 25820 | ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL) | 10/1/2019 | \$3,230.95 |
| 25825 | ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) | 10/1/2019 | \$3,097.46 |
| 25830 | ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR | 10/1/2019 | \$3,158.76 |
| 25907 | AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION | 10/1/2019 | \$996.47 |
| 25922 | REMOVAL OF TENDONS, LIGAMENTS, AND MUSCLES OF WRIST | 10/1/2019 | \$536.67 |
| 25929 | TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION | 10/1/2019 | \$750.21 |
| 25931 | TRANSMETACARPAL AMPUTATION; RE-AMPUTATION | 10/1/2019 | \$996.47 |
| 26010 | DRAINAGE OF FINGER ABSCESS; SIMPLE | 10/1/2019 | \$68.66 |
| 26011 | DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON) | 10/1/2019 | \$421.98 |
| 26020 | DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH | 10/1/2019 | \$996.47 |
| 26025 | DRAINAGE OF PALMAR BURSA; SINGLE, BURSA | 10/1/2019 | \$996.47 |
| 26030 | DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA | 10/1/2019 | \$996.47 |
| 26034 | INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS) | 10/1/2019 | \$536.67 |
| 26035 | DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN) | 10/1/2019 | \$996.47 |
| 26037 | DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035) | 10/1/2019 | \$996.47 |
| 26040 | RELEASE OF TISSUES OF PALM, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$536.67 |
| 26045 | PARTIAL RELEASE OF TISSUES OF PALM, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 26055 | TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER) | 10/1/2019 | \$536.67 |
| 26060 | INCISION OF FINGER TENDON, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$536.67 |
| 26070 | EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF WRIST BONE | 10/1/2019 | \$536.67 |
| 26075 | EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF HAND JOINT | 10/1/2019 | \$996.47 |
| 26080 | EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF HAND JOINT | 10/1/2019 | \$536.67 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| 26100 | ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH | 10/1/2019 | \$996.47 |
| 26105 | ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH | 10/1/2019 | \$996.47 |
| 26110 | ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH | 10/1/2019 | \$536.67 |
| 26111 | EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTAN | 10/1/2019 | \$421.98 |
| 26113 | EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA | 10/1/2019 | \$421.98 |
| 26115 | EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTA | 10/1/2019 | \$421.98 |
| 26116 | EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA | 10/1/2019 | \$421.98 |
| 26117 | REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF HAND OR FINGER | 10/1/2019 | \$835.14 |
| 26118 | REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF HAND OR FINGER | 10/1/2019 | \$835.14 |
| 26121 | FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE | 10/1/2019 | \$996.47 |
| 26123 | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL | 10/1/2019 | \$996.47 |
| 26125 | FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL | 10/1/2014 | \$0.00 |
| 26130 | SYNOVECTOMY, CARPOMETACARPAL JOINT | 10/1/2019 | \$996.47 |
| 26135 | SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR | 10/1/2019 | \$996.47 |
| 26140 | SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, | 10/1/2019 | \$536.67 |
| 26145 | REPAIR OF TENDON, FINGER AND/OR HAND | 10/1/2019 | \$536.67 |
| 26160 | EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR | 10/1/2019 | \$536.67 |
| 26170 | EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON | 10/1/2019 | \$536.67 |
| 26180 | EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON | 10/1/2019 | \$536.67 |
| 26185 | SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE) | 10/1/2019 | \$536.67 |
| 26200 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; | 10/1/2019 | \$536.67 |
| 26205 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH | 10/1/2019 | \$2,425.24 |
| 26210 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR | 10/1/2019 | \$536.67 |
| 26215 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR | 10/1/2019 | \$996.47 |
| 26230 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 10/1/2019 | \$996.47 |
| 26235 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 10/1/2019 | \$536.67 |
| 26236 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, | 10/1/2019 | \$536.67 |
| 26250 | RADICAL RESECTION OF TUMOR, METACARPAL | 10/1/2019 | \$996.47 |
| 26260 | RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER | 10/1/2019 | \$996.47 |
| 26262 | RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER | 10/1/2019 | \$536.67 |
| 26320 | REMOVAL OF IMPLANT FROM FINGER OR HAND | 10/1/2019 | \$421.98 |
| 26340 | MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT | 10/1/2019 | \$536.67 |
| 26341 | MANIPULATION OF PALM PRETENDINOUS CORD FOLLOWING ENZYME INJECTION | 10/1/2019 | \$48.49 |
| 26350 | REPAIR OF FINGER TENDON | 10/1/2019 | \$996.47 |
| 26352 | REPAIR OF FINGER TENDON WITH GRAFT | 10/1/2019 | \$996.47 |
| 26356 | REPAIR OF FINGER TENDON | 10/1/2019 | \$996.47 |
| 26357 | REPAIR OF FINGER TENDON | 10/1/2019 | \$996.47 |
| 26358 | REPAIR OF FINGER TENDON WITH GRAFT | 10/1/2019 | \$996.47 |
| 26370 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; | 10/1/2019 | \$996.47 |
| 26372 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; | 10/1/2019 | \$2,425.24 |
| 26373 | REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; | 10/1/2019 | \$996.47 |
| 26390 | EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON | 10/1/2019 | \$2,425.24 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 26392 | REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER | 10/1/2019 | \$2,425.24 |
| 26410 | REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH | 10/1/2019 | \$536.67 |
| 26412 | REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES | 10/1/2019 | \$996.47 |
| 26415 | EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED | 10/1/2019 | \$996.47 |
| 26416 | REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES | 10/1/2019 | \$996.47 |
| 26418 | REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH | 10/1/2019 | \$536.67 |
| 26420 | REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT | 10/1/2019 | \$996.47 |
| 26426 | REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY); | 10/1/2019 | \$996.47 |
| 26428 | REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY); | 10/1/2019 | \$996.47 |
| 26432 | CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT | 10/1/2019 | \$536.67 |
| 26433 | REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT | 10/1/2019 | \$996.47 |
| 26434 | REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE | 10/1/2019 | \$996.47 |
| 26437 | REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON | 10/1/2019 | \$996.47 |
| 26440 | TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON | 10/1/2019 | \$536.67 |
| 26442 | TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON | 10/1/2019 | \$996.47 |
| 26445 | TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON | 10/1/2019 | \$996.47 |
| 26449 | TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON | 10/1/2019 | \$996.47 |
| 26450 | INCISION OF TENDON OF PALM, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 26455 | INCISION OF TENDON OF FINGER, OPEN PROCEDURE | 10/1/2019 | \$536.67 |
| 26460 | INCISION OF TENDON OF HAND OR FINGER, OPEN PROCEDURE | 10/1/2019 | \$536.67 |
| 26471 | TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT | 10/1/2019 | \$996.47 |
| 26474 | TENODESIS; OF DISTAL JOINT, EACH JOINT | 10/1/2019 | \$536.67 |
| 26476 | LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON | 10/1/2019 | \$996.47 |
| 26477 | SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON | 10/1/2019 | \$996.47 |
| 26478 | LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON | 10/1/2019 | \$996.47 |
| 26479 | SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON | 10/1/2019 | \$996.47 |
| 26480 | TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; | 10/1/2019 | \$996.47 |
| 26483 | TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH | 10/1/2019 | \$996.47 |
| 26485 | TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON | 10/1/2019 | \$996.47 |
| 26489 | TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES | 10/1/2019 | \$996.47 |
| 26490 | OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON | 10/1/2019 | \$996.47 |
| 26492 | OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH | 10/1/2019 | \$996.47 |
| 26494 | OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER | 10/1/2019 | \$996.47 |
| 26496 | TRANSPLANT OF TENDON THUMB, PALM, OR WRIST | 10/1/2019 | \$996.47 |
| 26497 | TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER | 10/1/2019 | \$996.47 |
| 26498 | TRANSFER OF TENDON OF HAND, ALL FOUR FINGERS | 10/1/2019 | \$996.47 |
| 26499 | CORRECTION CLAW FINGER, OTHER METHODS | 10/1/2019 | \$996.47 |
| 26500 | RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE | 10/1/2019 | \$2,425.24 |
| 26502 | RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT | 10/1/2019 | \$996.47 |
| 26508 | RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE) | 10/1/2019 | \$996.47 |
| 26510 | CROSS INTRINSIC TRANSFER, EACH TENDON | 10/1/2019 | \$996.47 |
| 26516 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 26517 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS | 10/1/2019 | \$996.47 |
| 26518 | CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS | 10/1/2019 | \$996.47 |
| 26520 | CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT | 10/1/2019 | \$996.47 |
| 26525 | REPAIR OF JOINT CAPSULE, HAND AND FINGER | 10/1/2019 | \$536.67 |
| 26530 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT | 10/1/2019 | \$996.47 |
| 26531 | ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT | 10/1/2019 | \$3,305.43 |
| 26535 | ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT | 10/1/2019 | \$996.47 |
| 26536 | ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT | 10/1/2019 | \$3,116.75 |
| 26540 | REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT | 10/1/2019 | \$996.47 |
| 26541 | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH | 10/1/2019 | \$996.47 |
| 26542 | RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH | 10/1/2019 | \$996.47 |
| 26545 | RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING | 10/1/2019 | \$996.47 |
| 26546 | REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR | 10/1/2019 | \$2,425.24 |
| 26548 | REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT | 10/1/2019 | \$996.47 |
| 26550 | POLLICIZATION OF A DIGIT | 10/1/2019 | \$996.47 |
| 26555 | TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS | 10/1/2019 | \$2,425.24 |
| 26560 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS | 10/1/2019 | \$536.67 |
| 26561 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS | 10/1/2019 | \$996.47 |
| 26562 | REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, | 10/1/2019 | \$996.47 |
| 26565 | OSTEOTOMY; METACARPAL, EACH | 10/1/2019 | \$996.47 |
| 26567 | OSTEOTOMY; PHALANX OF FINGER, EACH | 10/1/2019 | \$996.47 |
| 26568 | OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX | 10/1/2019 | \$2,425.24 |
| 26580 | REPAIR CLEFT HAND | 10/1/2019 | \$996.47 |
| 26587 | RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE | 10/1/2019 | \$996.47 |
| 26590 | REPAIR MACRODACTYLIA, EACH DIGIT | 10/1/2019 | \$536.67 |
| 26591 | REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE | 10/1/2019 | \$996.47 |
| 26593 | RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE | 10/1/2019 | \$996.47 |
| 26596 | EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES | 10/1/2019 | \$996.47 |
| 26600 | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE | 10/1/2019 | \$86.14 |
| 26605 | CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE | 10/1/2019 | \$86.14 |
| 26607 | CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL | 10/1/2019 | \$996.47 |
| 26608 | INSERTION OF HARDWARE TO BROKEN FINGER, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$996.47 |
| 26615 | OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN | 10/1/2019 | \$996.47 |
| 26641 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION | 10/1/2019 | \$86.14 |
| 26645 | CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT | 10/1/2019 | \$536.67 |
| 26650 | INSERTION OF HARDWARE TO BROKEN THUMB WITH MANIPULATION, ACCESSED THROUGH THE SK | 10/1/2019 | \$996.47 |
| 26665 | OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE) | 10/1/2019 | \$996.47 |
| 26670 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH | 10/1/2019 | \$86.14 |
| 26675 | CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH | 10/1/2019 | \$536.67 |
| 26676 | INSERTION OF HARDWARE TO DISLOCATED HAND BONE AT WRIST JOINT WITH MANIPULATION, | 10/1/2019 | \$996.47 |
| 26685 | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERN | 10/1/2019 | \$996.47 |
| 26686 | OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX, | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 26700 | CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; | 10/1/2019 | \$86.14 |
| 26705 | CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; | 10/1/2019 | \$536.67 |
| 26706 | INSERTION OF HARDWARE TO DISLOCATED HAND JOINT WITH MANIPULATION, ACCESSED THROU | 10/1/2019 | \$996.47 |
| 26715 | OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIX | 10/1/2019 | \$996.47 |
| 26720 | CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, | 10/1/2019 | \$86.14 |
| 26725 | CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, | 10/1/2019 | \$86.14 |
| 26727 | INSERTION OF HARDWARE TO BROKEN FINGER OR THUMB WITH MANIPULATION, ACCESSED THRO | 10/1/2019 | \$996.47 |
| 26735 | OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER | 10/1/2019 | \$996.47 |
| 26740 | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR | 10/1/2019 | \$86.14 |
| 26742 | CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR | 10/1/2019 | \$536.67 |
| 26746 | OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHAL | 10/1/2019 | \$996.47 |
| 26750 | CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT | 10/1/2019 | \$84.72 |
| 26755 | CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH | 10/1/2019 | \$86.14 |
| 26756 | INSERTION OF HARDWARE TO BROKEN FINGER OR THUMB, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$996.47 |
| 26765 | OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL | 10/1/2019 | \$996.47 |
| 26770 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH | 10/1/2019 | \$86.14 |
| 26775 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH | 10/1/2019 | \$89.86 |
| 26776 | INSERTION OF HARDWARE TO DISLOCATED FINGER JOINT WITH MANIPULATION, ACCESSED THR | 10/1/2019 | \$996.47 |
| 26785 | OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, | 10/1/2019 | \$996.47 |
| 26820 | FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT) | 10/1/2019 | \$3,354.32 |
| 26841 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; | 10/1/2019 | \$2,425.24 |
| 26842 | ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; | 10/1/2019 | \$2,425.24 |
| 26843 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; | 10/1/2019 | \$2,425.24 |
| 26844 | ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH | 10/1/2019 | \$3,189.88 |
| 26850 | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | 10/1/2019 | \$2,425.24 |
| 26852 | ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH | 10/1/2019 | \$2,425.24 |
| 26860 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; | 10/1/2019 | \$996.47 |
| 26861 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH | 10/1/2014 | \$0.00 |
| 26862 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH | 10/1/2019 | \$996.47 |
| 26863 | ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH | 10/1/2014 | \$0.00 |
| 26910 | AMPUTATION OF HAND BONE, FINGER, OR THUMB | 10/1/2019 | \$996.47 |
| 26951 | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, | 10/1/2019 | \$996.47 |
| 26952 | AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, | 10/1/2019 | \$996.47 |
| 26990 | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA | 10/1/2019 | \$996.47 |
| 26991 | INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA | 10/1/2019 | \$536.67 |
| 27000 | INCISION OF HIP TENDON, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$536.67 |
| 27001 | INCISION OF HIP TENDON, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 27003 | INCISION OF HIP TENDON WITH REMOVAL OF NERVE, OPEN PROCEDURE | 10/1/2019 | \$2,425.24 |
| 27006 | INCISION OF HIP TENDONS, OPEN PROCEDURE | 12/1/1990 | \$1,200.84 |
| 27025 | FASCIOTOMY, HIP OR THIGH, ANY TYPE | 10/1/2014 | \$1,220.32 |
| 27033 | ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY | 10/1/2019 | \$996.47 |
| 27035 | DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 27040 | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL | 10/1/2019 | \$421.98 |
| 27041 | BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR | 10/1/2019 | \$421.98 |
| 27043 | EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREAT | 10/1/2019 | \$835.14 |
| 27045 | EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL | 10/1/2019 | \$835.14 |
| 27047 | EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 C | 10/1/2019 | \$835.14 |
| 27048 | EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL | 10/1/2019 | \$835.14 |
| 27049 | REMOVAL OF (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF PELVIS OR HIP | 10/1/2019 | \$835.14 |
| 27050 | ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT | 10/1/2019 | \$536.67 |
| 27052 | ARTHROTOMY, WITH BIOPSY; HIP JOINT | 10/1/2019 | \$536.67 |
| 27059 | REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF PELVIS OR HIP | 10/1/2019 | \$835.14 |
| 27060 | EXCISION; ISCHIAL BURSA | 10/1/2019 | \$996.47 |
| 27062 | EXCISION; TROCHANTERIC BURSA OR CALCIFICATION | 10/1/2019 | \$996.47 |
| 27065 | EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE | 10/1/2019 | \$996.47 |
| 27066 | EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE | 10/1/2019 | \$996.47 |
| 27067 | EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE | 10/1/2019 | \$2,425.24 |
| 27080 | COCCYGECTOMY, PRIMARY | 10/1/2019 | \$996.47 |
| 27086 | REMOVAL OF FOREIGN BODY IN TISSUE OF PELVIS OR HIP, ACCESSED BENEATH THE SKIN | 10/1/2019 | \$421.98 |
| 27087 | REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR) | 10/1/2019 | \$996.47 |
| 27093 | INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA | 10/1/2012 | \$0.00 |
| 27095 | INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA | 10/1/2012 | \$0.00 |
| 27096 | INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANC | 10/1/2014 | \$61.86 |
| 27097 | RELEASE OR RECESSION, HAMSTRING, PROXIMAL | 10/1/2019 | \$996.47 |
| 27098 | TRANSFER, ADDUCTOR TO ISCHIUM | 10/1/2019 | \$996.47 |
| 27100 | TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR | 10/1/2019 | \$2,425.24 |
| 27105 | TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT) | 10/1/2019 | \$996.47 |
| 27110 | TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR | 10/1/2019 | \$2,425.24 |
| 27111 | TRANSFER ILIOPSOAS; TO FEMORAL NECK | 10/1/2019 | \$996.47 |
| 27165 | OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL | 10/1/2014 | \$1,036.05 |
| 27176 | TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU | 10/1/2014 | \$689.33 |
| 27197 | CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS | 10/1/2019 | \$86.14 |
| 27198 | CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS | 10/1/2019 | \$86.14 |
| 27200 | CLOSED TREATMENT OF COCCYGEAL FRACTURE | 10/1/2019 | \$79.66 |
| 27202 | OPEN TREATMENT OF COCCYGEAL FRACTURE | 10/1/2019 | \$996.47 |
| 27220 | CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27230 | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27238 | CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC | 10/1/2019 | \$536.67 |
| 27246 | CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27250 | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA | 10/1/2019 | \$86.14 |
| 27252 | CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA | 10/1/2019 | \$536.67 |
| 27256 | TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL | 10/1/2019 | \$86.14 |
| 27257 | TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL | 10/1/2019 | \$536.67 |
| 27265 | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA | 10/1/2019 | \$86.14 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|-------------|
| 27266 | CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR | 10/1/2019 | \$536.67 |
| 27267 | CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION | 10/1/2019 | \$996.47 |
| 27275 | MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA | 10/1/2019 | \$536.67 |
| 27279 | ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISU | 10/1/2019 | \$11,806.11 |
| 27301 | INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION | 10/1/2019 | \$835.14 |
| 27305 | REMOVAL OF TISSUE AT THIGH OR KNEE REGION, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 27306 | INCISION OF TENDON OF THIGH OR HAMSTRING MUSCLES, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$996.47 |
| 27307 | INCISION OF MULTIPLE TENDONS OF THIGH OR HAMSTRING MUSCLES, ACCESSED THROUGH THE | 10/1/2019 | \$996.47 |
| 27310 | EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY IN KNEE JOINT | 10/1/2019 | \$996.47 |
| 27323 | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL | 10/1/2019 | \$421.98 |
| 27324 | BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR) | 10/1/2019 | \$835.14 |
| 27325 | NEURECTOMY, HAMSTRING MUSCLE | 10/1/2019 | \$596.06 |
| 27326 | NEURECTOMY, POPLITEAL (GASTROCNEMIUS) | 10/1/2019 | \$596.06 |
| 27327 | EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM | 10/1/2019 | \$421.98 |
| 27328 | EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA | 10/1/2019 | \$835.14 |
| 27329 | REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF THIGH OR KNEE | 10/1/2019 | \$835.14 |
| 27330 | ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY | 10/1/2019 | \$996.47 |
| 27331 | EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODY OF KNEE | 10/1/2019 | \$996.47 |
| 27332 | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR | 10/1/2019 | \$996.47 |
| 27333 | ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL | 10/1/2019 | \$996.47 |
| 27334 | ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR | 10/1/2019 | \$996.47 |
| 27335 | ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL | 10/1/2019 | \$2,425.24 |
| 27337 | EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER | 10/1/2019 | \$835.14 |
| 27339 | EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA | 10/1/2019 | \$835.14 |
| 27340 | EXCISION, PREPATELLAR BURSA | 10/1/2019 | \$996.47 |
| 27345 | REMOVAL OF CYST OF MEMBRANE COVERING BEHIND KNEE JOINT | 10/1/2019 | \$996.47 |
| 27347 | EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE | 10/1/2019 | \$996.47 |
| 27350 | PATELLECTOMY OR HEMIPATELLECTOMY | 10/1/2019 | \$996.47 |
| 27355 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; | 10/1/2019 | \$996.47 |
| 27356 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT | 10/1/2019 | \$5,202.97 |
| 27357 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT | 10/1/2019 | \$2,425.24 |
| 27358 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL | 10/1/2014 | \$0.00 |
| 27360 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, | 10/1/2019 | \$996.47 |
| 27364 | REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF THIGH OR KNEE | 10/1/2019 | \$835.14 |
| 27369 | INJECTION PROCEDURE FOR CONTRAST KNEE ARTHROGRAPHY OR CONTRAST ENHANCED CT/MRI K | 12/1/1990 | \$0.00 |
| 27372 | REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA | 10/1/2019 | \$835.14 |
| 27380 | SUTURE OF INFRAPATELLAR TENDON; PRIMARY | 10/1/2019 | \$2,425.24 |
| 27381 | SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR | 10/1/2019 | \$2,425.24 |
| 27385 | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY | 10/1/2019 | \$2,425.24 |
| 27386 | SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, | 10/1/2019 | \$2,425.24 |
| 27390 | REPAIR OF HAMSTRING TENDON, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 27391 | REPAIR OF MULTIPLE HAMSTRING TENDONS, OPEN PROCEDURE | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 27392 | REPAIR OF MULTIPLE HAMSTRING TENDONS OF BOTH LEGS, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 27393 | LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON | 10/1/2019 | \$996.47 |
| 27394 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG | 10/1/2019 | \$2,425.24 |
| 27395 | LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL | 10/1/2019 | \$996.47 |
| 27396 | TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS | 10/1/2019 | \$3,701.12 |
| 27397 | TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS | 10/1/2019 | \$2,425.24 |
| 27400 | TRANSFER OF TENDON OR MUSCLE IN HAMSTRING | 10/1/2019 | \$2,425.24 |
| 27403 | ARTHROTOMY WITH MENISCUS REPAIR, KNEE | 10/1/2019 | \$1,382.68 |
| 27405 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL | 10/1/2019 | \$2,425.24 |
| 27407 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE | 10/1/2019 | \$2,425.24 |
| 27409 | REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE | 10/1/2019 | \$2,425.24 |
| 27415 | IMPLANTATION OF DONOR CARTILAGE CELLS INTO KNEE BONE, OPEN PROCEDURE | 10/1/2019 | \$7,638.67 |
| 27416 | IMPLANTATION OF PATIENT'S KNEE CARTILAGE CELLS INTO KNEE BONE, OPEN PROCEDURE | 10/1/2019 | \$3,178.43 |
| 27418 | ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE) | 10/1/2019 | \$2,425.24 |
| 27420 | RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE) | 10/1/2019 | \$2,425.24 |
| 27422 | RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE | 10/1/2019 | \$2,425.24 |
| 27424 | RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY | 10/1/2019 | \$2,425.24 |
| 27425 | RELEASE OF LIGAMENTS OF KNEE JOINT, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 27427 | LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR | 10/1/2019 | \$2,425.24 |
| 27428 | RECONSTRUCTION OF KNEE JOINT LIGAMENTS, OPEN PROCEDURE | 10/1/2019 | \$5,202.97 |
| 27429 | RECONSTRUCTION OF KNEE JOINT LIGAMENTS, OPEN PROCEDURE | 10/1/2019 | \$6,505.54 |
| 27430 | QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE) | 10/1/2019 | \$2,425.24 |
| 27435 | CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE | 10/1/2019 | \$996.47 |
| 27437 | ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS | 10/1/2019 | \$2,425.24 |
| 27438 | ARTHROPLASTY, PATELLA; WITH PROSTHESIS | 10/1/2019 | \$6,651.08 |
| 27440 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; | 10/1/2019 | \$6,764.29 |
| 27441 | ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY | 10/1/2019 | \$5,202.97 |
| 27442 | ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; | 10/1/2019 | \$6,926.01 |
| 27443 | ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND | 10/1/2019 | \$5,202.97 |
| 27446 | ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT | 10/1/2019 | \$6,987.01 |
| 27475 | ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR | 10/1/2019 | \$2,425.24 |
| 27479 | ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR, | 10/1/2019 | \$2,425.24 |
| 27485 | ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU | 10/1/2014 | \$503.25 |
| 27496 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR | 10/1/2019 | \$996.47 |
| 27497 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR | 10/1/2019 | \$996.47 |
| 27498 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; | 10/1/2019 | \$536.67 |
| 27499 | DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH | 10/1/2019 | \$996.47 |
| 27500 | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27501 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR | 10/1/2019 | \$86.14 |
| 27502 | CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT | 10/1/2019 | \$536.67 |
| 27503 | CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR | 10/1/2019 | \$536.67 |
| 27508 | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, | 10/1/2019 | \$86.14 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 27509 | INSERTION OF HARDWARE TO STABILIZE BROKEN THIGH BONE OR SEPARATED GROWTH PLATE, | 10/1/2019 | \$3,035.01 |
| 27510 | CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, | 10/1/2019 | \$536.67 |
| 27516 | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27517 | CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, | 10/1/2019 | \$536.67 |
| 27520 | CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27524 | OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR | 10/1/2019 | \$2,425.24 |
| 27530 | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27532 | CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT | 10/1/2019 | \$996.47 |
| 27538 | CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF | 10/1/2019 | \$86.14 |
| 27550 | CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA | 10/1/2019 | \$86.14 |
| 27552 | CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA | 10/1/2019 | \$536.67 |
| 27560 | CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA | 10/1/2019 | \$86.14 |
| 27562 | CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA | 10/1/2019 | \$86.14 |
| 27566 | OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL | 10/1/2019 | \$2,425.24 |
| 27570 | MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRA | 10/1/2019 | \$536.67 |
| 27594 | AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION | 10/1/2019 | \$996.47 |
| 27600 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY | 10/1/2019 | \$996.47 |
| 27601 | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY | 10/1/2019 | \$996.47 |
| 27602 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR | 10/1/2019 | \$996.47 |
| 27603 | INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA | 10/1/2019 | \$835.14 |
| 27604 | INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA | 10/1/2019 | \$996.47 |
| 27605 | INCISION OF ACHILLES TENDON, ACCESSED THROUGH THE SKIN USING LOCAL ANESTHETIC | 10/1/2019 | \$536.67 |
| 27606 | INCISION OF ACHILLES TENDON, ACCESSED THROUGH THE SKIN REQUIRING GENERAL ANESTHE | 10/1/2019 | \$996.47 |
| 27607 | INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE | 10/1/2019 | \$996.47 |
| 27610 | EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF ANKLE | 10/1/2019 | \$996.47 |
| 27612 | ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON | 10/1/2019 | \$996.47 |
| 27613 | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL | 10/1/2019 | \$124.42 |
| 27614 | BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR) | 10/1/2019 | \$835.14 |
| 27615 | REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF LEG OR ANKLE | 10/1/2019 | \$835.14 |
| 27616 | REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF LEG OR ANKLE | 10/1/2019 | \$835.14 |
| 27618 | EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM | 10/1/2019 | \$421.98 |
| 27619 | EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR | 10/1/2019 | \$835.14 |
| 27620 | ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHO | 10/1/2019 | \$996.47 |
| 27625 | ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; | 10/1/2019 | \$996.47 |
| 27626 | ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY | 10/1/2019 | \$996.47 |
| 27630 | EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG | 10/1/2019 | \$996.47 |
| 27632 | REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH BENEATH THE SKIN OF LEG OR ANKL | 10/1/2019 | \$835.14 |
| 27634 | EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR | 10/1/2019 | \$835.14 |
| 27635 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; | 10/1/2019 | \$996.47 |
| 27637 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH | 10/1/2019 | \$2,425.24 |
| 27638 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH | 10/1/2019 | \$2,425.24 |
| 27640 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 27641 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST | 10/1/2019 | \$996.47 |
| 27647 | RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS | 10/1/2019 | \$996.47 |
| 27648 | INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY | 10/1/2012 | \$0.00 |
| 27650 | REPAIR OF RUPTURED ACHILLES TENDON, OPEN OR THROUGH SKIN PROCEDURE | 10/1/2019 | \$996.47 |
| 27652 | REPAIR OF RUPTURED ACHILLES TENDON WITH GRAFT, OPEN OR THROUGH SKIN PROCEDURE | 10/1/2019 | \$2,425.24 |
| 27654 | REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT | 10/1/2019 | \$2,425.24 |
| 27656 | REPAIR, FASCIAL DEFECT OF LEG | 10/1/2019 | \$996.47 |
| 27658 | REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON | 10/1/2019 | \$996.47 |
| 27659 | REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON | 10/1/2019 | \$2,425.24 |
| 27664 | REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON | 10/1/2019 | \$2,425.24 |
| 27665 | REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON | 10/1/2019 | \$2,425.24 |
| 27675 | REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOATOMY | 10/1/2019 | \$996.47 |
| 27676 | REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOATOMY | 10/1/2019 | \$2,425.24 |
| 27680 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON | 10/1/2019 | \$996.47 |
| 27681 | TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS | 10/1/2019 | \$996.47 |
| 27685 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE | 10/1/2019 | \$996.47 |
| 27686 | LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH | 10/1/2019 | \$996.47 |
| 27687 | GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE) | 10/1/2019 | \$996.47 |
| 27690 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); | 10/1/2019 | \$2,425.24 |
| 27691 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); | 10/1/2019 | \$2,425.24 |
| 27692 | TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); | 10/1/2014 | \$0.00 |
| 27695 | REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL | 10/1/2019 | \$2,425.24 |
| 27696 | REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS | 10/1/2019 | \$3,251.95 |
| 27698 | REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES | 10/1/2019 | \$2,425.24 |
| 27700 | ARTHROPLASTY, ANKLE; | 10/1/2019 | \$2,425.24 |
| 27704 | REMOVAL OF ANKLE IMPLANT | 10/1/2019 | \$996.47 |
| 27705 | OSTEOTOMY; TIBIA | 10/1/2019 | \$3,161.24 |
| 27707 | OSTEOTOMY; FIBULA | 10/1/2019 | \$996.47 |
| 27709 | OSTEOTOMY; TIBIA AND FIBULA | 10/1/2019 | \$6,762.82 |
| 27720 | REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION | 10/1/2019 | \$3,208.60 |
| 27726 | REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION | 10/1/2019 | \$3,067.10 |
| 27727 | REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA | 10/1/2014 | \$768.89 |
| 27730 | SCRAPING OR STAPLING OF SHIN BONE GROWTH PLATE, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 27732 | SCRAPING OR STAPLING OF LEG BONE GROWTH PLATE, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 27734 | SCRAPING OR STAPLING OF GROWTH PLATES OF LEG BONES, OPEN PROCEDURE | 10/1/2019 | \$996.47 |
| 27740 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL | 10/1/2019 | \$996.47 |
| 27742 | ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL | 10/1/2019 | \$996.47 |
| 27745 | PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT | 10/1/2019 | \$3,174.04 |
| 27750 | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WI | 10/1/2019 | \$86.14 |
| 27752 | CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); | 10/1/2019 | \$536.67 |
| 27756 | INSERTION OF FIXATION TO BROKEN SHIN BONE, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$3,262.26 |
| 27758 | OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) | 10/1/2019 | \$6,656.23 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 27759 | TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY | 10/1/2019 | \$6,705.48 |
| 27760 | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27762 | CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR | 10/1/2019 | \$536.67 |
| 27766 | OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PE | 10/1/2019 | \$2,425.24 |
| 27767 | CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27768 | CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 27769 | OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN | 10/1/2019 | \$2,425.24 |
| 27780 | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27781 | CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 27784 | OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, | 10/1/2019 | \$2,425.24 |
| 27786 | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT | 10/1/2019 | \$86.14 |
| 27788 | CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH | 10/1/2019 | \$86.14 |
| 27792 | OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL | 10/1/2019 | \$3,034.25 |
| 27808 | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, | 10/1/2019 | \$86.14 |
| 27810 | CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, | 10/1/2019 | \$536.67 |
| 27814 | OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, O | 10/1/2019 | \$3,073.96 |
| 27816 | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 27818 | CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 27822 | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN | 10/1/2019 | \$3,081.04 |
| 27823 | OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN | 10/1/2019 | \$3,103.18 |
| 27824 | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL | 10/1/2019 | \$86.14 |
| 27825 | CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL | 10/1/2019 | \$536.67 |
| 27826 | OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF FIBULA (SMALLER LOWE | 10/1/2019 | \$2,425.24 |
| 27827 | OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF SHIN BONE | 10/1/2019 | \$6,721.28 |
| 27828 | OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES | 10/1/2019 | \$6,678.28 |
| 27829 | OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES I | 10/1/2019 | \$2,425.24 |
| 27830 | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA | 10/1/2019 | \$86.14 |
| 27831 | CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING | 10/1/2019 | \$996.47 |
| 27832 | OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIX | 10/1/2019 | \$2,425.24 |
| 27840 | CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA | 10/1/2019 | \$86.14 |
| 27842 | CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT | 10/1/2019 | \$536.67 |
| 27846 | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL | 10/1/2019 | \$2,425.24 |
| 27848 | OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL | 10/1/2019 | \$2,425.24 |
| 27860 | MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION | 10/1/2019 | \$996.47 |
| 27870 | FUSION OF ANKLE JOINT, OPEN PROCEDURE | 10/1/2019 | \$6,954.68 |
| 27871 | ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL | 10/1/2019 | \$6,507.74 |
| 27884 | AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION | 10/1/2019 | \$996.47 |
| 27889 | ANKLE DISARTICULATION | 10/1/2019 | \$2,425.24 |
| 27892 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH D | 10/1/2019 | \$996.47 |
| 27893 | DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT | 10/1/2019 | \$2,425.24 |
| 27894 | DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR | 10/1/2019 | \$996.47 |
| 28001 | INCISION AND DRAINAGE, BURSA, FOOT | 10/1/2019 | \$133.75 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 28002 | INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, | 10/1/2019 | \$536.67 |
| 28003 | INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, | 10/1/2019 | \$996.47 |
| 28005 | INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT | 10/1/2019 | \$996.47 |
| 28008 | FASCIOTOMY, FOOT AND/OR TOE | 10/1/2019 | \$996.47 |
| 28010 | REPAIR OF TOE TENDON, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$92.71 |
| 28011 | REPAIR OF MULTIPLE TOE TENDONS, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$536.67 |
| 28020 | INCISION OF FOOT BONE AT ANKLE JOINT WITH EXPLORATION, DRAINAGE, OR REMOVAL OF F | 10/1/2019 | \$996.47 |
| 28022 | EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF FOOT | 10/1/2019 | \$996.47 |
| 28024 | EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY OF TOE JOINT | 10/1/2019 | \$536.67 |
| 28035 | RELEASE, TARSAI TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION) | 10/1/2019 | \$596.06 |
| 28039 | EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER | 10/1/2019 | \$835.14 |
| 28041 | EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 | 10/1/2019 | \$835.14 |
| 28043 | EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM | 10/1/2019 | \$421.98 |
| 28045 | EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LES | 10/1/2019 | \$835.14 |
| 28046 | REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF FOOT OR TOE | 10/1/2019 | \$835.14 |
| 28047 | REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF FOOT OR TOE | 10/1/2019 | \$835.14 |
| 28050 | ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT | 10/1/2019 | \$996.47 |
| 28052 | ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT | 10/1/2019 | \$996.47 |
| 28054 | ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT | 10/1/2019 | \$996.47 |
| 28055 | NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT | 10/1/2019 | \$596.06 |
| 28060 | FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE) | 10/1/2019 | \$996.47 |
| 28062 | FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE) | 10/1/2019 | \$996.47 |
| 28070 | SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH | 10/1/2019 | \$996.47 |
| 28072 | SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH | 10/1/2019 | \$996.47 |
| 28080 | EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH | 10/1/2019 | \$536.67 |
| 28086 | SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR | 10/1/2019 | \$996.47 |
| 28088 | SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR | 10/1/2019 | \$996.47 |
| 28090 | EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) | 10/1/2019 | \$536.67 |
| 28092 | EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) | 10/1/2019 | \$536.67 |
| 28100 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; | 10/1/2019 | \$996.47 |
| 28102 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH | 10/1/2019 | \$3,070.91 |
| 28103 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH | 10/1/2019 | \$2,425.24 |
| 28104 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAI OR METATARSAL, | 10/1/2019 | \$996.47 |
| 28106 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAI OR METATARSAL, | 10/1/2019 | \$2,425.24 |
| 28107 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAI OR METATARSAL, | 10/1/2019 | \$2,425.24 |
| 28108 | EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT | 10/1/2019 | \$536.67 |
| 28110 | OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE | 10/1/2019 | \$996.47 |
| 28111 | OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD | 10/1/2019 | \$996.47 |
| 28112 | REMOVAL OF BONES AT SECOND, THIRD, OR FOURTH TOE JOINTS | 10/1/2019 | \$996.47 |
| 28113 | OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD | 10/1/2019 | \$996.47 |
| 28114 | OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL | 10/1/2019 | \$996.47 |
| 28116 | OSTECTOMY, EXCISION OF TARSAI COALITION | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 28118 | OSTECTOMY, CALCANEUS; | 10/1/2019 | \$996.47 |
| 28119 | OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE | 10/1/2019 | \$996.47 |
| 28120 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR | 10/1/2019 | \$996.47 |
| 28122 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR | 10/1/2019 | \$996.47 |
| 28124 | PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR | 10/1/2019 | \$224.59 |
| 28126 | RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE | 10/1/2019 | \$996.47 |
| 28130 | TALECTOMY (ASTRAGALECTOMY) | 10/1/2019 | \$996.47 |
| 28140 | METATARSECTOMY | 10/1/2019 | \$996.47 |
| 28150 | PHALANGECTOMY, TOE, EACH TOE | 10/1/2019 | \$996.47 |
| 28153 | RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE | 10/1/2019 | \$996.47 |
| 28160 | HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF | 10/1/2019 | \$996.47 |
| 28171 | EXTENSIVE REMOVAL OF BONE GROWTH, MIDDLE PORTION OF FOOT | 10/1/2019 | \$996.47 |
| 28173 | RADICAL RESECTION OF TUMOR; METATARSAL | 10/1/2019 | \$996.47 |
| 28175 | RADICAL RESECTION OF TUMOR; PHALANX OF TOE | 10/1/2019 | \$536.67 |
| 28190 | REMOVAL OF FOREIGN BODY OF FOOT TISSUE, ACCESSED BENEATH THE SKIN | 10/1/2019 | \$137.47 |
| 28192 | REMOVAL OF FOREIGN BODY, FOOT; DEEP | 10/1/2019 | \$421.98 |
| 28193 | REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED | 10/1/2019 | \$421.98 |
| 28200 | REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TEN | 10/1/2019 | \$996.47 |
| 28202 | REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES | 10/1/2019 | \$2,425.24 |
| 28208 | REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON | 10/1/2019 | \$996.47 |
| 28210 | REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON | 10/1/2019 | \$2,425.24 |
| 28220 | TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON | 10/1/2019 | \$213.67 |
| 28222 | TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS | 10/1/2019 | \$996.47 |
| 28225 | TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON | 10/1/2019 | \$996.47 |
| 28226 | TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS | 10/1/2019 | \$996.47 |
| 28230 | INCISION TO LENGTHEN FOOT TENDONS, OPEN PROCEDURE | 10/1/2019 | \$209.14 |
| 28232 | INCISION TO LENGTHEN TOE TENDON, OPEN PROCEDURE | 10/1/2019 | \$196.62 |
| 28234 | INCISION TO RELEASE FOOT TENDON, OPEN PROCEDURE | 10/1/2019 | \$536.67 |
| 28238 | RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF | 10/1/2019 | \$2,425.24 |
| 28240 | TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE | 10/1/2019 | \$996.47 |
| 28250 | DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE | 10/1/2019 | \$996.47 |
| 28260 | CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE) | 10/1/2019 | \$996.47 |
| 28261 | CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING | 10/1/2019 | \$536.67 |
| 28262 | CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND | 10/1/2019 | \$3,136.99 |
| 28264 | CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE) | 10/1/2019 | \$536.67 |
| 28270 | CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT | 10/1/2019 | \$996.47 |
| 28272 | CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE) | 10/1/2019 | \$190.49 |
| 28280 | SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE) | 10/1/2019 | \$996.47 |
| 28285 | CORRECTION, HAMMERTOES (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL | 10/1/2019 | \$996.47 |
| 28286 | CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE | 10/1/2019 | \$996.47 |
| 28288 | OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH | 10/1/2019 | \$996.47 |
| 28289 | CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 28291 | HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF | 10/1/2019 | \$3,354.89 |
| 28292 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER, | 10/1/2019 | \$996.47 |
| 28295 | CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED, W | 10/1/2019 | \$996.47 |
| 28296 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH | 10/1/2019 | \$996.47 |
| 28297 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS | 10/1/2019 | \$3,204.97 |
| 28298 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX | 10/1/2019 | \$2,425.24 |
| 28299 | CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE | 10/1/2019 | \$996.47 |
| 28300 | OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT | 10/1/2019 | \$3,036.54 |
| 28302 | OSTEOTOMY; TALUS | 10/1/2019 | \$2,425.24 |
| 28304 | OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; | 10/1/2019 | \$2,425.24 |
| 28305 | OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT | 10/1/2019 | \$2,425.24 |
| 28306 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, | 10/1/2019 | \$2,425.24 |
| 28307 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, | 10/1/2019 | \$996.47 |
| 28308 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, | 10/1/2019 | \$996.47 |
| 28309 | OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, | 10/1/2019 | \$2,425.24 |
| 28310 | OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, | 10/1/2019 | \$996.47 |
| 28312 | OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY | 10/1/2019 | \$996.47 |
| 28313 | RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG, | 10/1/2019 | \$996.47 |
| 28315 | SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE) | 10/1/2019 | \$996.47 |
| 28320 | REPAIR, NONUNION OR MALUNION; TARSAL BONES | 10/1/2019 | \$6,838.53 |
| 28322 | REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES | 10/1/2019 | \$3,148.07 |
| 28340 | RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION | 10/1/2019 | \$996.47 |
| 28341 | RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION | 10/1/2019 | \$996.47 |
| 28344 | RECONSTRUCTION, TOE(S); POLYDACTYLY | 10/1/2019 | \$996.47 |
| 28345 | RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB | 10/1/2019 | \$536.67 |
| 28400 | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 28405 | CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION | 10/1/2019 | \$86.14 |
| 28406 | INSERTION OF HARDWARE TO BROKEN HEEL BONE WITH MANIPULATION, ACCESSED THROUGH TH | 10/1/2019 | \$2,425.24 |
| 28415 | OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED | 10/1/2019 | \$3,174.23 |
| 28420 | OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED | 10/1/2019 | \$6,637.85 |
| 28430 | CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION | 10/1/2019 | \$86.14 |
| 28435 | CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION | 10/1/2019 | \$536.67 |
| 28436 | INSERTION OF HARDWARE TO BROKEN ANKLE JOINT WITH MANIPULATION, ACCESSED THROUGH | 10/1/2019 | \$2,425.24 |
| 28445 | OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED | 10/1/2019 | \$2,425.24 |
| 28446 | IMPLANTATION OF DONOR CARTILAGE CELLS INTO FOOT JOINT WITH GRAFTS, OPEN PROCEDUR | 10/1/2019 | \$2,425.24 |
| 28450 | TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT | 10/1/2019 | \$86.14 |
| 28455 | TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH | 10/1/2019 | \$124.42 |
| 28456 | INSERTION OF HARDWARE TO BROKEN FOOT JOINT WITH MANIPULATION, ACCESSED THROUGH T | 10/1/2019 | \$2,425.24 |
| 28465 | OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES IN | 10/1/2019 | \$3,127.44 |
| 28470 | CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH | 10/1/2019 | \$86.14 |
| 28475 | CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH | 10/1/2019 | \$86.14 |
| 28476 | INSERTION OF HARDWARE TO BROKEN FOOT BONE WITH MANIPULATION, ACCESSED THROUGH TH | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 28485 | OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME | 10/1/2019 | \$3,037.68 |
| 28490 | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT | 10/1/2019 | \$74.60 |
| 28495 | CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION | 10/1/2019 | \$86.14 |
| 28496 | INSERTION OF HARDWARE TO BROKEN GREAT TOE WITH MANIPULATION, ACCESSED THROUGH TH | 10/1/2019 | \$996.47 |
| 28505 | OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL F | 10/1/2019 | \$996.47 |
| 28510 | CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; | 10/1/2019 | \$58.88 |
| 28515 | CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH | 10/1/2019 | \$78.59 |
| 28525 | OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES | 10/1/2019 | \$996.47 |
| 28530 | CLOSED TREATMENT OF SESAMOID FRACTURE | 10/1/2019 | \$56.48 |
| 28531 | OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION | 10/1/2019 | \$2,425.24 |
| 28540 | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT | 10/1/2019 | \$86.14 |
| 28545 | CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING | 10/1/2019 | \$996.47 |
| 28546 | INSERTION OF HARDWARE TO FOOT JOINT DISLOCATION WITH MANIPULATION, ACCESSED THRO | 10/1/2019 | \$536.67 |
| 28555 | OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERF | 10/1/2019 | \$3,391.55 |
| 28570 | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA | 10/1/2019 | \$86.14 |
| 28575 | CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA | 10/1/2019 | \$996.47 |
| 28576 | INSERTION OF HARDWARE TO FOOT JOINT DISLOCATION WITH MANIPULATION, ACCESSED THRO | 10/1/2019 | \$996.47 |
| 28585 | OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN | 10/1/2019 | \$3,401.49 |
| 28600 | CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA | 10/1/2019 | \$86.14 |
| 28605 | CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA | 10/1/2019 | \$86.14 |
| 28606 | INSERTION OF HARDWARE TO FOOT JOINT DISLOCATION WITH MANIPULATION, ACCESSED THRO | 10/1/2019 | \$996.47 |
| 28615 | OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, | 10/1/2019 | \$3,119.99 |
| 28630 | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA | 10/1/2019 | \$67.40 |
| 28635 | CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA | 10/1/2019 | \$536.67 |
| 28636 | INSERTION OF HARDWARE TO FOOT BONE DISLOCATION WITH MANIPULATION, ACCESSED THROU | 10/1/2019 | \$996.47 |
| 28645 | OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXAT | 10/1/2019 | \$996.47 |
| 28660 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA | 10/1/2019 | \$51.69 |
| 28665 | CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA | 10/1/2019 | \$89.86 |
| 28666 | INSERTION OF HARDWARE TO TOE JOINT DISLOCATION WITH MANIPULATION, ACCESSED THROU | 10/1/2019 | \$996.47 |
| 28675 | OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, | 10/1/2019 | \$996.47 |
| 28705 | ARTHRODESIS; PANTALAR | 10/1/2019 | \$11,055.62 |
| 28715 | ARTHRODESIS; TRIPLE | 10/1/2019 | \$7,053.17 |
| 28725 | ARTHRODESIS; SUBTALAR | 10/1/2019 | \$6,794.43 |
| 28730 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; | 10/1/2019 | \$7,118.60 |
| 28735 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH | 10/1/2019 | \$6,963.86 |
| 28737 | ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL | 10/1/2019 | \$7,245.03 |
| 28740 | ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT | 10/1/2019 | \$3,317.46 |
| 28750 | ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT | 10/1/2019 | \$3,274.68 |
| 28755 | ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT | 10/1/2019 | \$2,425.24 |
| 28760 | ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK, | 10/1/2019 | \$2,425.24 |
| 28810 | AMPUTATION, METATARSAL, WITH TOE, SINGLE | 10/1/2019 | \$996.47 |
| 28820 | AMPUTATION, TOE; METATARSOPHALANGEAL JOINT | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 28825 | AMPUTATION, TOE; INTERPHALANGEAL JOINT | 10/1/2019 | \$996.47 |
| 28890 | EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN OR OTHER QUALIF | 10/1/2019 | \$149.20 |
| 29000 | APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION) | 10/1/2019 | \$89.86 |
| 29010 | APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY | 10/1/2019 | \$89.86 |
| 29015 | APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD | 10/1/2019 | \$89.86 |
| 29035 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; | 10/1/2019 | \$89.86 |
| 29040 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE | 10/1/2019 | \$89.86 |
| 29044 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH | 10/1/2019 | \$51.43 |
| 29046 | APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS | 10/1/2019 | \$89.86 |
| 29049 | APPLICATION, CAST; FIGURE-OF-EIGHT | 10/1/2019 | \$46.62 |
| 29055 | APPLICATION, CAST; SHOULDER SPICA | 10/1/2019 | \$89.86 |
| 29058 | APPLICATION, CAST; PLASTER VELPEAU | 10/1/2019 | \$52.22 |
| 29065 | APPLICATION OF CAST, SHOULDER TO HAND (LONG ARM) | 10/1/2019 | \$45.29 |
| 29075 | APPLICATION OF CAST, ELBOW TO FINGER (SHORT ARM) | 10/1/2019 | \$41.57 |
| 29085 | APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET) | 10/1/2019 | \$45.03 |
| 29086 | APPLICATION, CAST; FINGER (EG, CONTRACTURE) | 10/1/2019 | \$41.30 |
| 29105 | APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND) | 10/1/2019 | \$37.83 |
| 29125 | APPLICATION OF NON-MOVEABLE, SHORT ARM SPLINT (FOREARM TO HAND) | 10/1/2015 | \$0.00 |
| 29126 | APPLICATION OF MOVEABLE, HINGED SHORT ARM SPLINT (FOREARM TO HAND) | 10/1/2015 | \$0.00 |
| 29130 | APPLICATION OF NON-MOVEABLE, HINGED FINGER SPLINT | 10/1/2015 | \$0.00 |
| 29131 | APPLICATION OF MOVEABLE, HINGED FINGER SPLINT | 10/1/2015 | \$0.00 |
| 29200 | STRAPPING; THORAX | 10/1/2019 | \$13.32 |
| 29240 | STRAPPING; SHOULDER (EG, VELPEAU) | 10/1/2015 | \$0.00 |
| 29260 | STRAPPING; ELBOW OR WRIST | 10/1/2015 | \$0.00 |
| 29280 | STRAPPING; HAND OR FINGER | 10/1/2015 | \$0.00 |
| 29305 | APPLICATION OF HIP SPICA CAST; ONE LEG | 10/1/2019 | \$89.86 |
| 29325 | APPLICATION OF HIP SPICA CAST, ONE AND ONE-HALF HIP SPICA OR BOTH LEGS | 10/1/2019 | \$89.86 |
| 29345 | APPLICATION OF LONG LEG CAST (THIGH TO TOES); | 10/1/2019 | \$58.61 |
| 29355 | APPLICATION OF LONG LEG CAST (THIGH TO TOES), WALKER OR AMBULATORY TYPE | 10/1/2019 | \$59.41 |
| 29358 | APPLICATION OF LONG LEG CAST BRACE | 10/1/2019 | \$75.66 |
| 29365 | APPLICATION OF CYLINDER CAST (THIGH TO ANKLE) | 10/1/2019 | \$55.68 |
| 29405 | APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); | 10/1/2019 | \$36.77 |
| 29425 | APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES), WALKING OR AMBULATORY TYPE | 10/1/2019 | \$34.64 |
| 29435 | APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST | 10/1/2019 | \$52.22 |
| 29440 | ADDING WALKER TO PREVIOUSLY APPLIED CAST | 10/1/2019 | \$16.78 |
| 29445 | APPLICATION OF RIGID TOTAL CONTACT LEG CAST | 10/1/2019 | \$46.62 |
| 29450 | APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG | 10/1/2019 | \$49.82 |
| 29505 | APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES) | 10/1/2019 | \$43.96 |
| 29515 | APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT) | 10/1/2019 | \$32.23 |
| 29520 | STRAPPING; HIP | 10/1/2015 | \$0.00 |
| 29530 | STRAPPING; KNEE | 10/1/2015 | \$0.00 |
| 29540 | STRAPPING; ANKLE AND/OR FOOT | 10/1/2019 | \$10.65 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 29550 | STRAPPING; TOES | 10/1/2015 | \$0.00 |
| 29580 | STRAPPING, UNNA BOOT | 10/1/2019 | \$30.90 |
| 29581 | APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE | 10/1/2019 | \$49.29 |
| 29584 | APPLICATION OF VEIN WOUND COMPRESSION SYSTEM UPPER ARM, FOREARM, HAND, AND FINGE | 10/1/2019 | \$51.43 |
| 29700 | REMOVAL OR BIVALVING OF GAUNTLET, BOOT, OR BODY CAST | 10/1/2019 | \$31.17 |
| 29705 | REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST | 10/1/2019 | \$25.84 |
| 29710 | REMOVAL OR BIVALVING OF SHOULDER, HIP SPICA, OR JACKET CAST | 10/1/2019 | \$48.75 |
| 29720 | REPAIR OF SPICA, BODY CAST, OR JACKET | 10/1/2019 | \$42.36 |
| 29730 | WINDOWING OF CAST | 10/1/2019 | \$24.78 |
| 29740 | WEDGING OF CAST (EXCEPT CLUBFOOT CASTS) | 10/1/2019 | \$39.43 |
| 29750 | WEDGING OF CLUBFOOT CAST | 10/1/2019 | \$41.30 |
| 29800 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS | 10/1/2019 | \$996.47 |
| 29804 | ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL | 10/1/2019 | \$996.47 |
| 29805 | ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE | 10/1/2019 | \$996.47 |
| 29806 | ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY | 10/1/2019 | \$2,425.24 |
| 29807 | ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION | 10/1/2019 | \$2,425.24 |
| 29819 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY | 10/1/2019 | \$996.47 |
| 29820 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL | 10/1/2019 | \$2,425.24 |
| 29821 | ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE | 10/1/2019 | \$996.47 |
| 29822 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED | 10/1/2019 | \$996.47 |
| 29823 | ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE | 10/1/2019 | \$996.47 |
| 29824 | ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL | 10/1/2019 | \$996.47 |
| 29825 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR | 10/1/2019 | \$996.47 |
| 29826 | ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL | 10/1/2014 | \$0.00 |
| 29827 | ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR | 10/1/2019 | \$2,425.24 |
| 29828 | ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS | 10/1/2019 | \$2,425.24 |
| 29830 | ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE | 10/1/2019 | \$996.47 |
| 29834 | ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY | 10/1/2019 | \$996.47 |
| 29835 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL | 10/1/2019 | \$996.47 |
| 29836 | ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE | 10/1/2019 | \$2,425.24 |
| 29837 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED | 10/1/2019 | \$996.47 |
| 29838 | ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE | 10/1/2019 | \$996.47 |
| 29840 | ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE | 10/1/2019 | \$996.47 |
| 29843 | DIAGNOSTIC EXAMINATION OF THE WRIST USING AN ENDOSCOPE FOR INFECTION, IRRIGATION | 10/1/2019 | \$996.47 |
| 29844 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL | 10/1/2019 | \$996.47 |
| 29845 | ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE | 10/1/2019 | \$996.47 |
| 29846 | ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR | 10/1/2019 | \$996.47 |
| 29847 | ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY | 10/1/2019 | \$2,425.24 |
| 29848 | ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT | 10/1/2019 | \$536.67 |
| 29850 | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY | 10/1/2019 | \$536.67 |
| 29851 | ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY | 10/1/2019 | \$536.67 |
| 29855 | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICOND | 10/1/2019 | \$3,345.53 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 29856 | ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDY | 10/1/2019 | \$6,851.03 |
| 29860 | ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE | 10/1/2019 | \$2,425.24 |
| 29861 | ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY | 10/1/2019 | \$996.47 |
| 29862 | ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE | 10/1/2019 | \$2,425.24 |
| 29863 | ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY | 10/1/2019 | \$996.47 |
| 29866 | ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCL | 10/1/2019 | \$2,425.24 |
| 29870 | ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE | 10/1/2019 | \$996.47 |
| 29871 | ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE | 10/1/2019 | \$996.47 |
| 29873 | ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE | 10/1/2019 | \$996.47 |
| 29874 | ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, | 10/1/2019 | \$996.47 |
| 29875 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF | 10/1/2019 | \$996.47 |
| 29876 | ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, | 10/1/2019 | \$996.47 |
| 29877 | ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE | 10/1/2019 | \$996.47 |
| 29879 | ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY | 10/1/2019 | \$996.47 |
| 29880 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN | 10/1/2019 | \$996.47 |
| 29881 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY | 10/1/2019 | \$996.47 |
| 29882 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL) | 10/1/2019 | \$996.47 |
| 29883 | ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL) | 10/1/2019 | \$996.47 |
| 29884 | ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT | 10/1/2019 | \$996.47 |
| 29885 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE | 10/1/2019 | \$2,425.24 |
| 29886 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS | 10/1/2019 | \$996.47 |
| 29887 | ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS | 10/1/2019 | \$2,425.24 |
| 29888 | ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR | 10/1/2019 | \$3,129.35 |
| 29889 | REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE WITH ASSISTANCE OF AN ENDOSCOPE | 10/1/2019 | \$5,202.97 |
| 29891 | ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR | 10/1/2019 | \$996.47 |
| 29892 | ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR | 10/1/2019 | \$2,425.24 |
| 29893 | ENDOSCOPIC PLANTAR FASCIOTOMY | 10/1/2019 | \$996.47 |
| 29894 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL | 10/1/2019 | \$996.47 |
| 29895 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, | 10/1/2019 | \$996.47 |
| 29897 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, | 10/1/2019 | \$996.47 |
| 29898 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, | 10/1/2019 | \$996.47 |
| 29899 | ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE | 10/1/2019 | \$2,998.91 |
| 29900 | ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY | 10/1/2019 | \$996.47 |
| 29901 | ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT | 10/1/2019 | \$996.47 |
| 29902 | ARTHROSCOPY, METACARPPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED | 10/1/2019 | \$536.67 |
| 29904 | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BOD | 10/1/2019 | \$996.47 |
| 29905 | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY | 10/1/2019 | \$996.47 |
| 29906 | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT | 10/1/2019 | \$996.47 |
| 29907 | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS | 10/1/2019 | \$6,338.31 |
| 29914 | ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION) | 10/1/2019 | \$2,425.24 |
| 29915 | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PI | 10/1/2019 | \$2,425.24 |
| 29916 | ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH LABRAL REPAIR | 10/1/2019 | \$2,425.24 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 30000 | DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH | 10/1/2019 | \$79.80 |
| 30020 | DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM | 10/1/2019 | \$138.80 |
| 30100 | BIOPSY, INTRANASAL | 10/1/2019 | \$78.06 |
| 30110 | EXCISION, NASAL POLYP(S), SIMPLE | 10/1/2019 | \$126.02 |
| 30115 | EXCISION, NASAL POLYP(S), EXTENSIVE | 10/1/2019 | \$756.10 |
| 30117 | EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH | 10/1/2019 | \$756.10 |
| 30118 | EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPROACH | 10/1/2019 | \$756.10 |
| 30120 | EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA | 10/1/2019 | \$756.10 |
| 30124 | EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS | 10/1/2019 | \$440.03 |
| 30125 | EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE | 10/1/2019 | \$1,714.58 |
| 30130 | EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD | 10/1/2019 | \$756.10 |
| 30140 | SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD | 10/1/2019 | \$756.10 |
| 30150 | RHINECTOMY; PARTIAL | 10/1/2019 | \$1,714.58 |
| 30160 | RHINECTOMY; TOTAL | 10/1/2019 | \$1,714.58 |
| 30200 | INJECTION INTO TURBINATE(S), THERAPEUTIC | 10/1/2019 | \$61.01 |
| 30210 | DISPLACEMENT THERAPY (PROETZ TYPE) | 10/1/2019 | \$78.86 |
| 30220 | INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON) | 10/1/2019 | \$440.03 |
| 30300 | REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE | 10/1/2015 | \$0.00 |
| 30310 | REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA | 10/1/2019 | \$756.10 |
| 30320 | REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY | 10/1/2019 | \$440.03 |
| 30400 | RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP | 10/1/2019 | \$1,714.58 |
| 30410 | RESHAPING OF BONE, CARTILAGE, OR TIP OF NOSE | 10/1/2019 | \$1,714.58 |
| 30420 | RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR | 10/1/2019 | \$1,714.58 |
| 30430 | RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK) | 10/1/2019 | \$1,714.58 |
| 30435 | RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES) | 10/1/2019 | \$1,714.58 |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES) | 10/1/2019 | \$1,714.58 |
| 30460 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR | 10/1/2019 | \$1,714.58 |
| 30462 | RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR | 10/1/2019 | \$1,714.58 |
| 30465 | REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL | 10/1/2019 | \$1,714.58 |
| 30520 | SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, | 10/1/2019 | \$756.10 |
| 30540 | REPAIR CHOANAL ATRESIA; INTRANASAL | 10/1/2019 | \$1,714.58 |
| 30545 | REPAIR CHOANAL ATRESIA; TRANSPALATINE | 10/1/2019 | \$1,714.58 |
| 30560 | LYSIS INTRANASAL SYNECHIA | 10/1/2019 | \$187.04 |
| 30580 | REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED) | 10/1/2019 | \$1,714.58 |
| 30600 | REPAIR FISTULA; ORONASAL | 10/1/2019 | \$1,714.58 |
| 30620 | SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT) | 10/1/2019 | \$1,714.58 |
| 30630 | REPAIR NASAL SEPTAL PERFORATIONS | 10/1/2019 | \$756.10 |
| 30801 | ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO | 10/1/2019 | \$440.03 |
| 30802 | ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO | 10/1/2019 | \$440.03 |
| 30901 | CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY | 10/1/2015 | \$0.00 |
| 30903 | CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) | 10/1/2019 | \$43.05 |
| 30905 | CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, | 10/1/2019 | \$43.05 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 30906 | CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, | 10/1/2019 | \$79.80 |
| 30915 | LIGATION ARTERIES; ETHMOIDAL | 10/1/2019 | \$1,132.19 |
| 30920 | LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL | 10/1/2019 | \$1,132.19 |
| 30930 | FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC | 10/1/2019 | \$756.10 |
| 31000 | LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM) | 10/1/2019 | \$79.80 |
| 31002 | LAVAGE BY CANNULATION; SPHENOID SINUS | 10/1/2019 | \$440.03 |
| 31020 | SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL | 10/1/2019 | \$756.10 |
| 31030 | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF | 10/1/2019 | \$1,714.58 |
| 31032 | SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF | 10/1/2019 | \$1,714.58 |
| 31040 | PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH | 10/1/2019 | \$1,714.58 |
| 31050 | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; | 10/1/2019 | \$1,714.58 |
| 31051 | SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL | 10/1/2019 | \$1,714.58 |
| 31070 | SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPINE OPERATION) | 10/1/2019 | \$1,714.58 |
| 31075 | SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH | 10/1/2019 | \$1,714.58 |
| 31080 | SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION | 10/1/2019 | \$1,714.58 |
| 31081 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION | 10/1/2019 | \$1,714.58 |
| 31084 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION | 10/1/2019 | \$1,714.58 |
| 31085 | SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION | 10/1/2019 | \$1,714.58 |
| 31086 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION | 10/1/2019 | \$1,714.58 |
| 31087 | SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION | 10/1/2019 | \$1,714.58 |
| 31090 | SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY, | 10/1/2019 | \$1,714.58 |
| 31200 | ETHMOIDECTOMY; INTRANASAL, ANTERIOR | 10/1/2019 | \$1,714.58 |
| 31201 | ETHMOIDECTOMY; INTRANASAL, TOTAL | 10/1/2019 | \$756.10 |
| 31205 | ETHMOIDECTOMY; EXTRANASAL, TOTAL | 10/1/2019 | \$756.10 |
| 31225 | MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION | 10/1/2014 | \$1,417.85 |
| 31231 | NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) | 10/1/2019 | \$62.53 |
| 31233 | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR | 10/1/2019 | \$147.41 |
| 31235 | NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF | 10/1/2019 | \$464.17 |
| 31237 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT | 10/1/2019 | \$464.17 |
| 31238 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE | 10/1/2019 | \$464.17 |
| 31239 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY | 10/1/2019 | \$922.91 |
| 31240 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION | 10/1/2019 | \$464.17 |
| 31253 | NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO | 10/1/2019 | \$1,562.91 |
| 31254 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR) | 10/1/2019 | \$1,562.91 |
| 31255 | COMPLETE REMOVAL OF NASAL SINUS USING AN ENDOSCOPE | 10/1/2019 | \$1,562.91 |
| 31256 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; | 10/1/2019 | \$922.91 |
| 31257 | NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO | 10/1/2019 | \$1,562.91 |
| 31259 | NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO | 10/1/2019 | \$1,562.91 |
| 31267 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF | 10/1/2019 | \$1,562.91 |
| 31276 | NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT | 10/1/2019 | \$1,562.91 |
| 31287 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; | 10/1/2019 | \$1,562.91 |
| 31288 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE | 10/1/2019 | \$1,562.91 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 31295 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BA | 10/1/2019 | \$1,562.91 |
| 31296 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BAL | 10/1/2019 | \$1,562.91 |
| 31297 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, B | 10/1/2019 | \$1,562.91 |
| 31298 | NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OST | 10/1/2019 | \$1,562.91 |
| 31300 | LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C | 10/1/2019 | \$756.10 |
| 31400 | ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH | 10/1/2019 | \$1,714.58 |
| 31420 | EPIGLOTTIDECTOMY | 10/1/2019 | \$1,714.58 |
| 31500 | INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE | 10/1/2019 | \$79.80 |
| 31502 | TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT | 10/1/2019 | \$79.80 |
| 31505 | LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC | 10/1/2019 | \$45.56 |
| 31510 | LARYNGOSCOPY, INDIRECT; WITH BIOPSY | 10/1/2019 | \$922.91 |
| 31511 | LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY | 10/1/2019 | \$62.53 |
| 31512 | LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION | 10/1/2019 | \$922.91 |
| 31513 | LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION | 10/1/2019 | \$147.41 |
| 31515 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION | 10/1/2019 | \$147.41 |
| 31520 | DIAGNOSTIC EXAMINATION OF VOICE BOX USING AN ENDOSCOPE, NEWBORN | 10/1/2019 | \$147.41 |
| 31525 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN | 10/1/2019 | \$464.17 |
| 31526 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MI | 10/1/2019 | \$464.17 |
| 31527 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR | 10/1/2019 | \$922.91 |
| 31528 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL | 10/1/2019 | \$922.91 |
| 31529 | LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT | 10/1/2019 | \$922.91 |
| 31530 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; | 10/1/2019 | \$464.17 |
| 31531 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICRO | 10/1/2019 | \$922.91 |
| 31535 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; | 10/1/2019 | \$922.91 |
| 31536 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELES | 10/1/2019 | \$922.91 |
| 31540 | REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE | 10/1/2019 | \$922.91 |
| 31541 | REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE WITH | 10/1/2019 | \$922.91 |
| 31545 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH | 10/1/2019 | \$922.91 |
| 31546 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH | 10/1/2019 | \$1,562.91 |
| 31551 | LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC | 10/1/2019 | \$1,714.58 |
| 31552 | LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC | 10/1/2019 | \$1,714.58 |
| 31553 | LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEME | 10/1/2019 | \$1,714.58 |
| 31554 | LARYNGOPLASTY, FOR LARYNGEAL STENOSIS WITH GRAFT, WITH INDWELLING STENT PLACEMEN | 10/1/2019 | \$1,714.58 |
| 31560 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; | 10/1/2019 | \$1,562.91 |
| 31561 | LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE | 10/1/2019 | \$1,562.91 |
| 31570 | LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; | 10/1/2019 | \$922.91 |
| 31571 | LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERA | 10/1/2019 | \$922.91 |
| 31572 | LARYNGOSCOPY, FLEXIBLE, WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER UNI | 10/1/2019 | \$922.91 |
| 31573 | LARYNGOSCOPY, FLEXIBLE WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT | 10/1/2019 | \$128.68 |
| 31574 | LARYNGOSCOPY, FLEXIBLE WITH INJECTION(S) (EG, PERCUTANEOUS TRANSORAL), UNILATERA | 10/1/2019 | \$464.17 |
| 31575 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC | 10/1/2019 | \$59.68 |
| 31576 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY | 10/1/2019 | \$464.17 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 31577 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY | 10/1/2019 | \$147.41 |
| 31578 | LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION | 10/1/2019 | \$922.91 |
| 31579 | LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY | 10/1/2019 | \$82.32 |
| 31580 | LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL | 10/1/2019 | \$1,714.58 |
| 31590 | LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE | 10/1/2019 | \$1,714.58 |
| 31591 | LARYNGOPLASTY, MEDIALIZATION UNILATERAL | 10/1/2019 | \$1,714.58 |
| 31592 | CRICOTRACHEAL RESECTION | 10/1/2019 | \$1,714.58 |
| 31603 | TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL | 10/1/2019 | \$440.03 |
| 31605 | TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE | 10/1/2019 | \$79.80 |
| 31611 | CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN | 10/1/2019 | \$756.10 |
| 31612 | PUNCTURE OF NECK AND WINDPIPE CARTILAGE FOR ASPIRATION AND/OR INJECTION, ACCESSE | 10/1/2019 | \$756.10 |
| 31613 | TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION | 10/1/2019 | \$756.10 |
| 31614 | TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION | 10/1/2019 | \$1,714.58 |
| 31615 | TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION | 10/1/2019 | \$187.04 |
| 31622 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$464.17 |
| 31623 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2019 | \$464.17 |
| 31624 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2019 | \$464.17 |
| 31625 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2019 | \$464.17 |
| 31626 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$1,562.91 |
| 31627 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2012 | \$0.00 |
| 31628 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2019 | \$922.91 |
| 31629 | NEEDLE BIOPSY OF WINDPIPE CARTILAGE, AIRWAY, AND/OR LUNG USING AN ENDOSCOPE | 10/1/2019 | \$922.91 |
| 31630 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2019 | \$922.91 |
| 31631 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2019 | \$1,562.91 |
| 31632 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2014 | \$0.00 |
| 31633 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2014 | \$0.00 |
| 31634 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$1,562.91 |
| 31635 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2019 | \$464.17 |
| 31636 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2019 | \$2,134.39 |
| 31637 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH | 10/1/2014 | \$0.00 |
| 31638 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2019 | \$1,562.91 |
| 31640 | BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH | 10/1/2019 | \$922.91 |
| 31641 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$922.91 |
| 31643 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$464.17 |
| 31645 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$464.17 |
| 31646 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$147.41 |
| 31647 | ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVES IN LUNG | 10/1/2019 | \$1,562.91 |
| 31648 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$922.91 |
| 31649 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$464.17 |
| 31651 | ASSESSMENT OF AIR LEAK, AIRWAY SIZING, AND INSERTION OF BRONCHIAL VALVES IN LUNG | 10/1/2014 | \$0.00 |
| 31652 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$922.91 |
| 31653 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$922.91 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 31654 | BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED | 10/1/2016 | \$0.00 |
| 31717 | CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY | 10/1/2019 | \$147.41 |
| 31720 | CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL | 10/1/2015 | \$0.00 |
| 31730 | INSERTION INTO WINDPIPE OF NEEDLE WIRE, DILATOR, STENT, OR TUBE FOR OXYGEN DELIV | 10/1/2019 | \$464.17 |
| 31750 | TRACHEOPLASTY; CERVICAL | 10/1/2019 | \$1,714.58 |
| 31755 | TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE | 10/1/2019 | \$1,714.58 |
| 31820 | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR | 10/1/2019 | \$756.10 |
| 31825 | SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR | 10/1/2019 | \$756.10 |
| 31830 | REVISION OF TRACHEOSTOMY SCAR | 10/1/2019 | \$756.10 |
| 32400 | NEEDLE BIOPSY OF LINING OF LUNG, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$421.98 |
| 32405 | NEEDLE BIOPSY OF LUNG OR CHEST TISSUE, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$421.98 |
| 32550 | INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF | 10/1/2019 | \$1,129.73 |
| 32552 | REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF | 10/1/2019 | \$244.92 |
| 32553 | INSERTION OF DEVICES IN CHEST CAVITY FOR RADIATION THERAPY GUIDANCE, ACCESSED TH | 10/1/2019 | \$456.48 |
| 32554 | THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAG | 10/1/2019 | \$244.92 |
| 32555 | THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING | 10/1/2019 | \$244.92 |
| 32556 | REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING CATHETER, ACCESS | 10/1/2019 | \$524.07 |
| 32557 | REMOVAL OF FLUID FROM CHEST CAVITY WITH INSERTION OF INDWELLING CATHETER AND IMA | 10/1/2019 | \$491.29 |
| 32960 | PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR | 10/1/2019 | \$244.92 |
| 32994 | DESTRUCTION OF GROWTHS IN ONE LUNG, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$1,702.36 |
| 32998 | DESTRUCTION OF GROWTHS IN ONE LUNG, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$1,702.36 |
| 33010 | PERICARDIOCENTESIS; INITIAL | 10/1/2019 | \$491.29 |
| 33011 | PERICARDIOCENTESIS; SUBSEQUENT | 10/1/2019 | \$491.29 |
| 33206 | INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD | 10/1/2019 | \$7,535.13 |
| 33207 | INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD | 10/1/2019 | \$7,520.74 |
| 33208 | INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD | 10/1/2019 | \$7,627.64 |
| 33210 | INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC | 10/1/2019 | \$3,699.59 |
| 33211 | INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING | 10/1/2019 | \$5,590.67 |
| 33212 | INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD | 10/1/2019 | \$5,769.77 |
| 33213 | INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS | 10/1/2019 | \$7,644.78 |
| 33214 | UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO | 10/1/2019 | \$7,493.68 |
| 33215 | REPOSITIONING OF IMPLANTED PACEMAKER OR DEFIBRILLATOR DEVICE | 10/1/2019 | \$1,132.19 |
| 33216 | INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER | 10/1/2019 | \$5,323.17 |
| 33217 | INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIB | 10/1/2019 | \$5,784.72 |
| 33218 | REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE | 10/1/2019 | \$1,424.79 |
| 33220 | REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE | 10/1/2019 | \$1,424.79 |
| 33221 | INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS | 10/1/2019 | \$12,531.92 |
| 33222 | RELOCATION OF PACEMAKER GENERATOR SKIN POCKET | 10/1/2019 | \$750.21 |
| 33223 | RELOCATION OF DEFIBRILLATOR DEVICE SKIN POCKET | 10/1/2019 | \$750.21 |
| 33224 | INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN | 10/1/2019 | \$7,519.72 |
| 33225 | INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN | 10/1/2015 | \$0.00 |
| 33226 | REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) E | 10/1/2019 | \$1,132.19 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 33227 | REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL | 10/1/2019 | \$5,735.23 |
| 33228 | REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL | 10/1/2019 | \$7,487.16 |
| 33229 | REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL | 10/1/2019 | \$12,536.79 |
| 33230 | INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST | 10/1/2019 | \$18,963.59 |
| 33231 | INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST | 10/1/2019 | \$26,085.69 |
| 33233 | REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY | 10/1/2019 | \$3,699.59 |
| 33234 | REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR | 10/1/2019 | \$1,424.79 |
| 33235 | REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM | 10/1/2019 | \$1,424.79 |
| 33240 | INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI | 10/1/2019 | \$19,006.51 |
| 33241 | REMOVAL OF DEFIBRILLATOR PULSE GENERATOR | 10/1/2019 | \$1,424.79 |
| 33249 | INSERTION OR REPLACEMENT OF PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM W | 10/1/2019 | \$26,081.34 |
| 33262 | REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR | 10/1/2019 | \$18,547.21 |
| 33263 | REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR | 10/1/2019 | \$18,757.00 |
| 33264 | REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR | 10/1/2019 | \$26,128.04 |
| 33270 | INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYS | 10/1/2019 | \$26,044.42 |
| 33271 | INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR | 10/1/2019 | \$6,079.78 |
| 33273 | REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELE | 10/1/2019 | \$1,424.79 |
| 33285 | INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING PROGRAMMING | 10/1/2019 | \$6,136.99 |
| 33286 | REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM MONITOR | 10/1/2019 | \$226.00 |
| 33419 | TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL | 1/1/2015 | \$0.00 |
| 33508 | ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY AR | 10/1/2012 | \$0.00 |
| 33866 | AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE ARCH VESSELS, BEVEL | 12/1/1990 | \$0.00 |
| 34490 | THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM | 10/1/2019 | \$1,132.19 |
| 34713 | EXPOSURE OF ONE GROIN ARTERY FOR DELIVERY OF GRAFT, ACCESSED THROUGH THE SKIN | 12/1/1990 | \$0.00 |
| 34714 | EXPOSURE OF ONE GROIN ARTERY WITH CREATION OF CONDUIT, OPEN PROCEDURE | 12/1/1990 | \$0.00 |
| 34715 | EXPOSURE OF ONE UNDERARM OR UPPER CHEST ARTERY FOR DELIVERY OF PROSTHESIS, OPEN | 12/1/1990 | \$0.00 |
| 34716 | OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY O | 12/1/1990 | \$0.00 |
| 35184 | REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES | 12/1/1990 | \$1,234.32 |
| 35188 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK | 10/1/2019 | \$1,892.18 |
| 35190 | REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES | 12/1/1990 | \$1,234.32 |
| 35206 | REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY | 12/1/1990 | \$1,234.32 |
| 35207 | REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER | 10/1/2019 | \$1,132.19 |
| 35572 | HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION | 10/1/2012 | \$0.00 |
| 35761 | EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; | 10/1/2019 | \$1,132.19 |
| 35875 | THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR | 10/1/2019 | \$1,892.18 |
| 35876 | THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR | 10/1/2019 | \$1,892.18 |
| 36000 | INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN | 10/1/2012 | \$0.00 |
| 36002 | INJECTION TO CAUSE BLOOD CLOT IN A DISEASED OR BULGING VESSEL OF ARM OR LEG, ACC | 10/1/2019 | \$244.92 |
| 36005 | INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE | 10/1/2012 | \$0.00 |
| 36010 | INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA | 10/1/2012 | \$0.00 |
| 36011 | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL | 10/1/2012 | \$0.00 |
| 36012 | SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 36013 | INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY | 10/1/2012 | \$0.00 |
| 36014 | SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY | 10/1/2012 | \$0.00 |
| 36015 | SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY | 10/1/2012 | \$0.00 |
| 36100 | INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY | 10/1/2012 | \$0.00 |
| 36140 | INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY | 10/1/2012 | \$0.00 |
| 36160 | INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR | 10/1/2012 | \$0.00 |
| 36200 | INTRODUCTION OF CATHETER, AORTA | 10/1/2012 | \$0.00 |
| 36215 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR | 10/1/2012 | \$0.00 |
| 36216 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR | 10/1/2012 | \$0.00 |
| 36217 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE | 10/1/2012 | \$0.00 |
| 36218 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD | 10/1/2012 | \$0.00 |
| 36221 | NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRAC | 10/1/2013 | \$0.00 |
| 36222 | SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A | 10/1/2013 | \$0.00 |
| 36223 | SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A | 10/1/2013 | \$0.00 |
| 36224 | SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA | 10/1/2013 | \$0.00 |
| 36225 | SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH | 10/1/2013 | \$0.00 |
| 36226 | SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF | 10/1/2013 | \$0.00 |
| 36227 | SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA | 10/1/2013 | \$0.00 |
| 36228 | SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID V | 10/1/2013 | \$0.00 |
| 36245 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVI | 10/1/2012 | \$0.00 |
| 36246 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, P | 10/1/2012 | \$0.00 |
| 36247 | SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC | 10/1/2012 | \$0.00 |
| 36248 | INSERTION OF CATHETER INTO EACH ADDITIONAL ABDOMINAL, PELVIC OR LEG ARTERY | 10/1/2012 | \$0.00 |
| 36251 | SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY | 10/1/2012 | \$0.00 |
| 36252 | SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY | 10/1/2012 | \$0.00 |
| 36253 | SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE | 10/1/2012 | \$0.00 |
| 36254 | SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE | 10/1/2012 | \$0.00 |
| 36260 | INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF | 10/1/2019 | \$3,164.59 |
| 36261 | REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP | 10/1/2019 | \$2,276.55 |
| 36262 | REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP | 10/1/2019 | \$1,424.79 |
| 36400 | INSERTION OF NEEDLE INTO UPPER LEG OR NECK VEIN, PATIENT YOUNGER THAN 3 YEARS | 10/1/2012 | \$0.00 |
| 36405 | INSERTION OF NEEDLE INTO SCALP VEIN, PATIENT YOUNGER THAN 3 YEARS | 10/1/2012 | \$0.00 |
| 36406 | INSERTION OF NEEDLE INTO VEIN, PATIENT YOUNGER THAN 3 YEARS | 10/1/2012 | \$0.00 |
| 36410 | INSERTION OF NEEDLE INTO VEIN, PATIENT 3 YEARS OR OLDER | 10/1/2012 | \$0.00 |
| 36415 | COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE | 10/1/2016 | \$0.00 |
| 36416 | COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK) | 10/1/2012 | \$0.00 |
| 36420 | INCISION OF VEIN FOR INSERTION OF NEEDLE OR CATHETER, PATIENT YOUNGER THAN 1 YEA | 10/1/2015 | \$0.00 |
| 36425 | INCISION OF VEIN FOR INSERTION OF NEEDLE OR CATHETER, PATIENT AGE 1 OR OVER | 10/1/2015 | \$0.00 |
| 36430 | TRANSFUSION, BLOOD OR BLOOD COMPONENTS | 10/1/2019 | \$25.84 |
| 36440 | PUSH BLOOD TRANSFUSION, PATIENT 2 YEARS OR YOUNGER | 10/1/2019 | \$163.37 |
| 36450 | EXCHANGE BLOOD TRANSFUSION, NEWBORN | 10/1/2019 | \$163.37 |
| 36455 | EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN | 10/1/2019 | \$163.37 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 36465 | INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVER | 10/1/2019 | \$750.21 |
| 36466 | INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVER | 10/1/2019 | \$750.21 |
| 36468 | INJECTION OF CHEMICAL AGENT INTO SPIDER VEINS OF ARM, LEG, OR TRUNK | 10/1/2016 | \$0.00 |
| 36470 | INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN | 10/1/2019 | \$56.75 |
| 36471 | INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF ONE LEG | 10/1/2019 | \$98.84 |
| 36473 | MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH | 10/1/2019 | \$1,132.19 |
| 36474 | MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH | 1/1/2017 | \$0.00 |
| 36475 | DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$1,132.19 |
| 36476 | RADIOFREQUENCY DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH | 10/1/2014 | \$0.00 |
| 36478 | LASER DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG USING IMAGING GUIDANCE, ACCE | 10/1/2019 | \$1,132.19 |
| 36479 | LASER DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN | 10/1/2014 | \$0.00 |
| 36481 | INSERTION OF CATHETER INTO PORTAL VEIN OF LIVER, ACCESSED THROUGH THE SKIN | 10/1/2012 | \$0.00 |
| 36482 | CHEMICAL DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKI | 10/1/2019 | \$1,892.18 |
| 36483 | CHEMICAL DESTRUCTION OF INCOMPETENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKI | 12/1/1990 | \$0.00 |
| 36500 | VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING | 10/1/2012 | \$0.00 |
| 36510 | INSERTION OF CATHETER INTO VEIN OF NAVEL, NEWBORN | 10/1/2012 | \$0.00 |
| 36511 | THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS | 10/1/2019 | \$585.19 |
| 36512 | THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS | 10/1/2019 | \$585.19 |
| 36513 | THERAPEUTIC APHERESIS; FOR PLATELETS | 10/1/2019 | \$163.37 |
| 36514 | THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS | 10/1/2019 | \$585.19 |
| 36516 | THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE | 10/1/2019 | \$1,450.40 |
| 36522 | PHOTOPHERESIS, EXTRACORPOREAL | 10/1/2019 | \$1,545.18 |
| 36555 | INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT YOUNGER THAN 5 YEARS | 10/1/2019 | \$491.29 |
| 36556 | INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT 5 YEARS OR OLDER | 10/1/2019 | \$491.29 |
| 36557 | INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT YOUNGER THAN 5 YEARS | 10/1/2019 | \$1,892.18 |
| 36558 | INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT 5 YEARS OR OLDER | 10/1/2019 | \$1,132.19 |
| 36560 | INSERTION OF CENTRAL VENOUS CATHETER AND IMPLANTED DEVICE FOR INFUSION BENEATH T | 10/1/2019 | \$1,132.19 |
| 36561 | INSERTION OF CENTRAL VENOUS CATHETER AND IMPLANTED DEVICE FOR INFUSION BENEATH T | 10/1/2019 | \$1,132.19 |
| 36563 | INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH | 10/1/2019 | \$1,892.18 |
| 36565 | INSERTION OF CENTRAL VENOUS CATHETERS FOR INFUSION, TWO CATHETERS IN TWO VEINS | 10/1/2019 | \$1,132.19 |
| 36566 | INSERTION OF CENTRAL VENOUS CATHETERS, TWO CATHETERS IN TWO VEINS, AND IMPLANTED | 10/1/2019 | \$1,892.18 |
| 36568 | INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT YOUNGER THAN 5 YEARS | 10/1/2019 | \$244.92 |
| 36569 | INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION, PATIENT 5 YEARS OR OLDER | 10/1/2019 | \$491.29 |
| 36570 | INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION WITH PORT BENEATH THE SKIN, PA | 10/1/2019 | \$1,132.19 |
| 36571 | INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION WITH PORT BENEATH THE SKIN, PA | 10/1/2019 | \$1,132.19 |
| 36572 | INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCU | 10/1/2019 | \$244.92 |
| 36573 | INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCU | 10/1/2019 | \$491.29 |
| 36575 | REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCU | 10/1/2019 | \$244.92 |
| 36576 | REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL | 10/1/2019 | \$491.29 |
| 36578 | REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P | 10/1/2019 | \$1,132.19 |
| 36580 | REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE | 10/1/2019 | \$619.29 |
| 36581 | REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS | 10/1/2019 | \$1,449.76 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 36582 | REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS | 10/1/2019 | \$1,132.19 |
| 36583 | REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS | 10/1/2019 | \$1,892.18 |
| 36584 | REPLACEMENT OF CATHETER IN PERIPHERAL VEIN ACCESSED THROUGH SAME VEIN | 10/1/2019 | \$491.29 |
| 36585 | REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, | 10/1/2019 | \$1,132.19 |
| 36589 | REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP | 10/1/2019 | \$244.92 |
| 36590 | REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR | 10/1/2019 | \$244.92 |
| 36591 | COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE | 10/1/2012 | \$0.00 |
| 36592 | COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, V | 10/1/2012 | \$0.00 |
| 36593 | DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER | 10/1/2019 | \$23.18 |
| 36595 | MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM | 10/1/2019 | \$1,424.40 |
| 36596 | MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM | 10/1/2019 | \$491.29 |
| 36597 | REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU | 10/1/2019 | \$491.29 |
| 36598 | CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCES | 10/1/2019 | \$66.34 |
| 36600 | ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS | 10/1/2012 | \$0.00 |
| 36620 | INSERTION OF ARTERIAL CATHETER FOR BLOOD SAMPLING OR INFUSION, ACCESSED THROUGH | 10/1/2012 | \$0.00 |
| 36625 | ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION | 10/1/2012 | \$0.00 |
| 36640 | ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN | 10/1/2019 | \$1,132.19 |
| 36680 | PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION | 10/1/2015 | \$0.00 |
| 36800 | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN | 10/1/2019 | \$1,892.18 |
| 36810 | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); | 10/1/2019 | \$1,132.19 |
| 36815 | INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); | 10/1/2019 | \$1,892.18 |
| 36818 | RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE | 10/1/2019 | \$1,892.18 |
| 36819 | RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE | 10/1/2019 | \$1,892.18 |
| 36820 | RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE | 10/1/2019 | \$1,892.18 |
| 36821 | RELOCATION OF ARM VEIN WITH CONNECTION TO ARM ARTERY, OPEN PROCEDURE | 10/1/2019 | \$1,132.19 |
| 36825 | CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS | 10/1/2019 | \$1,892.18 |
| 36830 | CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS | 10/1/2019 | \$1,892.18 |
| 36831 | REMOVAL OF BLOOD CLOT FROM DIALYSIS GRAFT, OPEN PROCEDURE | 10/1/2019 | \$1,892.18 |
| 36832 | REVISION OF DIALYSIS GRAFT, OPEN PROCEDURE | 10/1/2019 | \$1,892.18 |
| 36833 | REVISION OF DIALYSIS GRAFT WITH REMOVAL OF BLOOD COT, OPEN PROCEDURE | 10/1/2019 | \$1,892.18 |
| 36835 | INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE) | 10/1/2019 | \$1,132.19 |
| 36860 | EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER | 10/1/2019 | \$244.92 |
| 36861 | EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER | 10/1/2019 | \$1,892.18 |
| 36901 | INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT, WITH IMAGING INCLUDIN | 10/1/2019 | \$386.31 |
| 36902 | INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND BALLOON DILATION O | 10/1/2019 | \$1,855.17 |
| 36903 | INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND INSERTION OF STENT | 10/1/2019 | \$5,530.40 |
| 36904 | EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUI | 10/1/2019 | \$1,855.17 |
| 36905 | EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUI | 10/1/2019 | \$4,033.74 |
| 36906 | EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT AND BALLOON DILATI | 10/1/2019 | \$9,286.69 |
| 36907 | BALLOON DILATION OF DIALYSIS SEGMENT, ACCESSED THROUGH THE SKIN, WITH IMAGING IN | 1/1/2017 | \$0.00 |
| 36908 | INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPE | 1/1/2017 | \$0.00 |
| 36909 | PERMANENT BLOCKAGE OF DIALYSIS CIRCUIT, WITH IMAGING INCLUDING RADIOLOGICAL SUPE | 1/1/2017 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 37184 | REMOVAL OF BLOOD CLOT AND INJECTIONS TO DISSOLVE BLOOD CLOT FROM ARTERY OR ARTER | 10/1/2019 | \$2,527.78 |
| 37185 | REMOVAL OF BLOOD CLOT AND INJECTIONS TO DISSOLVE BLOOD CLOT FROM ARTERY OR ARTER | 10/1/2014 | \$0.00 |
| 37186 | REMOVAL OF BLOOD CLOT AND INJECTIONS TO DISSOLVE BLOOD CLOT FROM ARTERY OR ARTER | 10/1/2014 | \$0.00 |
| 37187 | PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE | 10/1/2019 | \$2,386.43 |
| 37188 | PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE | 10/1/2019 | \$1,132.19 |
| 37197 | RETRIEVAL OF FOREIGN BODY OF BLOOD VESSELS, ACCESSED THROUGH THE SKIN INCLUDING | 10/1/2019 | \$1,132.19 |
| 37200 | TRANSCATHETER BIOPSY | 10/1/2019 | \$1,892.18 |
| 37211 | TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, A | 10/1/2019 | \$1,892.18 |
| 37212 | TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSES, ANY METHOD, INCLUDING R | 10/1/2019 | \$1,132.19 |
| 37220 | BALLOON DILATION OF ARTERY IN ONE SIDE OF GROIN, ENDOVASCULAR, ACCESSED THROUGH | 10/1/2019 | \$1,855.17 |
| 37221 | INSERTION OF STENTS IN ARTERY IN ONE SIDE OF GROIN, ENDOVASCULAR, ACCESSED THROU | 10/1/2019 | \$5,406.15 |
| 37222 | BALLOON DILATION OF GROIN ARTERY, ENDOVASCULAR, OPEN, OR PERCUTANEOUS APPROACH | 10/1/2015 | \$0.00 |
| 37223 | INSERTION OF STENTS INTO GROIN ARTERY, ENDOVASCULAR, ACCESSED THROUGH THE SKIN O | 10/1/2015 | \$0.00 |
| 37224 | BALLOON DILATION OF ARTERIES IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$2,509.10 |
| 37225 | REMOVAL OF PLAQUE IN ARTERIES IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKI | 10/1/2019 | \$5,832.58 |
| 37226 | INSERTION OF STENTS INTO ARTERIES IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE | 10/1/2019 | \$5,693.63 |
| 37227 | REMOVAL OF PLAQUE AND INSERTION OF STENTS INTO ARTERIES IN ONE LEG, ENDOVASCULAR | 10/1/2019 | \$9,752.30 |
| 37228 | BALLOON DILATION OF ARTERY OF ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN O | 10/1/2019 | \$5,148.04 |
| 37229 | REMOVAL OF PLAQUE IN ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$9,333.43 |
| 37230 | INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE S | 10/1/2019 | \$9,197.78 |
| 37231 | REMOVAL OF PLAQUE AND INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR, | 10/1/2019 | \$9,380.64 |
| 37232 | BALLOON DILATION OF ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN O | 10/1/2015 | \$0.00 |
| 37233 | REMOVAL OF PLAQUE IN ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE SKIN | 10/1/2015 | \$0.00 |
| 37234 | INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR, ACCESSED THROUGH THE S | 10/1/2015 | \$0.00 |
| 37235 | REMOVAL OF PLAQUE AND INSERTION OF STENTS INTO ARTERY IN ONE LEG, ENDOVASCULAR, | 10/1/2015 | \$0.00 |
| 37236 | INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CA | 10/1/2019 | \$5,337.53 |
| 37237 | INSERTION OF INTRAVASCULAR STENTS IN ARTERY (EXCEPT LOWER EXTREMITY, CERVICAL CA | 10/1/2015 | \$0.00 |
| 37238 | INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WI | 10/1/2019 | \$5,434.96 |
| 37239 | INSERTION OF INTRAVASCULAR STENTS IN VEIN, OPEN OR ACCESSED THROUGH THE SKIN, WI | 10/1/2015 | \$0.00 |
| 37241 | OCCLUSION OF VENOUS MALFORMATIONS (OTHER THAN HEMORRHAGE) WITH RADIOLOGICAL SUPE | 10/1/2019 | \$4,033.74 |
| 37242 | OCCLUSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RADIOLOGICAL SUPERVISI | 10/1/2019 | \$5,371.70 |
| 37243 | OCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGICAL SUPERVISION AND | 10/1/2019 | \$4,033.74 |
| 37246 | BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH | 10/1/2019 | \$1,855.17 |
| 37247 | BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH | 1/1/2017 | \$0.00 |
| 37248 | BALLOON DILATION OF FIRST VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, | 10/1/2019 | \$1,855.17 |
| 37249 | BALLOON DILATION OF ADDITIONAL VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCED | 1/1/2017 | \$0.00 |
| 37252 | INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O | 10/1/2016 | \$0.00 |
| 37253 | INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O | 10/1/2016 | \$0.00 |
| 37500 | VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORA | 10/1/2019 | \$1,892.18 |
| 37607 | LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA | 10/1/2019 | \$1,132.19 |
| 37609 | LIGATION OR BIOPSY, TEMPORAL ARTERY | 10/1/2019 | \$421.98 |
| 37650 | LIGATION OF FEMORAL VEIN | 10/1/2019 | \$1,132.19 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 37700 | LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR | 10/1/2019 | \$1,132.19 |
| 37718 | LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN | 10/1/2019 | \$1,132.19 |
| 37722 | LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFE | 10/1/2019 | \$1,132.19 |
| 37735 | LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS | 10/1/2019 | \$1,132.19 |
| 37760 | TYING OF VARICOSE VEINS IN ONE LEG, OPEN PROCEDURE | 10/1/2019 | \$1,132.19 |
| 37761 | TYING OF VARICOSE VEINS IN ONE LEG, OPEN PROCEDURE | 10/1/2019 | \$491.29 |
| 37765 | STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS | 10/1/2019 | \$246.18 |
| 37766 | STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS | 10/1/2019 | \$277.08 |
| 37780 | LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPLITEAL JUNCTION | 10/1/2019 | \$491.29 |
| 37785 | LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG | 10/1/2019 | \$1,132.19 |
| 37790 | PENILE VENOUS OCCLUSIVE PROCEDURE | 10/1/2019 | \$1,104.38 |
| 38200 | INJECTION PROCEDURE FOR SPLENOPTOGRAPHY | 10/1/2012 | \$0.00 |
| 38204 | MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU | 10/1/2012 | \$0.00 |
| 38205 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER | 10/1/2014 | \$341.24 |
| 38206 | BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER | 10/1/2019 | \$585.19 |
| 38220 | DIAGNOSTIC BONE MARROW ASPIRATION | 10/1/2019 | \$89.25 |
| 38221 | BONE MARROW BIOPSY | 10/1/2019 | \$80.46 |
| 38222 | DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S) | 10/1/2019 | \$88.72 |
| 38230 | BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC | 10/1/2019 | \$585.19 |
| 38232 | BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS | 10/1/2019 | \$1,545.18 |
| 38241 | HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION | 10/1/2019 | \$585.19 |
| 38242 | ALLOGENEIC LYMPHOCYTE INFUSIONS | 10/1/2019 | \$585.19 |
| 38243 | TRANSPLANTATION OF DONOR BONE MARROW OR BLOOD-DERIVED STEM CELLS | 10/1/2019 | \$585.19 |
| 38300 | DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE | 10/1/2019 | \$421.98 |
| 38305 | DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE | 10/1/2019 | \$421.98 |
| 38308 | LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS | 10/1/2019 | \$825.49 |
| 38500 | BIOPSY OR REMOVAL OF LYMPH NODES, OPEN PROCEDURE | 10/1/2019 | \$825.49 |
| 38505 | BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, | 10/1/2019 | \$421.98 |
| 38510 | BIOPSY OR REMOVAL OF LYMPH NODES OF NECK, OPEN PROCEDURE | 10/1/2019 | \$825.49 |
| 38520 | BIOPSY OR REMOVAL OF LYMPH NODES OF NECK, OPEN PROCEDURE | 10/1/2019 | \$825.49 |
| 38525 | BIOPSY OR REMOVAL OF LYMPH NODES OF UNDER THE ARM, OPEN PROCEDURE | 10/1/2019 | \$825.49 |
| 38530 | BIOPSY OR REMOVAL OF BREAST LYMPH NODES, OPEN PROCEDURE | 10/1/2019 | \$825.49 |
| 38542 | DISSECTION, DEEP JUGULAR NODE(S) | 10/1/2019 | \$1,702.36 |
| 38550 | EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR | 10/1/2019 | \$825.49 |
| 38555 | EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR | 10/1/2019 | \$1,685.87 |
| 38570 | LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE | 10/1/2019 | \$1,702.36 |
| 38571 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY | 10/1/2019 | \$2,823.19 |
| 38572 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND | 10/1/2019 | \$2,823.19 |
| 38573 | LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORT | 10/1/2019 | \$2,823.19 |
| 38700 | SUPRAHYOID LYMPHADENECTOMY | 10/1/2019 | \$1,685.87 |
| 38724 | REMOVAL OF LYMPH NODES, MUSCLE, AND TISSUE OF NECK | 10/1/2016 | \$0.00 |
| 38740 | AXILLARY LYMPHADENECTOMY; SUPERFICIAL | 10/1/2019 | \$1,702.36 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 38745 | AXILLARY LYMPHADENECTOMY; COMPLETE | 10/1/2019 | \$1,702.36 |
| 38760 | INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE | 10/1/2019 | \$1,685.87 |
| 38790 | INJECTION PROCEDURE; LYMPHANGIOGRAPHY | 10/1/2012 | \$0.00 |
| 38792 | INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE | 10/1/2012 | \$0.00 |
| 38794 | CANNULATION, THORACIC DUCT | 10/1/2012 | \$0.00 |
| 38900 | INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES I | 10/1/2012 | \$0.00 |
| 40490 | BIOPSY OF LIP | 10/1/2019 | \$58.61 |
| 40500 | VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT | 10/1/2019 | \$756.10 |
| 40510 | EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE | 10/1/2019 | \$756.10 |
| 40520 | EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE | 10/1/2019 | \$756.10 |
| 40525 | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER | 10/1/2019 | \$756.10 |
| 40527 | EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP | 10/1/2019 | \$1,714.58 |
| 40530 | RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION | 10/1/2019 | \$756.10 |
| 40650 | REPAIR LIP, FULL THICKNESS; VERMILION ONLY | 10/1/2019 | \$187.04 |
| 40652 | REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT | 10/1/2019 | \$187.04 |
| 40654 | REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX | 10/1/2019 | \$440.03 |
| 40700 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, | 10/1/2019 | \$1,714.58 |
| 40701 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE | 10/1/2019 | \$1,714.58 |
| 40702 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO | 10/1/2019 | \$1,714.58 |
| 40720 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT | 10/1/2019 | \$756.10 |
| 40761 | PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP | 10/1/2019 | \$1,714.58 |
| 40800 | INCISION OF ABSCESS, CYST, OR BLOOD ACCUMULATION IN MOUTH | 10/1/2019 | \$123.89 |
| 40801 | INCISION OF ABSCESS, CYST, OR BLOOD ACCUMULATION IN MOUTH | 10/1/2019 | \$187.04 |
| 40804 | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE | 10/1/2015 | \$0.00 |
| 40805 | REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED | 10/1/2019 | \$150.53 |
| 40806 | INCISION OF LABIAL FRENUM (FRENOTOMY) | 10/1/2019 | \$67.40 |
| 40808 | BIOPSY, VESTIBULE OF MOUTH | 10/1/2019 | \$111.90 |
| 40810 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR | 10/1/2019 | \$117.76 |
| 40812 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE | 10/1/2019 | \$147.60 |
| 40814 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX | 10/1/2019 | \$756.10 |
| 40816 | EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH | 10/1/2019 | \$756.10 |
| 40818 | EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT | 10/1/2019 | \$187.04 |
| 40819 | EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY) | 10/1/2019 | \$440.03 |
| 40820 | DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, | 10/1/2019 | \$159.58 |
| 40830 | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS | 10/1/2019 | \$79.80 |
| 40831 | CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX | 10/1/2019 | \$187.04 |
| 40840 | VESTIBULOPLASTY; ANTERIOR | 10/1/2019 | \$1,714.58 |
| 40842 | VESTIBULOPLASTY; POSTERIOR, UNILATERAL | 10/1/2019 | \$1,714.58 |
| 40843 | VESTIBULOPLASTY; POSTERIOR, BILATERAL | 10/1/2019 | \$1,714.58 |
| 40844 | VESTIBULOPLASTY; ENTIRE ARCH | 10/1/2019 | \$1,714.58 |
| 40845 | VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING) | 10/1/2019 | \$1,714.58 |
| 41000 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF TONGUE | 10/1/2019 | \$82.32 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 41005 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE | 10/1/2019 | \$79.80 |
| 41006 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE | 10/1/2019 | \$440.03 |
| 41007 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR LOWER LIP | 10/1/2019 | \$440.03 |
| 41008 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE JAW BONE | 10/1/2019 | \$756.10 |
| 41009 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER LOWER TEETH | 10/1/2019 | \$187.04 |
| 41010 | INCISION OF LINGUAL FRENUM (FRENOTOMY) | 10/1/2019 | \$440.03 |
| 41015 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE | 10/1/2019 | \$187.04 |
| 41016 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR LOWER LIP | 10/1/2019 | \$1,714.58 |
| 41017 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR JAW BONE | 10/1/2019 | \$756.10 |
| 41018 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION UNDER THE TONGUE OR LOWER TEETH | 10/1/2019 | \$440.03 |
| 41019 | INSERTION OF NEEDLES, CATHETERS, OR DEVICES INTO HEAD AND/OR NECK FOR RADIATION | 10/1/2019 | \$1,714.58 |
| 41100 | BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS | 10/1/2019 | \$88.19 |
| 41105 | BIOPSY OF TONGUE; POSTERIOR ONE-THIRD | 10/1/2019 | \$88.45 |
| 41108 | BIOPSY OF FLOOR OF MOUTH | 10/1/2019 | \$82.59 |
| 41110 | EXCISION OF LESION OF TONGUE WITHOUT CLOSURE | 10/1/2019 | \$117.76 |
| 41112 | EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS | 10/1/2019 | \$756.10 |
| 41113 | EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD | 10/1/2019 | \$756.10 |
| 41114 | EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP | 10/1/2019 | \$756.10 |
| 41115 | EXCISION OF LINGUAL FRENUM (FRENECTOMY) | 10/1/2019 | \$136.41 |
| 41116 | EXCISION, LESION OF FLOOR OF MOUTH | 10/1/2019 | \$756.10 |
| 41120 | GLOSSECTOMY; LESS THAN ONE-HALF TONGUE | 10/1/2019 | \$1,714.58 |
| 41250 | REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS O | 10/1/2016 | \$0.00 |
| 41251 | REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE | 10/1/2019 | \$79.80 |
| 41252 | REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX | 10/1/2019 | \$79.80 |
| 41510 | SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE) | 10/1/2019 | \$756.10 |
| 41512 | TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE | 10/1/2019 | \$1,714.58 |
| 41520 | FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY) | 10/1/2019 | \$756.10 |
| 41530 | DESTRUCTION OF TONGUE TISSUE, PER SESSION | 10/1/2019 | \$624.76 |
| 41800 | DRAINAGE OF ABSCESS, CYST, OR BLOOD ACCUMULATION OF DENTAL BONE | 10/1/2016 | \$0.00 |
| 41805 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES | 10/1/2019 | \$178.77 |
| 41806 | REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE | 10/1/2019 | \$216.07 |
| 41820 | GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT | 10/1/2019 | \$756.10 |
| 41821 | OPERCULECTOMY, EXCISION PERICORONAL TISSUES | 10/1/2019 | \$440.03 |
| 41822 | EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | 10/1/2019 | \$142.80 |
| 41823 | EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES | 10/1/2019 | \$219.00 |
| 41825 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; | 10/1/2019 | \$121.22 |
| 41826 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; | 10/1/2019 | \$167.31 |
| 41827 | EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; | 10/1/2019 | \$1,714.58 |
| 41828 | EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY) | 10/1/2019 | \$142.80 |
| 41830 | ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY | 10/1/2019 | \$197.42 |
| 41850 | DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES | 10/1/2019 | \$440.03 |
| 41870 | PERIODONTAL MUCOSAL GRAFTING | 10/1/2019 | \$756.10 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| 41872 | GINGIVOPLASTY, EACH QUADRANT (SPECIFY) | 10/1/2019 | \$206.48 |
| 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY) | 10/1/2019 | \$199.02 |
| 41899 | UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES | 12/1/1990 | \$251.84 |
| 42000 | DRAINAGE OF ABSCESS OF PALATE, UVULA | 10/1/2019 | \$79.80 |
| 42100 | BIOPSY OF PALATE, UVULA | 10/1/2019 | \$72.20 |
| 42104 | EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE | 10/1/2019 | \$113.23 |
| 42106 | EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE | 10/1/2019 | \$140.94 |
| 42107 | EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE | 10/1/2019 | \$1,714.58 |
| 42120 | RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION | 10/1/2019 | \$1,714.58 |
| 42140 | UVULECTOMY, EXCISION OF UVULA | 10/1/2019 | \$756.10 |
| 42145 | PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY) | 10/1/2019 | \$1,714.58 |
| 42160 | DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL) | 10/1/2019 | \$121.75 |
| 42180 | REPAIR, LACERATION OF PALATE; UP TO 2 CM | 10/1/2019 | \$187.04 |
| 42182 | REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX | 10/1/2019 | \$1,714.58 |
| 42200 | PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY | 10/1/2019 | \$1,714.58 |
| 42205 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY | 10/1/2019 | \$756.10 |
| 42210 | PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT | 10/1/2019 | \$1,714.58 |
| 42215 | PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION | 10/1/2019 | \$1,714.58 |
| 42220 | PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE | 10/1/2019 | \$1,714.58 |
| 42225 | PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP | 10/1/2019 | \$1,714.58 |
| 42226 | LENGTHENING OF PALATE, AND PHARYNGEAL FLAP | 10/1/2019 | \$1,714.58 |
| 42227 | LENGTHENING OF PALATE, WITH ISLAND FLAP | 10/1/2019 | \$1,714.58 |
| 42235 | REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP | 10/1/2019 | \$1,714.58 |
| 42260 | REPAIR OF NASOLABIAL FISTULA | 10/1/2019 | \$1,714.58 |
| 42280 | MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS | 10/1/2019 | \$86.32 |
| 42281 | INSERTION OF PIN-RETAINED PALATAL PROSTHESIS | 10/1/2019 | \$1,714.58 |
| 42300 | DRAINAGE OF ABSCESS; PAROTID, SIMPLE | 10/1/2019 | \$440.03 |
| 42305 | DRAINAGE OF ABSCESS; PAROTID, COMPLICATED | 10/1/2019 | \$756.10 |
| 42310 | DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL | 10/1/2019 | \$187.04 |
| 42320 | DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL | 10/1/2019 | \$187.04 |
| 42330 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, | 10/1/2019 | \$108.16 |
| 42335 | SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL | 10/1/2019 | \$192.89 |
| 42340 | SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL | 10/1/2019 | \$756.10 |
| 42400 | BIOPSY OF SALIVARY GLAND; NEEDLE | 10/1/2019 | \$55.68 |
| 42405 | BIOPSY OF SALIVARY GLAND; INCISIONAL | 10/1/2019 | \$756.10 |
| 42408 | EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA) | 10/1/2019 | \$756.10 |
| 42409 | MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA) | 10/1/2019 | \$756.10 |
| 42410 | REMOVAL OF SALIVARY GLAND GROWTH OR SALIVARY GLAND, LATERAL LOBE | 10/1/2019 | \$1,714.58 |
| 42415 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND | 10/1/2019 | \$1,714.58 |
| 42420 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND | 10/1/2019 | \$1,714.58 |
| 42425 | EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH | 10/1/2019 | \$1,714.58 |
| 42440 | EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND | 10/1/2019 | \$1,714.58 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 42450 | EXCISION OF SUBLINGUAL GLAND | 10/1/2019 | \$1,714.58 |
| 42500 | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE | 10/1/2019 | \$1,714.58 |
| 42505 | PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED | 10/1/2019 | \$1,714.58 |
| 42507 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); | 10/1/2019 | \$1,714.58 |
| 42509 | PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH | 10/1/2019 | \$1,714.58 |
| 42510 | CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVARY GLAND DUCTS ON BOTH SIDES OF M | 10/1/2019 | \$756.10 |
| 42550 | INJECTION PROCEDURE FOR SIALOGRAPHY | 10/1/2012 | \$0.00 |
| 42600 | CLOSURE SALIVARY FISTULA | 10/1/2019 | \$756.10 |
| 42650 | DILATION SALIVARY DUCT | 10/1/2019 | \$38.10 |
| 42660 | DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION | 10/1/2019 | \$57.28 |
| 42665 | LIGATION SALIVARY DUCT, INTRAORAL | 10/1/2019 | \$756.10 |
| 42700 | INCISION AND DRAINAGE ABSCESS; PERITONSILLAR | 10/1/2019 | \$79.80 |
| 42720 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL | 10/1/2019 | \$756.10 |
| 42725 | INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL | 10/1/2019 | \$1,714.58 |
| 42800 | BIOPSY; OROPHARYNX | 10/1/2019 | \$75.93 |
| 42804 | BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE | 10/1/2019 | \$756.10 |
| 42806 | BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION | 10/1/2019 | \$756.10 |
| 42808 | EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD | 10/1/2019 | \$756.10 |
| 42809 | REMOVAL OF FOREIGN BODY FROM PHARYNX | 10/1/2015 | \$0.00 |
| 42810 | EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS | 10/1/2019 | \$756.10 |
| 42815 | EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH | 10/1/2019 | \$1,714.58 |
| 42820 | TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12 | 10/1/2019 | \$1,714.58 |
| 42821 | TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER | 10/1/2019 | \$756.10 |
| 42825 | TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12 | 10/1/2019 | \$1,714.58 |
| 42826 | TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER | 10/1/2019 | \$756.10 |
| 42830 | ADENOIDECTOMY, PRIMARY; UNDER AGE 12 | 10/1/2019 | \$756.10 |
| 42831 | ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER | 10/1/2019 | \$756.10 |
| 42835 | ADENOIDECTOMY, SECONDARY; UNDER AGE 12 | 10/1/2019 | \$756.10 |
| 42836 | ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER | 10/1/2019 | \$756.10 |
| 42860 | EXCISION OF TONSIL TAGS | 10/1/2019 | \$756.10 |
| 42870 | EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE) | 10/1/2019 | \$1,714.58 |
| 42890 | LIMITED PHARYNGECTOMY | 10/1/2019 | \$1,714.58 |
| 42892 | RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY | 10/1/2019 | \$1,714.58 |
| 42900 | SUTURE PHARYNX FOR WOUND OR INJURY | 10/1/2019 | \$440.03 |
| 42950 | PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX) | 10/1/2019 | \$1,714.58 |
| 42955 | PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING) | 10/1/2019 | \$440.03 |
| 42960 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | 10/1/2019 | \$187.04 |
| 42962 | CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | 10/1/2019 | \$756.10 |
| 42970 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | 10/1/2019 | \$79.80 |
| 42972 | CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, | 10/1/2019 | \$756.10 |
| 43030 | CRICOPHARYNGEAL MYOTOMY | 10/1/2019 | \$1,714.58 |
| 43130 | DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL | 10/1/2019 | \$1,714.58 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 43180 | ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL | 10/1/2019 | \$1,714.58 |
| 43191 | ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) | 10/1/2019 | \$524.07 |
| 43192 | ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBS | 10/1/2019 | \$524.07 |
| 43193 | ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE | 10/1/2019 | \$524.07 |
| 43194 | REMOVAL OF FOREIGN BODIES OF ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43195 | ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER | 10/1/2019 | \$1,048.74 |
| 43196 | ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATI | 10/1/2019 | \$1,048.74 |
| 43197 | ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN | 10/1/2019 | \$95.12 |
| 43198 | ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE | 10/1/2019 | \$100.97 |
| 43200 | DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$319.69 |
| 43201 | INJECTIONS INTO ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43202 | BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43204 | INJECTION OF DILATED ESOPHAGEAL VEINS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43205 | TYING OF ESOPHAGEAL VEINS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43206 | MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43211 | ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION | 10/1/2019 | \$524.07 |
| 43212 | ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES | 10/1/2019 | \$2,559.35 |
| 43213 | ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS, BY BALLOON OR DIL | 10/1/2019 | \$524.07 |
| 43214 | ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 M | 10/1/2019 | \$524.07 |
| 43215 | REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43216 | REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43217 | REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43220 | BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43226 | INSERTION OF GUIDE WIRE FOR DILATION OF ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43227 | CONTROL OF ESOPHAGEAL BLEEDING USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43229 | ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER | 10/1/2019 | \$1,048.74 |
| 43231 | ULTRASOUND EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43232 | ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING AN ENDOSCO | 10/1/2019 | \$524.07 |
| 43233 | BALLOON DILATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSC | 10/1/2019 | \$524.07 |
| 43235 | DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN | 10/1/2019 | \$319.69 |
| 43236 | INJECTIONS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE | 10/1/2019 | \$319.69 |
| 43237 | ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN | 10/1/2019 | \$524.07 |
| 43238 | ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSIES OF ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43239 | BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE | 10/1/2019 | \$319.69 |
| 43240 | DRAINAGE OF CYST OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN EN | 10/1/2019 | \$1,503.12 |
| 43241 | INSERTION OF CATHETER OR TUBE IN ESOPHAGUS STOMACH AND/OR UPPER SMALL BOWEL USIN | 10/1/2019 | \$524.07 |
| 43242 | ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPE | 10/1/2019 | \$524.07 |
| 43243 | INJECTION OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43244 | TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43245 | DILATION OF STOMACH OUTLET USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43246 | INSERTION OF STOMACH TUBE USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43247 | REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING | 10/1/2019 | \$319.69 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 43248 | INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$319.69 |
| 43249 | BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 43250 | REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI | 10/1/2019 | \$524.07 |
| 43251 | REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI | 10/1/2019 | \$524.07 |
| 43252 | MICROSCOPIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN | 10/1/2019 | \$1,048.74 |
| 43253 | INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES OR MARKERS IN ESOPHAGUS, STOMA | 10/1/2019 | \$524.07 |
| 43254 | REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING A | 10/1/2019 | \$524.07 |
| 43255 | CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN END | 10/1/2019 | \$524.07 |
| 43257 | HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX USIN | 10/1/2019 | \$1,048.74 |
| 43259 | ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN E | 10/1/2019 | \$524.07 |
| 43260 | DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USIN | 10/1/2019 | \$1,048.74 |
| 43261 | BIOPSY OF GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE | 10/1/2019 | \$1,048.74 |
| 43262 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH | 10/1/2019 | \$1,048.74 |
| 43263 | PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE | 10/1/2019 | \$1,048.74 |
| 43264 | REMOVAL OF STONE FROM BILE OR PANCREATIC DUCT USING AN ENDOSCOPE | 10/1/2019 | \$1,048.74 |
| 43265 | DESTRUCTION OF STONE IN BILE OR PANCREATIC DUCT USING AN ENDOSCOPE | 10/1/2019 | \$1,796.57 |
| 43266 | PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDO | 10/1/2019 | \$2,625.80 |
| 43270 | DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN | 10/1/2019 | \$524.07 |
| 43273 | ENDOSCOPIC CANNULATION OF PAPANILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(| 10/1/2014 | \$0.00 |
| 43274 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH PLACEMENT OF ENDOSCO | 10/1/2019 | \$1,796.57 |
| 43275 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL OF FOREIGN B | 10/1/2019 | \$1,048.74 |
| 43276 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL AND EXCHANGE | 10/1/2019 | \$1,796.57 |
| 43277 | ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH TRANS-ENDOSCOPIC BAL | 10/1/2019 | \$1,048.74 |
| 43278 | DESTRUCTION OF MASS ON GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN E | 10/1/2019 | \$1,048.74 |
| 43284 | LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF | 10/1/2019 | \$4,094.95 |
| 43285 | REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE | 10/1/2019 | \$1,702.36 |
| 43450 | DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES | 10/1/2019 | \$319.69 |
| 43453 | DILATION OF ESOPHAGUS, OVER GUIDE WIRE | 10/1/2019 | \$524.07 |
| 43653 | LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, | 10/1/2019 | \$1,702.36 |
| 43752 | INSERTION OF NASAL OR ORAL STOMACH TUBE USING FLUOROSCOPIC GUIDANCE | 10/1/2019 | \$169.54 |
| 43753 | INSERTION OF STOMACH TUBE AND ASPIRATIONS OF GASTRIC CONTENTS | 10/1/2015 | \$0.00 |
| 43754 | GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSI | 10/1/2015 | \$0.00 |
| 43755 | GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL | 10/1/2019 | \$52.29 |
| 43756 | DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE | 10/1/2019 | \$319.69 |
| 43757 | DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECT | 10/1/2019 | \$319.69 |
| 43761 | REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR E | 10/1/2019 | \$112.25 |
| 43762 | REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED, | 10/1/2019 | \$112.25 |
| 43763 | REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED, | 10/1/2019 | \$112.25 |
| 43870 | CLOSURE OF GASTROSTOMY, SURGICAL | 10/1/2019 | \$1,048.74 |
| 43886 | REVISION OF SKIN LEVEL PORT OF STOMACH BANDING DEVICE, OPEN PROCEDURE | 10/1/2019 | \$1,135.10 |
| 43887 | REMOVAL OF SKIN LEVEL PORT OF STOMACH BANDING DEVICE, OPEN PROCEDURE | 10/1/2019 | \$750.21 |
| 43888 | REMOVAL AND REPLACEMENT OF SKIN LEVEL PORT OF STOMACH BANDING DEVICE, OPEN PROCE | 10/1/2019 | \$1,135.10 |

Arizona Health Care Cost Containment System
 FFS Program Capped Fee Schedule
 FFS Ambulatory Surgical Center Rates
 Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 44100 | BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS) | 10/1/2019 | \$319.69 |
| 44312 | REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE) | 10/1/2019 | \$1,135.10 |
| 44340 | REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE) | 10/1/2019 | \$1,135.10 |
| 44360 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I | 10/1/2019 | \$524.07 |
| 44361 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT | 10/1/2019 | \$524.07 |
| 44363 | REMOVAL OF FOREIGN BODIES IN SMALL BOWEL USING AN ENDOSCOPE | 10/1/2019 | \$524.07 |
| 44364 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT | 10/1/2019 | \$524.07 |
| 44365 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT | 10/1/2019 | \$524.07 |
| 44366 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT | 10/1/2019 | \$524.07 |
| 44369 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT | 10/1/2019 | \$524.07 |
| 44370 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT | 10/1/2019 | \$2,455.31 |
| 44372 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT | 10/1/2019 | \$524.07 |
| 44373 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT | 10/1/2019 | \$524.07 |
| 44376 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, | 10/1/2019 | \$524.07 |
| 44377 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, | 10/1/2019 | \$524.07 |
| 44378 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, | 10/1/2019 | \$524.07 |
| 44379 | SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, | 10/1/2019 | \$1,796.57 |
| 44380 | DIAGNOSTIC EXAMINATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU | 10/1/2019 | \$319.69 |
| 44381 | ILLEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION | 10/1/2019 | \$524.07 |
| 44382 | BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPE | 10/1/2019 | \$319.69 |
| 44384 | ILLEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDING PRE- AN | 10/1/2019 | \$1,048.74 |
| 44385 | ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH; | 10/1/2019 | \$293.15 |
| 44386 | BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE | 10/1/2019 | \$293.15 |
| 44388 | DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU | 10/1/2019 | \$293.15 |
| 44389 | BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL O | 10/1/2019 | \$384.14 |
| 44390 | REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED | 10/1/2019 | \$384.14 |
| 44391 | CONTROL OF BLEEDING IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH | 10/1/2019 | \$384.14 |
| 44392 | REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED | 10/1/2019 | \$384.14 |
| 44394 | COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER | 10/1/2019 | \$384.14 |
| 44401 | COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(| 10/1/2019 | \$384.14 |
| 44402 | COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND | 10/1/2019 | \$2,518.27 |
| 44403 | COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION | 10/1/2019 | \$384.14 |
| 44404 | COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE | 10/1/2019 | \$384.14 |
| 44405 | COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION | 10/1/2019 | \$384.14 |
| 44406 | COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO T | 10/1/2019 | \$384.14 |
| 44407 | COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR | 10/1/2019 | \$384.14 |
| 44408 | COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, | 10/1/2019 | \$293.15 |
| 44500 | INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU | 10/1/2019 | \$319.69 |
| 44701 | INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY | 10/1/2012 | \$0.00 |
| 44970 | LAPAROSCOPY, SURGICAL, APPENDECTOMY | 12/1/1990 | \$1,702.06 |
| 45000 | TRANSRECTAL DRAINAGE OF PELVIC ABSCESS | 10/1/2019 | \$384.14 |
| 45005 | INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM | 10/1/2019 | \$384.14 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| 45020 | INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS | 10/1/2019 | \$892.12 |
| 45100 | BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON) | 10/1/2019 | \$892.12 |
| 45108 | ANORECTAL MYOMECTOMY | 10/1/2019 | \$892.12 |
| 45150 | DIVISION OF STRICTURE OF RECTUM | 10/1/2019 | \$384.14 |
| 45160 | EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL APPROACH | 10/1/2019 | \$892.12 |
| 45171 | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (| 10/1/2019 | \$892.12 |
| 45172 | EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE, | 10/1/2019 | \$892.12 |
| 45190 | DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER ABLAT | 10/1/2019 | \$892.12 |
| 45300 | PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) | 10/1/2019 | \$67.67 |
| 45303 | PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE) | 10/1/2019 | \$384.14 |
| 45305 | PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE | 10/1/2019 | \$384.14 |
| 45307 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY | 10/1/2019 | \$892.12 |
| 45308 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER | 10/1/2019 | \$892.12 |
| 45309 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER | 10/1/2019 | \$384.14 |
| 45315 | PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER | 10/1/2019 | \$384.14 |
| 45317 | PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR | 10/1/2019 | \$384.14 |
| 45320 | PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER | 10/1/2019 | \$892.12 |
| 45321 | PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS | 10/1/2019 | \$892.12 |
| 45327 | PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES | 10/1/2019 | \$1,796.57 |
| 45330 | SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) | 10/1/2019 | \$104.44 |
| 45331 | SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE | 10/1/2019 | \$293.15 |
| 45332 | REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE | 10/1/2019 | \$384.14 |
| 45333 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) | 10/1/2019 | \$293.15 |
| 45334 | SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR | 10/1/2019 | \$384.14 |
| 45335 | SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE | 10/1/2019 | \$293.15 |
| 45337 | SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD | 10/1/2019 | \$384.14 |
| 45338 | SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) | 10/1/2019 | \$384.14 |
| 45340 | SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES | 10/1/2019 | \$384.14 |
| 45341 | SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION | 10/1/2019 | \$384.14 |
| 45342 | SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR | 10/1/2019 | \$384.14 |
| 45346 | SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) | 10/1/2019 | \$384.14 |
| 45347 | PLACEMENT OF STENT IN LARGE BOWEL USING AN ENDOSCOPE | 10/1/2019 | \$2,707.02 |
| 45349 | SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION | 10/1/2019 | \$384.14 |
| 45350 | SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS) | 10/1/2019 | \$384.14 |
| 45378 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT | 10/1/2019 | \$293.15 |
| 45379 | REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE | 10/1/2019 | \$384.14 |
| 45380 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR | 10/1/2019 | \$384.14 |
| 45381 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL | 10/1/2019 | \$384.14 |
| 45382 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING | 10/1/2019 | \$384.14 |
| 45384 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), | 10/1/2019 | \$384.14 |
| 45385 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), | 10/1/2019 | \$384.14 |
| 45386 | COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOON, 1 | 10/1/2019 | \$384.14 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 45388 | COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (| 10/1/2019 | \$384.14 |
| 45389 | COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST-D | 10/1/2019 | \$2,639.37 |
| 45390 | COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION | 10/1/2019 | \$384.14 |
| 45391 | ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE | 10/1/2019 | \$384.14 |
| 45392 | ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF LOWER LARGE BOWEL USING AN ENDO | 10/1/2019 | \$384.14 |
| 45393 | COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVU | 10/1/2019 | \$384.14 |
| 45398 | COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S), (EG, HEMORRHOIDS) | 10/1/2019 | \$384.14 |
| 45500 | PROCTOPLASTY; FOR STENOSIS | 10/1/2019 | \$892.12 |
| 45505 | PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE | 10/1/2019 | \$892.12 |
| 45520 | PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE | 10/1/2016 | \$0.00 |
| 45541 | FIXATION OF RECTUM TO SACRUM, PERINEAL APPROACH | 10/1/2019 | \$892.12 |
| 45560 | REPAIR OF RECTOCELE (SEPARATE PROCEDURE) | 10/1/2019 | \$892.12 |
| 45900 | REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA | 10/1/2019 | \$293.15 |
| 45905 | DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN | 10/1/2019 | \$384.14 |
| 45910 | DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN | 10/1/2019 | \$384.14 |
| 45915 | REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA | 10/1/2019 | \$384.14 |
| 45990 | ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), D | 10/1/2019 | \$892.12 |
| 46020 | PLACEMENT OF SETON | 10/1/2019 | \$892.12 |
| 46030 | REMOVAL OF ANAL SETON, OTHER MARKER | 10/1/2019 | \$384.14 |
| 46040 | INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE | 10/1/2019 | \$384.14 |
| 46045 | INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS, | 10/1/2019 | \$892.12 |
| 46050 | INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL | 10/1/2019 | \$293.15 |
| 46060 | INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY | 10/1/2019 | \$892.12 |
| 46070 | INCISION OF ANAL TISSUE, INFANT | 10/1/2019 | \$892.12 |
| 46080 | SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE) | 10/1/2019 | \$892.12 |
| 46083 | INCISION OF THROMBOSED HEMORRHOID, EXTERNAL | 10/1/2019 | \$112.25 |
| 46200 | FISSURECTOMY, INCLUDING SPHINCTEROTOMY, WHEN PERFORMED | 10/1/2019 | \$892.12 |
| 46220 | EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS | 10/1/2019 | \$384.14 |
| 46221 | HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S) | 10/1/2019 | \$134.54 |
| 46230 | EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS | 10/1/2019 | \$892.12 |
| 46250 | HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS | 10/1/2019 | \$892.12 |
| 46255 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP; | 10/1/2019 | \$892.12 |
| 46257 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY | 10/1/2019 | \$892.12 |
| 46258 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP; WITH FISTULECTOMY, | 10/1/2019 | \$892.12 |
| 46260 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS; | 10/1/2019 | \$892.12 |
| 46261 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY | 10/1/2019 | \$892.12 |
| 46262 | HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS; WITH FISTULEC | 10/1/2019 | \$892.12 |
| 46270 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS | 10/1/2019 | \$892.12 |
| 46275 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); INTERSPHINCTERIC | 10/1/2019 | \$892.12 |
| 46280 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); TRANSSPHINCTERIC, | 10/1/2019 | \$892.12 |
| 46285 | SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE | 10/1/2019 | \$892.12 |
| 46288 | CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP | 10/1/2019 | \$892.12 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 46320 | EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL | 10/1/2019 | \$92.98 |
| 46500 | INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS | 10/1/2019 | \$165.45 |
| 46505 | CHEMODENERVATION OF INTERNAL ANAL SPHINCTER | 10/1/2019 | \$384.14 |
| 46600 | ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR W | 10/1/2015 | \$0.00 |
| 46601 | ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, | 1/1/2015 | \$0.00 |
| 46604 | ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE) | 10/1/2019 | \$384.14 |
| 46606 | ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE | 10/1/2019 | \$146.26 |
| 46607 | ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MI | 10/1/2019 | \$384.14 |
| 46608 | ANOSCOPY; WITH REMOVAL OF FOREIGN BODY | 10/1/2019 | \$293.15 |
| 46610 | ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY | 10/1/2019 | \$892.12 |
| 46611 | ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE | 10/1/2019 | \$293.15 |
| 46612 | ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT | 10/1/2019 | \$892.12 |
| 46614 | ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR | 10/1/2019 | \$74.60 |
| 46615 | ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE | 10/1/2019 | \$892.12 |
| 46700 | PLASTIC REPAIR OF ANAL STRICTURE, ADULT | 10/1/2019 | \$892.12 |
| 46706 | REPAIR OF ANAL FISTULA WITH FIBRIN GLUE | 10/1/2019 | \$892.12 |
| 46707 | REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SI | 10/1/2019 | \$892.12 |
| 46750 | REPAIR OF ANAL MUSCLE FOR INCONTINENCE OR PROLAPSE, ADULT | 10/1/2019 | \$892.12 |
| 46753 | GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE | 10/1/2019 | \$892.12 |
| 46754 | REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL | 10/1/2019 | \$892.12 |
| 46760 | REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE, ADULT | 10/1/2019 | \$892.12 |
| 46761 | REPAIR OF ANAL MUSCLE TO CORRECT INCONTINENCE, ADULT | 10/1/2019 | \$892.12 |
| 46900 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, | 10/1/2019 | \$120.20 |
| 46910 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | 10/1/2019 | \$137.74 |
| 46916 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | 10/1/2019 | \$68.66 |
| 46917 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | 10/1/2019 | \$892.12 |
| 46922 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | 10/1/2019 | \$892.12 |
| 46924 | DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | 10/1/2019 | \$892.12 |
| 46930 | DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATIO | 10/1/2019 | \$111.37 |
| 46940 | CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER | 10/1/2019 | \$108.70 |
| 46942 | CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER | 10/1/2019 | \$108.97 |
| 46945 | HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI | 10/1/2019 | \$172.11 |
| 46946 | HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI | 10/1/2019 | \$892.12 |
| 46947 | HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING | 10/1/2019 | \$892.12 |
| 47000 | NEEDLE BIOPSY OF LIVER, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$421.98 |
| 47001 | BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR | 10/1/2012 | \$0.00 |
| 47382 | DESTRUCTION OF 1 OR MORE GROWTHS IN LIVER, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$1,702.36 |
| 47383 | DESTRUCTION OF 1 OR MORE LIVER GROWTHS, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$2,287.73 |
| 47490 | CHOLECYSTOSTOMY, PERCUTANEOUS, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, C | 12/1/1990 | \$879.28 |
| 47531 | INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE | 10/1/2016 | \$0.00 |
| 47532 | INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE | 10/1/2016 | \$0.00 |
| 47533 | PLACEMENT OF DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH I | 10/1/2019 | \$1,129.73 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 47534 | PLACEMENT OF DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH I | 10/1/2019 | \$1,129.73 |
| 47535 | CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DR | 10/1/2019 | \$1,129.73 |
| 47536 | EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVE | 10/1/2019 | \$1,129.73 |
| 47537 | REMOVAL OF BILIARY DRAINAGE CATHETER, ACCESSED THROUGH THE SKIN USING IMAGING GU | 10/1/2019 | \$319.69 |
| 47538 | PLACEMENT OF STENT OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLU | 10/1/2019 | \$2,447.63 |
| 47539 | PLACEMENT OF STENT OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLU | 10/1/2019 | \$2,383.02 |
| 47540 | PLACEMENT OF STENT AND DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE S | 10/1/2019 | \$2,480.82 |
| 47541 | PLACEMENT OF ACCESS DEVICE INTO BILIARY TRACT, ACCESSED THROUGH THE SKIN WITH IM | 10/1/2019 | \$1,129.73 |
| 47542 | BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY), PERCUTANEO | 10/1/2016 | \$0.00 |
| 47543 | ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH, | 10/1/2016 | \$0.00 |
| 47544 | REMOVAL OF BILIARY DUCT OR GALLBLADDER STONE, ACCESSED THROUGH THE SKIN USING IM | 10/1/2016 | \$0.00 |
| 47552 | DIAGNOSTIC EXAMINATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SK | 10/1/2019 | \$1,129.73 |
| 47553 | BIOPSY OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$1,129.73 |
| 47554 | REMOVAL OF BILE DUCT STONES USING AN ENDOSCOPE, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$1,702.36 |
| 47555 | DILATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$1,129.73 |
| 47556 | DILATION OF BILE DUCTS WITH STENT INSERTION USING AN ENDOSCOPE, ACCESSED THROUGH | 10/1/2019 | \$2,381.98 |
| 47562 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY | 10/1/2019 | \$1,702.36 |
| 47563 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY | 10/1/2019 | \$1,702.36 |
| 47564 | LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT | 10/1/2019 | \$1,702.36 |
| 48102 | NEEDLE BIOPSY OF PANCREAS, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$421.98 |
| 49082 | ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE | 10/1/2019 | \$319.69 |
| 49083 | ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE | 10/1/2019 | \$319.69 |
| 49084 | PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED | 10/1/2019 | \$319.69 |
| 49180 | NEEDLE BIOPSY OF ABDOMINAL CAVITY GROWTH, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$421.98 |
| 49250 | UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE) | 10/1/2019 | \$1,129.73 |
| 49320 | LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLE | 10/1/2019 | \$1,702.36 |
| 49321 | LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE) | 10/1/2019 | \$1,702.36 |
| 49322 | LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST) | 10/1/2019 | \$1,702.36 |
| 49324 | LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER | 10/1/2019 | \$1,702.36 |
| 49325 | LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNUL | 10/1/2019 | \$1,702.36 |
| 49326 | LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT | 10/1/2014 | \$0.00 |
| 49327 | LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION TH | 10/1/2014 | \$0.00 |
| 49329 | UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM | 12/1/1990 | \$1,366.88 |
| 49400 | INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE) | 10/1/2012 | \$0.00 |
| 49402 | REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY | 10/1/2019 | \$1,129.73 |
| 49405 | FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH T | 12/1/1990 | \$464.64 |
| 49406 | FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH T | 10/1/2019 | \$421.98 |
| 49407 | FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH V | 10/1/2019 | \$421.98 |
| 49411 | INSERTION OF DEVICES IN ABDOMINAL CAVITY FOR RADIATION THERAPY GUIDANCE, ACCESE | 10/1/2019 | \$262.96 |
| 49418 | INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CH | 10/1/2019 | \$1,129.73 |
| 49419 | INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, WITH SUBCUTANEOUS PORT (IE, TOTA | 10/1/2019 | \$1,892.18 |
| 49421 | INSERTION OF ABDOMINAL CAVITY CATHETER FOR DRAINAGE OR DIALYSIS, OPEN PROCEDURE | 10/1/2019 | \$1,129.73 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 49422 | REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER | 10/1/2019 | \$1,132.19 |
| 49423 | EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER | 10/1/2019 | \$524.07 |
| 49424 | CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED | 10/1/2012 | \$0.00 |
| 49426 | REVISION OF PERITONEAL-VEIN SHUNT | 10/1/2019 | \$1,129.73 |
| 49427 | INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED | 10/1/2012 | \$0.00 |
| 49429 | REMOVAL OF PERITONEAL-VEIN SHUNT | 10/1/2019 | \$1,132.19 |
| 49435 | INSERTION OF ABDOMINAL CAVITY CATHETER EXTENSION, BENEATH THE SKIN | 10/1/2015 | \$0.00 |
| 49436 | DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITON | 10/1/2019 | \$524.07 |
| 49440 | INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDI | 10/1/2019 | \$524.07 |
| 49441 | INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC | 10/1/2019 | \$524.07 |
| 49442 | INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC G | 10/1/2019 | \$384.14 |
| 49446 | CONVERSION OF STOMACH TUBE TO SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH | 10/1/2019 | \$524.07 |
| 49450 | REPLACEMENT OF STOMACH OR LARGE BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONT | 10/1/2019 | \$319.69 |
| 49451 | REPLACEMENT OF SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONTRAST, ACCES | 10/1/2019 | \$319.69 |
| 49452 | REPLACEMENT OF STOMACH TO SMALL BOWEL TUBE USING FLUOROSCOPIC GUIDANCE WITH CONT | 10/1/2019 | \$319.69 |
| 49460 | MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL IN STOMACH, LARGE, OR SMALL BOWEL TUB | 10/1/2019 | \$319.69 |
| 49465 | CONTRAST INJECTIONS FOR X-RAY IMAGING THROUGH EXISTING TUBE IN STOMACH, SMALL BO | 10/1/2019 | \$88.10 |
| 49495 | REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR | 10/1/2019 | \$1,129.73 |
| 49496 | REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR | 10/1/2019 | \$1,129.73 |
| 49500 | REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT | 10/1/2019 | \$1,129.73 |
| 49501 | REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT | 10/1/2019 | \$1,129.73 |
| 49505 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE | 10/1/2019 | \$1,129.73 |
| 49507 | REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR | 10/1/2019 | \$1,129.73 |
| 49520 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE | 10/1/2019 | \$1,129.73 |
| 49521 | REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED | 10/1/2019 | \$1,129.73 |
| 49525 | REPAIR INGUINAL HERNIA, SLIDING, ANY AGE | 10/1/2019 | \$1,129.73 |
| 49540 | REPAIR LUMBAR HERNIA | 10/1/2019 | \$1,702.36 |
| 49550 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE | 10/1/2019 | \$1,129.73 |
| 49553 | REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED | 10/1/2019 | \$1,129.73 |
| 49555 | REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE | 10/1/2019 | \$1,129.73 |
| 49557 | REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED | 10/1/2019 | \$1,129.73 |
| 49560 | REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE | 10/1/2019 | \$1,129.73 |
| 49561 | REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED | 10/1/2019 | \$1,129.73 |
| 49565 | REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE | 10/1/2019 | \$1,702.36 |
| 49566 | REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED | 10/1/2019 | \$1,702.36 |
| 49568 | PLACEMENT OF MESH TO REPAIR INCISIONAL OR ABDOMINAL HERNIA, OPEN PROCEDURE | 10/1/2014 | \$0.00 |
| 49570 | REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE) | 10/1/2019 | \$1,129.73 |
| 49572 | REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED | 10/1/2019 | \$1,129.73 |
| 49580 | REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE | 10/1/2019 | \$1,129.73 |
| 49582 | REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED | 10/1/2019 | \$1,129.73 |
| 49585 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE | 10/1/2019 | \$1,129.73 |
| 49587 | REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED | 10/1/2019 | \$1,129.73 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 49590 | REPAIR SPIGELIAN HERNIA | 10/1/2019 | \$1,129.73 |
| 49600 | REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE | 10/1/2019 | \$1,129.73 |
| 49650 | LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA | 10/1/2019 | \$1,702.36 |
| 49651 | LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA | 10/1/2019 | \$1,702.36 |
| 49652 | LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI | 10/1/2019 | \$1,702.36 |
| 49653 | LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI | 10/1/2019 | \$1,702.36 |
| 49654 | LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN | 10/1/2019 | \$2,823.19 |
| 49655 | LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN | 10/1/2019 | \$2,823.19 |
| 49656 | LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT | 10/1/2019 | \$2,823.19 |
| 49657 | LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT | 10/1/2019 | \$2,823.19 |
| 49999 | UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM | 12/1/1990 | \$318.36 |
| 50080 | REMOVAL OR CRUSHING KIDNEY STONE (UP TO 2 CENTIMETERS) OR INSERT KIDNEY STENT US | 10/1/2019 | \$3,833.38 |
| 50081 | REMOVAL OR CRUSHING KIDNEY STONE (OVER 2 CENTIMETERS) OR INSERT KIDNEY STENT USI | 10/1/2019 | \$3,833.38 |
| 50200 | NEEDLE BIOPSY OF KIDNEY, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$421.98 |
| 50382 | REMOVAL AND REPLACEMENT OF INDWELLING STENT IN URINARY DUCT (URETER) INCLUDING R | 10/1/2019 | \$641.50 |
| 50384 | REMOVAL OF INDWELLING STENT IN URINARY DUCT (URETER) INCLUDING RADIOLOGICAL SUPE | 10/1/2019 | \$641.50 |
| 50385 | REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN | 10/1/2019 | \$641.50 |
| 50386 | REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETH | 10/1/2019 | \$451.32 |
| 50387 | REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG | 10/1/2019 | \$641.50 |
| 50389 | REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN | 10/1/2019 | \$217.87 |
| 50390 | ASPIRATION AND/OR INJECTION KIDNEY CYST, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$226.00 |
| 50391 | INSTILLATIONS OF DRUG INTO KIDNEY AND/OR URINARY DUCT (URETER) | 10/1/2019 | \$36.50 |
| 50396 | MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING | 10/1/2019 | \$217.87 |
| 50430 | INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA | 10/1/2016 | \$0.00 |
| 50431 | INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA | 10/1/2016 | \$0.00 |
| 50432 | PLACEMENT OF CATHETER OF KIDNEY, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANC | 10/1/2019 | \$641.50 |
| 50433 | PLACEMENT OF CATHETER OF KIDNEY AND URINARY TUBE (URETER), ACCESSED THROUGH THE | 10/1/2019 | \$641.50 |
| 50434 | CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING | 10/1/2019 | \$832.37 |
| 50435 | EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM | 10/1/2019 | \$641.50 |
| 50436 | DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGIC PROCEDURE INCLUDIN | 10/1/2019 | \$641.50 |
| 50437 | DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGIC PROCEDURE INCLUDIN | 10/1/2019 | \$1,104.38 |
| 50551 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I | 10/1/2019 | \$1,523.26 |
| 50553 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT | 10/1/2019 | \$1,523.26 |
| 50555 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT | 10/1/2019 | \$1,523.26 |
| 50557 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT | 10/1/2019 | \$3,833.38 |
| 50561 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT | 10/1/2019 | \$1,523.26 |
| 50562 | RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT | 10/1/2019 | \$3,833.38 |
| 50570 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$1,104.38 |
| 50572 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$217.87 |
| 50574 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$641.50 |
| 50575 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$1,523.26 |
| 50576 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$1,523.26 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 50580 | RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$1,523.26 |
| 50590 | LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE | 10/1/2019 | \$1,104.38 |
| 50592 | DESTRUCTION OF 1 OR MORE GROWTHS IN ONE KIDNEY, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$1,702.36 |
| 50593 | DESTRUCTION OF GROWTHS IN ONE KIDNEY, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$3,645.51 |
| 50606 | ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAG | 10/1/2016 | \$0.00 |
| 50684 | INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY | 10/1/2012 | \$0.00 |
| 50686 | MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER | 10/1/2019 | \$52.29 |
| 50688 | CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CO | 10/1/2019 | \$641.50 |
| 50690 | INJECTION OF BLADDER AND URINARY DUCT (URETER) FOR X-RAY IMAGING | 10/1/2012 | \$0.00 |
| 50693 | PLACEMENT OF STENT OF URINARY DUCT (URETER), ACCESSED THROUGH THE SKIN WITH IMAG | 10/1/2019 | \$641.50 |
| 50694 | PLACEMENT OF STENT OF URINARY DUCT (URETER), ACCESSED THROUGH THE SKIN WITH IMAG | 10/1/2019 | \$1,104.38 |
| 50695 | PLACEMENT OF STENT OF URINARY DUCT (URETER), ACCESSED THROUGH THE SKIN WITH IMAG | 10/1/2019 | \$1,104.38 |
| 50705 | URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND A | 10/1/2016 | \$0.00 |
| 50706 | BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND | 10/1/2016 | \$0.00 |
| 50727 | REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); | 10/1/2019 | \$1,104.38 |
| 50947 | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT | 10/1/2019 | \$1,702.36 |
| 50948 | LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL | 10/1/2019 | \$2,823.19 |
| 50951 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$641.50 |
| 50953 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | 10/1/2019 | \$1,104.38 |
| 50955 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | 10/1/2019 | \$1,523.26 |
| 50957 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | 10/1/2019 | \$1,523.26 |
| 50961 | URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT | 10/1/2019 | \$1,523.26 |
| 50970 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$641.50 |
| 50972 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$1,104.38 |
| 50974 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$1,523.26 |
| 50976 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$1,523.26 |
| 50980 | URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$1,523.26 |
| 51020 | CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE | 10/1/2019 | \$641.50 |
| 51030 | CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION | 10/1/2019 | \$1,104.38 |
| 51040 | CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE | 10/1/2019 | \$641.50 |
| 51045 | CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE) | 10/1/2019 | \$641.50 |
| 51050 | CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK | 10/1/2019 | \$1,523.26 |
| 51065 | CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR | 10/1/2019 | \$1,104.38 |
| 51080 | DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS | 10/1/2019 | \$835.14 |
| 51100 | ASPIRATION OF BLADDER; BY NEEDLE | 10/1/2019 | \$25.84 |
| 51101 | ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER | 10/1/2019 | \$70.60 |
| 51102 | ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER | 10/1/2019 | \$641.50 |
| 51500 | EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR | 10/1/2019 | \$1,702.36 |
| 51520 | CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE) | 10/1/2019 | \$641.50 |
| 51535 | INCISION, REMOVAL, OR REPAIR OF ABNORMAL DRAINAGE TRACT FROM BLADDER INTO BOWEL | 10/1/2019 | \$1,104.38 |
| 51600 | INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY | 10/1/2012 | \$0.00 |
| 51605 | INJECTION PROCEDURE FOR X-RAY IMAGING OF THE BLADDER AND BLADDER CANAL (URETHRA) | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 51610 | INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY | 10/1/2012 | \$0.00 |
| 51700 | BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION | 10/1/2019 | \$38.90 |
| 51701 | INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR | 10/1/2015 | \$0.00 |
| 51702 | INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY) | 10/1/2015 | \$0.00 |
| 51703 | INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED | 10/1/2019 | \$52.29 |
| 51705 | CHANGE OF CYSTOSTOMY TUBE; SIMPLE | 10/1/2019 | \$44.49 |
| 51710 | CHANGE OF CYSTOSTOMY TUBE; COMPLICATED | 10/1/2019 | \$217.87 |
| 51715 | ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE | 10/1/2019 | \$1,423.00 |
| 51720 | BLADDER INSTILLATION OF CANCER PREVENTIVE, INHIBITING, OR SUPPRESSIVE AGENT | 10/1/2019 | \$38.36 |
| 51725 | SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER) | 10/1/2019 | \$112.25 |
| 51726 | COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); | 10/1/2019 | \$112.25 |
| 51727 | COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRES | 10/1/2019 | \$167.84 |
| 51728 | COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS | 10/1/2019 | \$173.71 |
| 51729 | COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS | 10/1/2019 | \$174.77 |
| 51736 | SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER) | 10/1/2015 | \$0.00 |
| 51741 | COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT) | 10/1/2016 | \$0.00 |
| 51784 | ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN | 10/1/2019 | \$22.38 |
| 51785 | NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY | 10/1/2019 | \$112.25 |
| 51792 | STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY | 10/1/2016 | \$0.00 |
| 51797 | 51797 VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERIT | 10/1/2014 | \$0.00 |
| 51798 | MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY | 10/1/2015 | \$0.00 |
| 51880 | CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE) | 10/1/2019 | \$1,104.38 |
| 51992 | LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR | 10/1/2019 | \$2,222.53 |
| 52000 | CYSTOURETHROSCOPY (SEPARATE PROCEDURE) | 10/1/2019 | \$217.87 |
| 52001 | CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS | 10/1/2019 | \$1,104.38 |
| 52005 | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$641.50 |
| 52007 | CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, | 10/1/2019 | \$1,104.38 |
| 52010 | CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT | 10/1/2019 | \$217.87 |
| 52204 | CYSTOURETHROSCOPY, WITH BIOPSY(S) | 10/1/2019 | \$641.50 |
| 52214 | DESTRUCTION OF TISSUE IN THE BLADDER, BLADDER CANAL (URETHRA) OR SURROUNDING GLA | 10/1/2019 | \$641.50 |
| 52224 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR | 10/1/2019 | \$641.50 |
| 52234 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) | 10/1/2019 | \$1,104.38 |
| 52235 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) | 10/1/2019 | \$1,104.38 |
| 52240 | CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) | 10/1/2019 | \$1,523.26 |
| 52250 | CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT | 10/1/2019 | \$1,104.38 |
| 52260 | CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL | 10/1/2019 | \$641.50 |
| 52265 | CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL | 10/1/2019 | \$196.09 |
| 52270 | INCISION OF THE BLADDER CANAL (URETHRA) USING AN ENDOSCOPE, FEMALE | 10/1/2019 | \$641.50 |
| 52275 | INCISION OF THE BLADDER CANAL (URETHRA) USING AN ENDOSCOPE, MALE | 10/1/2019 | \$641.50 |
| 52276 | CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY | 10/1/2019 | \$641.50 |
| 52277 | CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY) | 10/1/2019 | \$1,104.38 |
| 52281 | CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR | 10/1/2019 | \$641.50 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 52282 | CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT URETHRAL STENT | 10/1/2019 | \$1,104.38 |
| 52283 | CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE | 10/1/2019 | \$641.50 |
| 52285 | CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL | 10/1/2019 | \$217.87 |
| 52287 | CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER | 10/1/2019 | \$641.50 |
| 52290 | CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL | 10/1/2019 | \$641.50 |
| 52300 | CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), | 10/1/2019 | \$1,104.38 |
| 52301 | CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), | 10/1/2019 | \$1,104.38 |
| 52305 | CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER | 10/1/2019 | \$1,523.26 |
| 52310 | REMOVAL OF FOREIGN BODY, STONE, OR STENT FROM BLADDER CANAL (URETHRA) OR BLADDER | 10/1/2019 | \$641.50 |
| 52315 | COMPLICATED REMOVAL OF FOREIGN BODY, STONE, OR STENT FROM BLADDER CANAL (URETHRA | 10/1/2019 | \$641.50 |
| 52317 | CRUSHING, FRAGMENTING, AND REMOVAL OF (LESS THAN 2.5 CENTIMETERS) BLADDER STONE | 10/1/2019 | \$1,104.38 |
| 52318 | CRUSHING, FRAGMENTING, AND REMOVAL OF BLADDER STONES, COMPLICATED OR LARGER THAN | 10/1/2019 | \$1,104.38 |
| 52320 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL | 10/1/2019 | \$1,104.38 |
| 52325 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF | 10/1/2019 | \$1,523.26 |
| 52327 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC | 10/1/2019 | \$2,059.69 |
| 52330 | CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, | 10/1/2019 | \$1,104.38 |
| 52332 | CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR | 10/1/2019 | \$1,104.38 |
| 52334 | CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO | 10/1/2019 | \$1,104.38 |
| 52341 | CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, | 10/1/2019 | \$641.50 |
| 52342 | CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, | 10/1/2019 | \$1,104.38 |
| 52343 | CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON | 10/1/2019 | \$641.50 |
| 52344 | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, | 10/1/2019 | \$1,104.38 |
| 52345 | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION | 10/1/2019 | \$1,104.38 |
| 52346 | CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE | 10/1/2019 | \$1,523.26 |
| 52351 | DIAGNOSTIC EXAMINATION OF THE BLADDER, BLADDER CANAL (URETHRA), AND URINARY DUCT | 10/1/2019 | \$641.50 |
| 52352 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR | 10/1/2019 | \$1,104.38 |
| 52353 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY | 10/1/2019 | \$1,523.26 |
| 52354 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR | 10/1/2019 | \$1,523.26 |
| 52355 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF | 10/1/2019 | \$1,523.26 |
| 52356 | CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDI | 10/1/2019 | \$1,523.26 |
| 52400 | INCISION, DESTRUCTION, OR REMOVAL OF CONGENITAL BLADDER AND BLADDER CANAL (URETH | 10/1/2019 | \$1,104.38 |
| 52402 | INCISION OR REMOVAL OF EJACULATORY DUCTS USING AN ENDOSCOPE, MALE | 10/1/2019 | \$1,104.38 |
| 52450 | TRANSURETHRAL INCISION OF PROSTATE | 10/1/2019 | \$1,104.38 |
| 52500 | TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE) | 10/1/2019 | \$1,104.38 |
| 52601 | TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF | 10/1/2019 | \$1,523.26 |
| 52630 | TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INC | 10/1/2019 | \$1,523.26 |
| 52640 | TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE | 10/1/2019 | \$1,104.38 |
| 52647 | LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMP | 10/1/2019 | \$1,523.26 |
| 52648 | LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COM | 10/1/2019 | \$1,523.26 |
| 52649 | LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOP | 10/1/2019 | \$1,523.26 |
| 52700 | TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS | 10/1/2019 | \$1,104.38 |
| 53000 | URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA | 10/1/2019 | \$641.50 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 53010 | URETHROTOMY OR URETHSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, | 10/1/2019 | \$1,523.26 |
| 53020 | MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT | 10/1/2019 | \$641.50 |
| 53025 | INCISION OF EXTERNAL URINARY OPENING, INFANT | 10/1/2019 | \$641.50 |
| 53040 | DRAINAGE OF DEEP PERIURETHRAL ABSCESS | 10/1/2019 | \$641.50 |
| 53060 | DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS, MALE | 10/1/2019 | \$59.95 |
| 53080 | DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE) | 10/1/2019 | \$217.87 |
| 53085 | DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED | 10/1/2019 | \$641.50 |
| 53200 | BIOPSY OF URETHRA | 10/1/2019 | \$641.50 |
| 53210 | REMOVAL OF BLADDER AND BLADDER CANAL (URETHRA), FEMALE | 10/1/2019 | \$1,104.38 |
| 53215 | REMOVAL OF BLADDER AND BLADDER CANAL (URETHRA), MALE | 10/1/2019 | \$1,523.26 |
| 53220 | EXCISION OR FULGURATION OF CARCINOMA OF URETHRA | 10/1/2019 | \$1,104.38 |
| 53230 | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE | 10/1/2019 | \$1,523.26 |
| 53235 | EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE | 10/1/2019 | \$1,523.26 |
| 53240 | MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE | 10/1/2019 | \$641.50 |
| 53250 | REMOVAL OF SEMINAL FLUID GLAND | 10/1/2019 | \$1,104.38 |
| 53260 | EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA | 10/1/2019 | \$641.50 |
| 53265 | EXCISION OR FULGURATION; URETHRAL CARUNCLE | 10/1/2019 | \$641.50 |
| 53270 | REMOVAL OR DESTRUCTION OF BLADDER CANAL (URETHRA) MUCOUS GLANDS | 10/1/2019 | \$641.50 |
| 53275 | EXCISION OR FULGURATION; URETHRAL PROLAPSE | 10/1/2019 | \$641.50 |
| 53400 | REPAIR OF BLADDER CANAL (URETHRA) FOR ABNORMAL DRAINAGE TRACT, POUCHING, OR NARR | 10/1/2019 | \$1,523.26 |
| 53405 | URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION | 10/1/2019 | \$1,523.26 |
| 53410 | RECONSTRUCTION OF BLADDER CANAL (URETHRA), MALE | 10/1/2019 | \$1,523.26 |
| 53420 | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS | 10/1/2019 | \$1,523.26 |
| 53425 | URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS | 10/1/2019 | \$1,523.26 |
| 53430 | RECONSTRUCTION OF BLADDER CANAL (URETHRA), FEMALE | 10/1/2019 | \$1,523.26 |
| 53431 | REPAIR OF BLADDER CANAL (URETHRA) AND/OR LOWER BLADDER FOR INCONTINENCE | 10/1/2019 | \$1,523.26 |
| 53440 | SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR | 10/1/2019 | \$5,653.07 |
| 53442 | REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR | 10/1/2019 | \$1,523.26 |
| 53444 | INSERTION OF TANDEM CUFF (DUAL CUFF) | 10/1/2019 | \$12,659.34 |
| 53445 | INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF | 10/1/2019 | \$13,235.67 |
| 53446 | REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, | 10/1/2019 | \$1,523.26 |
| 53447 | REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING | 10/1/2019 | \$13,043.55 |
| 53449 | REPAIR OF INFLATABLE BLADDER CANAL (URETHRA) OR BLADDER NECK SPHINCTER, INCLUDIN | 10/1/2019 | \$1,523.26 |
| 53450 | URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT | 10/1/2019 | \$641.50 |
| 53460 | URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT | 10/1/2019 | \$641.50 |
| 53502 | SUTURE OF BLADDER CANAL (URETHRA) WOUND OR INJURY, FEMALE | 10/1/2019 | \$1,104.38 |
| 53505 | SUTURE OF BLADDER CANAL (URETHRA) WOUND OR INJURY, PENIS | 10/1/2019 | \$1,523.26 |
| 53510 | URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL | 10/1/2019 | \$1,523.26 |
| 53515 | SUTURE OF BLADDER CANAL (URETHRA) WOUND OR INJURY, PROSTATE | 10/1/2019 | \$1,523.26 |
| 53520 | CLOSURE OF ABNORMAL DRAINAGE TRACT FROM BLADDER CANAL (URETHRA) TO SKIN, MALE | 10/1/2019 | \$1,523.26 |
| 53600 | DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE | 10/1/2019 | \$27.98 |
| 53601 | DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE | 10/1/2016 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 53605 | DILATION OF NARROWING OF BLADDER CANAL (URETHRA) UNDER GENERAL OR SPINAL ANESTHE | 10/1/2019 | \$641.50 |
| 53620 | DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE | 10/1/2019 | \$53.02 |
| 53621 | DILATION OF NARROWING OF BLADDER CANAL (URETHRA), MALE | 10/1/2019 | \$54.88 |
| 53660 | DILATION OF BLADDER CANAL (URETHRA), FEMALE | 10/1/2019 | \$31.97 |
| 53661 | DILATION OF BLADDER CANAL (URETHRA), FEMALE | 10/1/2016 | \$0.00 |
| 53665 | DILATION OF BLADDER CANAL (URETHRA) UNDER GENERAL OR SPINAL ANESTHESIA, FEMALE | 10/1/2019 | \$641.50 |
| 53850 | TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY | 10/1/2019 | \$1,104.38 |
| 53852 | TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY | 10/1/2019 | \$996.15 |
| 53854 | TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY GENERATED WATER | 10/1/2019 | \$641.50 |
| 53855 | INSERTION OF A TEMPORARY BLADDER CANAL (URETHRA) STENT, MALE, USING AN ENDOSCOPE | 10/1/2019 | \$531.78 |
| 54000 | SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN | 10/1/2019 | \$641.50 |
| 54001 | SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN | 10/1/2019 | \$641.50 |
| 54015 | INCISION AND DRAINAGE OF PENIS, DEEP | 10/1/2019 | \$421.98 |
| 54050 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM | 10/1/2016 | \$0.00 |
| 54055 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | 10/1/2019 | \$55.41 |
| 54056 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | 10/1/2015 | \$0.00 |
| 54057 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | 10/1/2019 | \$750.21 |
| 54060 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | 10/1/2019 | \$750.21 |
| 54065 | DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM | 10/1/2019 | \$750.21 |
| 54100 | BIOPSY OF PENIS; (SEPARATE PROCEDURE) | 10/1/2019 | \$421.98 |
| 54105 | BIOPSY OF PENIS; DEEP STRUCTURES | 10/1/2019 | \$835.14 |
| 54110 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); | 10/1/2019 | \$1,104.38 |
| 54111 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH | 10/1/2019 | \$1,523.26 |
| 54112 | EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN | 10/1/2019 | \$3,833.38 |
| 54115 | REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT) | 10/1/2019 | \$835.14 |
| 54120 | AMPUTATION OF PENIS; PARTIAL | 10/1/2019 | \$1,104.38 |
| 54161 | REMOVAL OF FORESKIN, PATIENT OLDER THAN 28 DAYS OF AGE | 10/1/2019 | \$641.50 |
| 54162 | LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS | 10/1/2019 | \$641.50 |
| 54163 | REPAIR INCOMPLETE CIRCUMCISION | 10/1/2019 | \$641.50 |
| 54164 | FRENULOTOMY OF PENIS | 10/1/2019 | \$641.50 |
| 54200 | INJECTION PROCEDURE FOR PEYRONIE DISEASE; | 10/1/2019 | \$50.62 |
| 54205 | INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE | 10/1/2019 | \$1,523.26 |
| 54220 | IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM | 10/1/2019 | \$112.25 |
| 54230 | INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY | 10/1/2012 | \$0.00 |
| 54231 | DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS | 10/1/2019 | \$48.22 |
| 54235 | INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE, | 10/1/2019 | \$33.03 |
| 54240 | PENILE PLETHYSMOGRAPHY | 10/1/2019 | \$27.44 |
| 54250 | NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST | 10/1/2019 | \$8.79 |
| 54300 | PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH | 10/1/2019 | \$1,104.38 |
| 54304 | PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE | 10/1/2019 | \$1,104.38 |
| 54308 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY | 10/1/2019 | \$1,523.26 |
| 54312 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY | 10/1/2019 | \$1,104.38 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 54316 | URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) | 10/1/2019 | \$1,523.26 |
| 54318 | URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM | 10/1/2019 | \$1,104.38 |
| 54322 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); | 10/1/2019 | \$1,104.38 |
| 54324 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); | 10/1/2019 | \$1,104.38 |
| 54326 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); | 10/1/2019 | \$641.50 |
| 54328 | ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); | 10/1/2019 | \$1,104.38 |
| 54340 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY | 10/1/2019 | \$1,104.38 |
| 54344 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); | 10/1/2019 | \$1,523.26 |
| 54348 | REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); | 10/1/2019 | \$1,523.26 |
| 54352 | REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF | 10/1/2019 | \$1,523.26 |
| 54360 | PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION | 10/1/2019 | \$1,104.38 |
| 54380 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; | 10/1/2019 | \$641.50 |
| 54385 | PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH | 10/1/2019 | \$641.50 |
| 54406 | REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS | 10/1/2019 | \$1,104.38 |
| 54408 | REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS | 10/1/2019 | \$1,523.26 |
| 54410 | REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE | 10/1/2019 | \$13,122.60 |
| 54415 | REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE | 10/1/2019 | \$1,104.38 |
| 54416 | REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE | 10/1/2019 | \$13,109.33 |
| 54420 | CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR | 10/1/2019 | \$641.50 |
| 54435 | CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER | 10/1/2019 | \$641.50 |
| 54437 | REPAIR OF TRAUMATIC CORPOREAL TEAR(S) | 10/1/2019 | \$1,104.38 |
| 54440 | PLASTIC OPERATION OF PENIS FOR INJURY | 10/1/2019 | \$1,104.38 |
| 54450 | FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING | 10/1/2019 | \$112.25 |
| 54500 | BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE) | 10/1/2019 | \$835.14 |
| 54505 | BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE) | 10/1/2019 | \$1,104.38 |
| 54512 | EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS | 10/1/2019 | \$1,104.38 |
| 54520 | ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR | 10/1/2019 | \$641.50 |
| 54522 | ORCHIECTOMY, PARTIAL | 10/1/2019 | \$641.50 |
| 54530 | ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH | 10/1/2019 | \$1,129.73 |
| 54550 | EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA) | 10/1/2019 | \$1,129.73 |
| 54560 | EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION | 10/1/2019 | \$641.50 |
| 54600 | REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE | 10/1/2019 | \$641.50 |
| 54620 | FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE) | 10/1/2019 | \$1,104.38 |
| 54640 | ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR | 10/1/2019 | \$1,129.73 |
| 54660 | INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE) | 10/1/2019 | \$2,131.85 |
| 54670 | SUTURE OR REPAIR OF TESTICULAR INJURY | 10/1/2019 | \$641.50 |
| 54680 | TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION) | 10/1/2019 | \$641.50 |
| 54690 | LAPAROSCOPY, SURGICAL; ORCHIECTOMY | 10/1/2019 | \$1,702.36 |
| 54692 | LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS | 10/1/2019 | \$1,702.36 |
| 54700 | INCISION AND DRAINAGE OF SPERM RESERVOIR, TESTIS, AND/OR SCROTAL AREA | 10/1/2019 | \$641.50 |
| 54800 | BIOPSY OF EPIDIDYMIS, NEEDLE | 10/1/2019 | \$421.98 |
| 54830 | EXCISION OF LOCAL LESION OF EPIDIDYMIS | 10/1/2019 | \$641.50 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 54840 | EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY | 10/1/2019 | \$641.50 |
| 54860 | EPIDIDYMECTOMY; UNILATERAL | 10/1/2019 | \$641.50 |
| 54861 | EPIDIDYMECTOMY; BILATERAL | 10/1/2019 | \$1,104.38 |
| 54865 | EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY | 10/1/2019 | \$641.50 |
| 54900 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL | 10/1/2019 | \$641.50 |
| 54901 | EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL | 10/1/2019 | \$1,104.38 |
| 55000 | PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF | 10/1/2019 | \$46.36 |
| 55040 | EXCISION OF HYDROCELE; UNILATERAL | 10/1/2019 | \$1,129.73 |
| 55041 | EXCISION OF HYDROCELE; BILATERAL | 10/1/2019 | \$1,129.73 |
| 55060 | REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE) | 10/1/2019 | \$641.50 |
| 55100 | DRAINAGE OF SCROTAL WALL ABSCESS | 10/1/2019 | \$421.98 |
| 55110 | SCROTAL EXPLORATION | 10/1/2019 | \$1,104.38 |
| 55120 | REMOVAL OF FOREIGN BODY IN SCROTUM | 10/1/2019 | \$641.50 |
| 55150 | RESECTION OF SCROTUM | 10/1/2019 | \$641.50 |
| 55175 | SCROTOPLASTY; SIMPLE | 10/1/2019 | \$1,104.38 |
| 55180 | SCROTOPLASTY; COMPLICATED | 10/1/2019 | \$1,523.26 |
| 55200 | VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL | 10/1/2019 | \$641.50 |
| 55250 | VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE | 10/1/2019 | \$641.50 |
| 55300 | VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR EPIDIDYMOGRAMS, UNILATERAL OR | 10/1/2012 | \$0.00 |
| 55500 | EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE) | 10/1/2019 | \$641.50 |
| 55520 | EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE) | 10/1/2019 | \$641.50 |
| 55530 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE | 10/1/2019 | \$1,104.38 |
| 55535 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL | 10/1/2019 | \$1,129.73 |
| 55540 | EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH | 10/1/2019 | \$1,129.73 |
| 55550 | LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE | 10/1/2019 | \$1,702.36 |
| 55600 | VESICULOTOMY; | 10/1/2019 | \$641.50 |
| 55680 | EXCISION OF MULLERIAN DUCT CYST | 10/1/2019 | \$1,104.38 |
| 55700 | BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH | 10/1/2019 | \$641.50 |
| 55705 | BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH | 10/1/2019 | \$641.50 |
| 55706 | BIOPSY, PROSTATE; NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION | 10/1/2019 | \$641.50 |
| 55720 | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE | 10/1/2019 | \$641.50 |
| 55725 | PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED | 10/1/2019 | \$1,104.38 |
| 55860 | EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; | 10/1/2019 | \$1,523.26 |
| 55870 | ELECTROEJACULATION | 10/1/2019 | \$58.08 |
| 55873 | CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORI | 10/1/2019 | \$5,417.21 |
| 55874 | TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MUL | 10/1/2019 | \$1,523.26 |
| 55875 | TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R | 10/1/2019 | \$1,523.26 |
| 55876 | PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL | 10/1/2019 | \$57.02 |
| 55920 | PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT P | 10/1/2019 | \$1,597.22 |
| 56405 | INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS | 10/1/2019 | \$41.83 |
| 56420 | INCISION AND DRAINAGE OF FEMALE GENITAL GLAND ABSCESS | 10/1/2019 | \$59.68 |
| 56440 | CREATION OF DRAINAGE TRACT FOR FEMALE GENITAL GLAND OR CYST | 10/1/2019 | \$891.33 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 56441 | LYSIS OF LABIAL ADHESIONS | 10/1/2019 | \$891.33 |
| 56442 | HYMENOTOMY, SIMPLE INCISION | 10/1/2019 | \$891.33 |
| 56501 | DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYO | 10/1/2019 | \$61.81 |
| 56515 | DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, | 10/1/2019 | \$750.21 |
| 56605 | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION | 10/1/2019 | \$31.70 |
| 56606 | BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL | 10/1/2014 | \$0.00 |
| 56620 | VULVECTOMY SIMPLE; PARTIAL | 10/1/2019 | \$891.33 |
| 56625 | VULVECTOMY SIMPLE; COMPLETE | 10/1/2019 | \$891.33 |
| 56700 | PARTIAL REMOVAL OF MEMBRANE AT UTERINE OPENING, OPEN PROCEDURE | 10/1/2019 | \$891.33 |
| 56740 | REMOVAL OF FEMALE GENITAL GLAND OR CYST | 10/1/2019 | \$891.33 |
| 56800 | PLASTIC REPAIR OF INTROITUS | 10/1/2019 | \$891.33 |
| 56805 | CLITOROPLASTY FOR INTERSEX STATE | 10/1/2019 | \$891.33 |
| 56810 | PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE) | 10/1/2019 | \$891.33 |
| 56820 | COLPOSCOPY OF THE VULVA; | 10/1/2019 | \$41.03 |
| 56821 | COLPOSCOPY OF THE VULVA; WITH BIOPSY(S) | 10/1/2019 | \$53.55 |
| 57000 | COLPOTOMY; WITH EXPLORATION | 10/1/2019 | \$891.33 |
| 57010 | COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS | 10/1/2019 | \$891.33 |
| 57020 | COLPOCENTESIS (SEPARATE PROCEDURE) | 10/1/2019 | \$891.33 |
| 57022 | INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM | 10/1/2019 | \$421.98 |
| 57023 | INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA, | 10/1/2019 | \$835.14 |
| 57061 | DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRY | 10/1/2019 | \$54.61 |
| 57065 | DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, | 10/1/2019 | \$891.33 |
| 57100 | BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE) | 10/1/2019 | \$33.30 |
| 57105 | BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS) | 10/1/2019 | \$891.33 |
| 57120 | COLPOCLEISIS (LE FORT TYPE) | 10/1/2019 | \$1,597.22 |
| 57130 | EXCISION OF VAGINAL SEPTUM | 10/1/2019 | \$891.33 |
| 57135 | EXCISION OF VAGINAL CYST OR TUMOR | 10/1/2019 | \$891.33 |
| 57150 | IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL | 10/1/2016 | \$0.00 |
| 57155 | INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY | 10/1/2019 | \$891.33 |
| 57156 | INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERA | 10/1/2019 | \$104.31 |
| 57160 | FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE | 10/1/2019 | \$21.31 |
| 57170 | DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS | 10/1/2019 | \$22.11 |
| 57180 | INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC | 10/1/2019 | \$64.57 |
| 57200 | COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL) | 10/1/2019 | \$891.33 |
| 57210 | COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL) | 10/1/2019 | \$891.33 |
| 57220 | PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL | 10/1/2019 | \$1,597.22 |
| 57230 | PLASTIC REPAIR OF URETHROCELE | 10/1/2019 | \$891.33 |
| 57240 | REPAIR OF HERNIATION OF BLADDER INTO VAGINAL WALL | 10/1/2019 | \$1,597.22 |
| 57250 | POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY | 10/1/2019 | \$1,597.22 |
| 57260 | PLASTIC REPAIR OF VAGINA AND TISSUE SEPARATING VAGINA, RECTUM, AND BLADDER | 10/1/2019 | \$1,597.22 |
| 57265 | REPAIR OF HERNIATION OF RECTUM AND BLADDER INTO VAGINAL WALL | 10/1/2019 | \$1,597.22 |
| 57267 | INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH | 10/1/2014 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 57268 | REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE) | 10/1/2019 | \$891.33 |
| 57282 | COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS) | 12/1/1990 | \$1,624.30 |
| 57287 | REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC) | 10/1/2019 | \$891.33 |
| 57288 | SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC) | 10/1/2019 | \$2,061.74 |
| 57289 | PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY | 10/1/2019 | \$2,254.61 |
| 57291 | CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT | 10/1/2019 | \$891.33 |
| 57295 | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH | 10/1/2019 | \$891.33 |
| 57300 | CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH | 10/1/2019 | \$891.33 |
| 57310 | CLOSURE OF URETHROVAGINAL FISTULA; | 10/1/2019 | \$2,254.61 |
| 57320 | CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH | 10/1/2019 | \$1,597.22 |
| 57400 | DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL) | 10/1/2019 | \$891.33 |
| 57410 | PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL) | 10/1/2019 | \$891.33 |
| 57415 | REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (| 10/1/2019 | \$891.33 |
| 57420 | COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; | 10/1/2019 | \$42.36 |
| 57421 | COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGIN | 10/1/2019 | \$55.68 |
| 57426 | REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH | 10/1/2019 | \$2,254.61 |
| 57452 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; | 10/1/2019 | \$41.03 |
| 57454 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE | 10/1/2019 | \$49.29 |
| 57455 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE | 10/1/2019 | \$52.22 |
| 57456 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL | 10/1/2019 | \$49.82 |
| 57460 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE | 10/1/2019 | \$136.41 |
| 57461 | COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE | 10/1/2019 | \$146.26 |
| 57500 | BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO | 10/1/2019 | \$65.28 |
| 57505 | ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE) | 10/1/2019 | \$49.03 |
| 57510 | CAUTERY OF CERVIX; ELECTRO OR THERMAL | 10/1/2019 | \$47.15 |
| 57511 | CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT | 10/1/2019 | \$59.95 |
| 57513 | CAUTERY OF CERVIX; LASER ABLATION | 10/1/2019 | \$891.33 |
| 57520 | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND | 10/1/2019 | \$891.33 |
| 57522 | CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND | 10/1/2019 | \$891.33 |
| 57530 | TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE) | 10/1/2019 | \$891.33 |
| 57550 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; | 10/1/2019 | \$891.33 |
| 57556 | EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE | 10/1/2019 | \$1,597.22 |
| 57558 | DILATION AND CURETTAGE OF CERVICAL STUMP | 10/1/2019 | \$891.33 |
| 57700 | CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL | 10/1/2019 | \$891.33 |
| 57720 | TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH | 10/1/2019 | \$891.33 |
| 57800 | DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE) | 10/1/2019 | \$26.11 |
| 58100 | ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WI | 10/1/2019 | \$34.11 |
| 58110 | ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP | 10/1/2012 | \$0.00 |
| 58120 | DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL) | 10/1/2019 | \$891.33 |
| 58145 | VAGINAL REMOVAL OF FIBROID TUMORS (250 GRAMS OR LESS) OF UTERUS | 10/1/2019 | \$891.33 |
| 58150 | TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF | 10/1/2016 | \$0.00 |
| 58260 | VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; | 10/1/2019 | \$1,597.22 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 58262 | VAGINAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES, AND/OR OVARIES | 10/1/2019 | \$1,597.22 |
| 58301 | REMOVAL OF INTRAUTERINE DEVICE (IUD) | 10/1/2019 | \$34.11 |
| 58340 | CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE | 10/1/2012 | \$0.00 |
| 58346 | INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY | 10/1/2019 | \$891.33 |
| 58353 | ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE | 10/1/2019 | \$1,597.22 |
| 58356 | ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL | 10/1/2019 | \$1,198.63 |
| 58541 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; | 10/1/2019 | \$1,702.36 |
| 58542 | PARTIAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES AND/OR OVARIES WITH RETENTI | 10/1/2019 | \$2,823.19 |
| 58543 | LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G | 10/1/2019 | \$2,823.19 |
| 58544 | PARTIAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES USING | 10/1/2019 | \$2,823.19 |
| 58545 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL | 10/1/2019 | \$1,702.36 |
| 58546 | LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR | 10/1/2019 | \$2,823.19 |
| 58550 | LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; | 10/1/2019 | \$1,702.36 |
| 58552 | VAGINAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES, AND/OR OVARIES USING AN EN | 10/1/2019 | \$2,823.19 |
| 58553 | LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 | 10/1/2019 | \$2,823.19 |
| 58554 | VAGINAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES WITH A | 10/1/2019 | \$2,823.19 |
| 58555 | HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE) | 10/1/2019 | \$891.33 |
| 58558 | HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR | 10/1/2019 | \$891.33 |
| 58559 | HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD) | 10/1/2019 | \$1,597.22 |
| 58560 | HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY | 10/1/2019 | \$1,597.22 |
| 58561 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA | 10/1/2019 | \$1,597.22 |
| 58562 | HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY | 10/1/2019 | \$891.33 |
| 58563 | HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION, | 10/1/2019 | \$1,597.22 |
| 58565 | HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE | 10/1/2019 | \$2,059.68 |
| 58570 | LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; | 10/1/2019 | \$2,823.19 |
| 58571 | LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH R | 10/1/2019 | \$2,823.19 |
| 58572 | LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; | 10/1/2019 | \$2,823.19 |
| 58573 | ABDOMINAL REMOVAL OF UTERUS (GREATER THAN 250 GRAMS), TUBES, AND/OR OVARIES USIN | 10/1/2019 | \$2,823.19 |
| 58578 | UNLISTED LAPAROSCOPY PROCEDURE, UTERUS | 12/1/1990 | \$1,366.88 |
| 58600 | LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNI | 10/1/2019 | \$891.33 |
| 58615 | OCCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL | 10/1/2019 | \$891.33 |
| 58660 | LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP | 10/1/2019 | \$1,702.36 |
| 58661 | LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL | 10/1/2019 | \$1,702.36 |
| 58662 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, | 10/1/2019 | \$1,702.36 |
| 58670 | LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT | 10/1/2019 | \$1,702.36 |
| 58671 | LAPAROSCOPY, SURGICAL; WITH OCCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR | 10/1/2019 | \$1,702.36 |
| 58674 | LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE U | 10/1/2019 | \$2,823.19 |
| 58800 | DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGI | 10/1/2019 | \$891.33 |
| 58805 | DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); | 10/1/2019 | \$891.33 |
| 58820 | VAGINAL DRAINAGE OF OVARIAN ABSCESS, OPEN PROCEDURE | 10/1/2019 | \$891.33 |
| 58900 | BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE) | 10/1/2019 | \$891.33 |
| 59000 | AMNIOCENTESIS; DIAGNOSTIC | 10/1/2019 | \$50.36 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 59001 | AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND | 10/1/2019 | \$104.31 |
| 59012 | CORDOCENTESIS (INTRAUTERINE), ANY METHOD | 10/1/2019 | \$104.31 |
| 59015 | CHORIONIC VILLUS SAMPLING, ANY METHOD | 10/1/2019 | \$45.56 |
| 59020 | FETAL CONTRACTION STRESS TEST | 10/1/2019 | \$24.51 |
| 59025 | FETAL NON-STRESS TEST | 10/1/2019 | \$13.59 |
| 59070 | TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE | 10/1/2019 | \$104.31 |
| 59072 | FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE | 10/1/2019 | \$104.31 |
| 59074 | FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS), | 10/1/2019 | \$104.31 |
| 59076 | FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE | 10/1/2019 | \$104.31 |
| 59100 | HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION) | 10/1/2019 | \$891.33 |
| 59150 | LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR | 10/1/2019 | \$1,702.36 |
| 59151 | LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR | 10/1/2019 | \$1,702.36 |
| 59160 | CURETTAGE, POSTPARTUM | 10/1/2019 | \$891.33 |
| 59200 | INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE | 10/1/2019 | \$33.03 |
| 59300 | EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING | 10/1/2019 | \$73.00 |
| 59320 | CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL | 10/1/2019 | \$891.33 |
| 59412 | EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS | 10/1/2019 | \$891.33 |
| 59414 | DELIVERY OF PLACENTA (SEPARATE PROCEDURE) | 10/1/2019 | \$891.33 |
| 59812 | TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY | 10/1/2019 | \$891.33 |
| 59820 | TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER | 10/1/2019 | \$891.33 |
| 59821 | TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER | 10/1/2019 | \$891.33 |
| 59840 | INDUCED ABORTION, BY DILATION AND CURETTAGE | 10/1/2019 | \$891.33 |
| 59841 | INDUCED ABORTION, BY DILATION AND EVACUATION | 10/1/2019 | \$891.33 |
| 59870 | UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE | 10/1/2019 | \$891.33 |
| 59871 | REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL) | 10/1/2019 | \$891.33 |
| 60000 | INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED | 10/1/2019 | \$440.03 |
| 60100 | NEEDLE BIOPSY OF THYROID, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$39.69 |
| 60200 | EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS | 10/1/2019 | \$1,702.36 |
| 60210 | PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY | 10/1/2019 | \$1,702.36 |
| 60212 | PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, | 10/1/2019 | \$1,702.36 |
| 60220 | TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY | 10/1/2019 | \$1,702.36 |
| 60225 | TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, | 10/1/2019 | \$1,702.36 |
| 60240 | THYROIDECTOMY, TOTAL OR COMPLETE | 10/1/2019 | \$1,702.36 |
| 60252 | THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION | 10/1/2016 | \$0.00 |
| 60280 | EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; | 10/1/2019 | \$1,702.36 |
| 60281 | EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT | 10/1/2019 | \$1,702.36 |
| 60300 | ASPIRATION AND/OR INJECTION, THYROID CYST | 10/1/2019 | \$58.35 |
| 60500 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); | 10/1/2019 | \$1,714.58 |
| 60502 | PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION | 12/1/1990 | \$1,672.53 |
| 60512 | PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR | 10/1/2016 | \$0.00 |
| 61000 | SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INI | 10/1/2019 | \$262.52 |
| 61001 | SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; | 10/1/2019 | \$262.52 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 61020 | ASPIRATION OF SPINAL FLUID FOR DIAGNOSIS FROM SKULL SOFT SPOT, BURR HOLE, OR CAT | 10/1/2019 | \$304.88 |
| 61026 | ASPIRATION OF SPINAL FLUID AND INJECTION INTO SKULL SOFT SPOT, BURR HOLE, OR CAT | 10/1/2019 | \$262.52 |
| 61050 | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE | 10/1/2019 | \$120.77 |
| 61055 | CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR | 10/1/2019 | \$120.77 |
| 61070 | PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE | 10/1/2019 | \$262.52 |
| 61215 | INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR | 10/1/2019 | \$1,761.21 |
| 61330 | DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH | 10/1/2019 | \$756.10 |
| 61770 | STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF | 10/1/2019 | \$1,761.21 |
| 61781 | STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LI | 10/1/2012 | \$0.00 |
| 61782 | STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LI | 10/1/2012 | \$0.00 |
| 61783 | STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY | 10/1/2012 | \$0.00 |
| 61790 | STEREOTACTIC CREATION OF LESION OF CRANIAL NERVE, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$596.06 |
| 61791 | STEREOTACTIC CREATION OF BRAINSTEM LESION, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$596.06 |
| 61880 | REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES | 10/1/2019 | \$1,255.98 |
| 61885 | INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR | 10/1/2019 | \$16,690.98 |
| 61886 | INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR | 10/1/2019 | \$22,636.70 |
| 61888 | REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER | 10/1/2019 | \$4,213.53 |
| 62160 | NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHET | 10/1/2012 | \$0.00 |
| 62194 | REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER | 10/1/2019 | \$596.06 |
| 62225 | REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER | 10/1/2019 | \$1,761.21 |
| 62230 | REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR | 10/1/2019 | \$1,761.21 |
| 62252 | REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT | 10/1/2019 | \$26.11 |
| 62263 | INJECTION OR MECHANICAL REMOVAL OF SPINAL CANAL SCAR TISSUE, PERCUTANEOUS PROCED | 10/1/2019 | \$304.88 |
| 62264 | INJECTION OR MECHANICAL REMOVAL OF SPINAL CANAL SCAR TISSUE, PERCUTANEOUS PROCED | 10/1/2019 | \$304.88 |
| 62267 | DIAGNOSTIC ASPIRATION OF SPINAL DISC OR TISSUE, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$226.00 |
| 62268 | ASPIRATION OF SPINAL CORD CYST OR FLUID-FILLED CAVITY, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$304.88 |
| 62269 | NEEDLE BIOPSY OF SPINAL CORD, ACCESSED BENEATH THE SKIN | 10/1/2019 | \$421.98 |
| 62270 | SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC | 10/1/2019 | \$262.52 |
| 62272 | SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR | 10/1/2019 | \$262.52 |
| 62273 | INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH | 10/1/2019 | \$262.52 |
| 62280 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE | 10/1/2019 | \$304.88 |
| 62281 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE | 10/1/2019 | \$304.88 |
| 62282 | INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE | 10/1/2019 | \$304.88 |
| 62284 | INJECTION OF DYE FOR X-RAY IMAGING AND/OR CT OF LOWER SPINAL CANAL | 10/1/2012 | \$0.00 |
| 62287 | ASPIRATION OF LOWER SPINE DISC, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$1,761.21 |
| 62290 | INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR | 10/1/2012 | \$0.00 |
| 62291 | INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC | 10/1/2012 | \$0.00 |
| 62292 | INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL | 10/1/2019 | \$596.06 |
| 62294 | INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, | 10/1/2019 | \$304.88 |
| 62302 | MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR | 1/1/2015 | \$0.00 |
| 62303 | MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR | 1/1/2015 | \$0.00 |
| 62304 | MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR | 1/1/2015 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 62305 | MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR | 1/1/2015 | \$0.00 |
| 62320 | INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS | 10/1/2019 | \$262.52 |
| 62321 | INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS | 10/1/2019 | \$262.52 |
| 62322 | INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM | 10/1/2019 | \$262.52 |
| 62323 | INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS | 10/1/2019 | \$262.52 |
| 62324 | INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN | 10/1/2019 | \$304.88 |
| 62325 | INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN | 10/1/2019 | \$304.88 |
| 62326 | INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN | 10/1/2019 | \$304.88 |
| 62327 | INJECTION(S), INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INERMITTENT B | 10/1/2019 | \$304.88 |
| 62350 | IMPLANTATION, REVISION, OR REPOSITIONING OF SPINAL CANAL MEDICATION CATHETER | 10/1/2019 | \$2,175.17 |
| 62355 | REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER | 10/1/2019 | \$596.06 |
| 62360 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; | 10/1/2019 | \$13,112.30 |
| 62361 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG | 10/1/2019 | \$12,811.54 |
| 62362 | IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG | 10/1/2019 | \$13,274.03 |
| 62365 | REMOVAL OF SPINAL CANAL DRUG INFUSION PUMP OR DEVICE, ACCESSED BENEATH THE SKIN | 10/1/2019 | \$1,761.21 |
| 62367 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL | 10/1/2019 | \$16.25 |
| 62368 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL | 10/1/2019 | \$22.11 |
| 62369 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL | 10/1/2019 | \$69.27 |
| 62370 | ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL | 10/1/2019 | \$66.34 |
| 62380 | ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LMINOTOMY, PAR | 10/1/2019 | \$2,425.24 |
| 63001 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ | 10/1/2019 | \$2,425.24 |
| 63003 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA | 10/1/2019 | \$2,425.24 |
| 63005 | LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA | 10/1/2019 | \$2,425.24 |
| 63020 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR | 10/1/2019 | \$2,425.24 |
| 63030 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR | 10/1/2019 | \$2,425.24 |
| 63042 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING | 10/1/2019 | \$2,425.24 |
| 63044 | LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING | 10/1/2015 | \$0.00 |
| 63045 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH | 10/1/2019 | \$2,425.24 |
| 63046 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH | 10/1/2019 | \$2,425.24 |
| 63047 | LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH | 10/1/2019 | \$2,425.24 |
| 63055 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R | 10/1/2019 | \$2,425.24 |
| 63056 | TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE | 10/1/2019 | \$2,425.24 |
| 63600 | CREATION OF STEREOTACTIC SPINAL CORD LESION, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$596.06 |
| 63610 | STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT | 10/1/2019 | \$861.58 |
| 63650 | IMPLANTATION OF SPINAL NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$4,149.77 |
| 63655 | LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, | 10/1/2019 | \$15,732.96 |
| 63661 | REMOVAL OR REVISION OF SPINAL NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE S | 10/1/2019 | \$596.06 |
| 63662 | REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOM | 10/1/2019 | \$1,255.98 |
| 63663 | REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR | 10/1/2019 | \$3,884.92 |
| 63664 | REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR | 10/1/2019 | \$14,133.97 |
| 63685 | INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, | 10/1/2019 | \$22,567.31 |
| 63688 | REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR | 10/1/2019 | \$1,255.98 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 63744 | REPLACEMENT, IRRIGATION, OR REVISION OF LOWER SPINAL CANAL SHUNT | 10/1/2019 | \$2,262.06 |
| 63746 | REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT | 10/1/2019 | \$596.06 |
| 64400 | INJECTION OF ANESTHETIC AGENT, TRIGEMINAL NERVE | 10/1/2019 | \$67.14 |
| 64402 | INJECTION OF ANESTHETIC AGENT, FACIAL NERVE | 10/1/2015 | \$0.00 |
| 64405 | INJECTION OF ANESTHETIC AGENT, GREATER OCCIPITAL NERVE | 10/1/2019 | \$32.77 |
| 64408 | INJECTION OF ANESTHETIC AGENT, CRANIAL (VAGUS) NERVE | 10/1/2019 | \$48.75 |
| 64410 | INJECTION OF ANESTHETIC AGENT, UPPER SPINE (PHRENIC) NERVE | 10/1/2019 | \$304.88 |
| 64413 | INJECTION OF ANESTHETIC AGENT, NECK NERVE BUNDLE | 10/1/2019 | \$52.75 |
| 64415 | INJECTION OF ANESTHETIC AGENT, BRACHIAL (ARM) NERVE BUNDLE | 10/1/2019 | \$304.88 |
| 64416 | INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT, BRACHIAL (ARM) NERVE BUNDL | 10/1/2019 | \$304.88 |
| 64417 | INJECTION, ANESTHETIC AGENT; AXILLARY NERVE | 10/1/2019 | \$304.88 |
| 64418 | INJECTION OF ANESTHETIC AGENT, COLLAR BONE NERVE | 10/1/2019 | \$39.69 |
| 64420 | INJECTION OF ANESTHETIC AGENT, OF RIB NERVE | 10/1/2019 | \$262.52 |
| 64421 | INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK | 10/1/2019 | \$304.88 |
| 64425 | INJECTION OF ANESTHETIC AGENT, GROIN NERVES | 10/1/2019 | \$53.55 |
| 64430 | INJECTION OF ANESTHETIC AGENT, PUDENDAL (EXTERNAL GENITAL) NERVE | 10/1/2019 | \$304.88 |
| 64435 | INJECTION OF ANESTHETIC AGENT, PARACERVICAL (UTERINE) NERVE | 10/1/2019 | \$63.41 |
| 64445 | INJECTION OF ANESTHETIC AGENT, SCIATIC NERVE | 10/1/2019 | \$60.21 |
| 64446 | INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT, SCIATIC NERVE | 10/1/2019 | \$304.88 |
| 64447 | INJECTION OF ANESTHETIC AGENT, THIGH NERVE | 10/1/2019 | \$49.03 |
| 64448 | INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT, THIGH NERVE | 10/1/2019 | \$304.88 |
| 64449 | INJECTION BY CONTINUOUS INFUSION OF ANESTHETIC AGENT INTO LUMBAR NERVE BUNDLE, P | 10/1/2019 | \$304.88 |
| 64450 | INJECTION OF ANESTHETIC AGENT, OTHER PERIPHERAL NERVE OR BRANCH | 10/1/2019 | \$36.50 |
| 64455 | INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO NERVE OF FOOT | 10/1/2019 | \$14.65 |
| 64461 | INJECTION OF ANESTHETIC AGENT, THORACIC VERTEBRA | 10/1/2019 | \$262.52 |
| 64462 | INJECTION OF ANESTHETIC AGENT, THORACIC VERTEBRA | 10/1/2016 | \$0.00 |
| 64463 | INJECTION OF ANESTHETIC AGENT, THORACIC VERTEBRA | 10/1/2019 | \$262.52 |
| 64479 | INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA | 10/1/2019 | \$304.88 |
| 64480 | INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA | 10/1/2014 | \$0.00 |
| 64483 | INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA | 10/1/2019 | \$304.88 |
| 64484 | INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA | 10/1/2014 | \$0.00 |
| 64486 | TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL | 1/1/2015 | \$0.00 |
| 64487 | TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL | 1/1/2015 | \$0.00 |
| 64488 | TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL | 1/1/2015 | \$0.00 |
| 64489 | TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL | 1/1/2015 | \$0.00 |
| 64490 | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2019 | \$304.88 |
| 64491 | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2014 | \$0.00 |
| 64492 | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2014 | \$0.00 |
| 64493 | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2019 | \$304.88 |
| 64494 | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2014 | \$0.00 |
| 64495 | INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA | 10/1/2014 | \$0.00 |
| 64505 | INJECTION OF ANESTHETIC AGENT, TRIGEMINAL NERVE BUNDLE | 10/1/2019 | \$46.62 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 64510 | INJECTION OF ANESTHETIC AGENT, SYMPATHETIC NERVE BUNDLE | 10/1/2019 | \$304.88 |
| 64517 | INJECTION OF ANESTHETIC AGENT, SACRAL NERVE BUNDLE | 10/1/2019 | \$304.88 |
| 64520 | INJECTION OF ANESTHETIC AGENT, MIDDLE OR LOWER SPINE SYMPATHETIC NERVES | 10/1/2019 | \$304.88 |
| 64530 | INJECTION OF ANESTHETIC AGENT, ABDOMINAL SYMPATHETIC NERVE BUNDLE | 10/1/2019 | \$304.88 |
| 64553 | IMPLANTATION OF CRANIAL NERVE NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE S | 10/1/2019 | \$4,244.37 |
| 64555 | IMPLANTATION OF PERIPHERAL NERVE NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH TH | 10/1/2019 | \$4,219.16 |
| 64561 | INSERTION OF SACRAL NERVE NEUROSTIMULATOR ELECTRODES, ACCESSED THROUGH THE SKIN | 10/1/2019 | \$4,251.25 |
| 64566 | POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATME | 10/1/2019 | \$78.86 |
| 64568 | INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELE | 10/1/2019 | \$22,736.66 |
| 64569 | REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECT | 10/1/2019 | \$4,757.83 |
| 64570 | REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P | 10/1/2019 | \$1,761.21 |
| 64575 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (| 10/1/2019 | \$14,819.38 |
| 64580 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR | 10/1/2019 | \$9,350.20 |
| 64581 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN | 10/1/2019 | \$4,425.46 |
| 64585 | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY | 10/1/2019 | \$1,255.98 |
| 64590 | INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATO | 10/1/2019 | \$16,696.84 |
| 64595 | REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR | 10/1/2019 | \$1,615.96 |
| 64600 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, M | 10/1/2019 | \$304.88 |
| 64605 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION | 10/1/2019 | \$596.06 |
| 64610 | DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION | 10/1/2019 | \$596.06 |
| 64611 | CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL | 10/1/2019 | \$53.82 |
| 64612 | CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL | 10/1/2019 | \$56.48 |
| 64615 | CHEMODENERVATION OF MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINE A | 10/1/2019 | \$48.22 |
| 64616 | CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX, | 10/1/2019 | \$46.62 |
| 64617 | CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMOD | 10/1/2019 | \$65.01 |
| 64620 | DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE | 10/1/2019 | \$304.88 |
| 64630 | DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE | 10/1/2019 | \$304.88 |
| 64632 | DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE | 10/1/2019 | \$30.37 |
| 64633 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN | 10/1/2019 | \$596.06 |
| 64634 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN | 10/1/2014 | \$0.00 |
| 64635 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN | 10/1/2019 | \$596.06 |
| 64636 | DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN | 10/1/2014 | \$0.00 |
| 64640 | DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH | 10/1/2019 | \$67.40 |
| 64642 | INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLE | 10/1/2019 | \$56.48 |
| 64643 | INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 1-4 MUSCLE | 1/1/2014 | \$0.00 |
| 64644 | INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE | 10/1/2019 | \$69.00 |
| 64645 | INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ARM OR LEG, 5 OR MORE | 1/1/2014 | \$0.00 |
| 64646 | INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK, 5 OR MORE MUSCL | 10/1/2019 | \$56.48 |
| 64647 | INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON TRUNK, 6 OR MORE MUSCL | 10/1/2019 | \$63.67 |
| 64650 | CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE | 10/1/2019 | \$37.83 |
| 64653 | CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D | 10/1/2019 | \$44.23 |
| 64680 | DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC P | 10/1/2019 | \$304.88 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 64681 | DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; | 10/1/2019 | \$304.88 |
| 64702 | NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT | 10/1/2019 | \$596.06 |
| 64704 | NEUROPLASTY; NERVE OF HAND OR FOOT | 10/1/2019 | \$596.06 |
| 64708 | RELEASE OF NERVE OF ARM OR LEG, OPEN PROCEDURE | 10/1/2019 | \$596.06 |
| 64712 | RELEASE OF SCIATIC NERVE, OPEN PROCEDURE | 10/1/2019 | \$596.06 |
| 64713 | RELEASE OF MAJOR NERVE OF ARM OR LEG, OPEN PROCEDURE | 10/1/2019 | \$596.06 |
| 64714 | RELEASE OF NERVE OF UPPER LEG, OPEN PROCEDURE | 10/1/2019 | \$596.06 |
| 64716 | NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY) | 10/1/2019 | \$596.06 |
| 64718 | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW | 10/1/2019 | \$596.06 |
| 64719 | NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST | 10/1/2019 | \$596.06 |
| 64721 | NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL | 10/1/2019 | \$596.06 |
| 64722 | DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY) | 10/1/2019 | \$596.06 |
| 64726 | DECOMPRESSION; PLANTAR DIGITAL NERVE | 10/1/2019 | \$596.06 |
| 64727 | INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN | 10/1/2014 | \$0.00 |
| 64732 | TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE | 10/1/2019 | \$596.06 |
| 64734 | TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE | 10/1/2019 | \$596.06 |
| 64736 | TRANSECTION OR AVULSION OF; MENTAL NERVE | 10/1/2019 | \$596.06 |
| 64738 | TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY | 10/1/2019 | \$596.06 |
| 64740 | TRANSECTION OR AVULSION OF; LINGUAL NERVE | 10/1/2019 | \$596.06 |
| 64742 | TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE | 10/1/2019 | \$596.06 |
| 64744 | TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE | 10/1/2019 | \$596.06 |
| 64746 | TRANSECTION OR AVULSION OF; PHRENIC NERVE | 10/1/2019 | \$596.06 |
| 64763 | TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT | 10/1/2019 | \$596.06 |
| 64766 | TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT | 10/1/2019 | \$1,761.21 |
| 64771 | TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL | 10/1/2019 | \$596.06 |
| 64772 | TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL | 10/1/2019 | \$596.06 |
| 64774 | EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE | 10/1/2019 | \$596.06 |
| 64776 | EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT | 10/1/2019 | \$596.06 |
| 64778 | EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN | 10/1/2014 | \$0.00 |
| 64782 | EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE | 10/1/2019 | \$596.06 |
| 64783 | EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT | 10/1/2014 | \$0.00 |
| 64784 | EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC | 10/1/2019 | \$596.06 |
| 64786 | EXCISION OF NEUROMA; SCIATIC NERVE | 10/1/2019 | \$1,761.21 |
| 64787 | IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO | 10/1/2014 | \$0.00 |
| 64788 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE | 10/1/2019 | \$596.06 |
| 64790 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE | 10/1/2019 | \$596.06 |
| 64792 | EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE) | 10/1/2019 | \$1,761.21 |
| 64795 | BIOPSY OF NERVE | 10/1/2019 | \$596.06 |
| 64802 | SYMPATHECTOMY, CERVICAL | 10/1/2019 | \$596.06 |
| 64820 | SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT | 10/1/2019 | \$596.06 |
| 64821 | SYMPATHECTOMY; RADIAL ARTERY | 10/1/2019 | \$996.47 |
| 64822 | SYMPATHECTOMY; ULNAR ARTERY | 10/1/2019 | \$996.47 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 64823 | SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH | 10/1/2019 | \$996.47 |
| 64831 | SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE | 10/1/2019 | \$1,761.21 |
| 64832 | SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST | 10/1/2014 | \$0.00 |
| 64834 | SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE | 10/1/2019 | \$1,761.21 |
| 64835 | SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR | 10/1/2019 | \$1,761.21 |
| 64836 | SUTURE OF ONE NERVE; ULNAR MOTOR | 10/1/2019 | \$1,761.21 |
| 64837 | SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO | 10/1/2014 | \$0.00 |
| 64840 | SUTURE OF POSTERIOR TIBIAL NERVE | 10/1/2019 | \$1,761.21 |
| 64856 | SUTURE OF PERIPHERAL NERVE, ARM OR LEG, WITH RELOCATION TO NEW SITE | 10/1/2019 | \$1,761.21 |
| 64857 | SUTURE OF PERIPHERAL NERVE, ARM OR LEG | 10/1/2019 | \$1,761.21 |
| 64858 | SUTURE OF SCIATIC NERVE | 10/1/2019 | \$1,761.21 |
| 64859 | SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION | 10/1/2014 | \$0.00 |
| 64861 | SUTURE OF; BRACHIAL PLEXUS | 10/1/2019 | \$1,761.21 |
| 64862 | SUTURE OF; LUMBAR PLEXUS | 10/1/2019 | \$1,761.21 |
| 64864 | SUTURE OF FACIAL NERVE; EXTRACRANIAL | 10/1/2019 | \$1,761.21 |
| 64865 | SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING | 10/1/2019 | \$1,761.21 |
| 64872 | SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN | 10/1/2014 | \$0.00 |
| 64874 | SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE | 10/1/2014 | \$0.00 |
| 64876 | SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN | 10/1/2014 | \$0.00 |
| 64885 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH | 10/1/2019 | \$2,984.53 |
| 64886 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH | 10/1/2019 | \$2,686.45 |
| 64890 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM | 10/1/2019 | \$2,614.68 |
| 64891 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN | 10/1/2019 | \$1,761.21 |
| 64892 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM | 10/1/2019 | \$1,761.21 |
| 64893 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 | 10/1/2019 | \$1,761.21 |
| 64895 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; | 10/1/2019 | \$1,761.21 |
| 64896 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; | 10/1/2019 | \$1,761.21 |
| 64897 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; | 10/1/2019 | \$1,761.21 |
| 64898 | NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; | 10/1/2019 | \$1,761.21 |
| 64901 | PLACEMENT OF NERVE FOR GRAFTING, SINGLE STRAND | 10/1/2014 | \$0.00 |
| 64902 | NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY | 10/1/2014 | \$0.00 |
| 64905 | TRANSFER OF NERVE TO INJURED NERVE, FIRST STAGE | 10/1/2019 | \$1,761.21 |
| 64907 | TRANSFER OF NERVE TO INJURED NERVE, SECOND STAGE | 10/1/2019 | \$1,761.21 |
| 64910 | NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE | 10/1/2019 | \$2,273.42 |
| 64912 | NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE) | 10/1/2019 | \$1,761.21 |
| 64913 | NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN A | 12/1/1990 | \$0.00 |
| 65091 | EVISCEATION OF OCULAR CONTENTS; WITHOUT IMPLANT | 10/1/2019 | \$1,067.26 |
| 65093 | EVISCEATION OF OCULAR CONTENTS; WITH IMPLANT | 10/1/2019 | \$1,067.26 |
| 65101 | ENUCLEATION OF EYE; WITHOUT IMPLANT | 10/1/2019 | \$1,067.26 |
| 65103 | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT | 10/1/2019 | \$1,067.26 |
| 65105 | ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT | 10/1/2019 | \$1,067.26 |
| 65110 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL | 10/1/2019 | \$1,067.26 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 65112 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL | 10/1/2019 | \$1,067.26 |
| 65114 | EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL | 10/1/2019 | \$1,067.26 |
| 65125 | MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLI | 10/1/2019 | \$632.52 |
| 65130 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL | 10/1/2019 | \$1,067.26 |
| 65135 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED | 10/1/2019 | \$1,067.26 |
| 65140 | INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO | 10/1/2019 | \$1,067.26 |
| 65150 | REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT | 10/1/2019 | \$1,067.26 |
| 65155 | REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT | 10/1/2019 | \$1,067.26 |
| 65175 | REMOVAL OF OCULAR IMPLANT | 10/1/2019 | \$1,067.26 |
| 65205 | REMOVAL OF FOREIGN BODY IN EXTERNAL EYE, CONJUNCTIVA | 10/1/2015 | \$0.00 |
| 65210 | REMOVAL OF FOREIGN BODY IN EXTERNAL EYE, CONJUNCTIVA OR SCLERA | 10/1/2015 | \$0.00 |
| 65220 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE, CORNEA | 10/1/2015 | \$0.00 |
| 65222 | REMOVAL OF FOREIGN BODY, EXTERNAL EYE, CORNEA WITH SLIT LAMP EXAMINATION | 10/1/2015 | \$0.00 |
| 65235 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS | 10/1/2019 | \$853.37 |
| 65260 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC | 10/1/2019 | \$853.37 |
| 65265 | REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC | 10/1/2019 | \$853.37 |
| 65270 | REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL | 10/1/2019 | \$632.52 |
| 65272 | REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT | 10/1/2019 | \$632.52 |
| 65275 | REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN | 10/1/2019 | \$1,067.26 |
| 65280 | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL | 10/1/2019 | \$1,531.57 |
| 65285 | REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR | 10/1/2019 | \$1,531.57 |
| 65286 | REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA | 10/1/2019 | \$345.28 |
| 65290 | REPAIR OF INJURED EYE MUSCLE OR TENDON | 10/1/2019 | \$1,067.26 |
| 65400 | EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM | 10/1/2019 | \$322.20 |
| 65410 | BIOPSY OF CORNEA | 10/1/2019 | \$632.52 |
| 65420 | EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT | 10/1/2019 | \$632.52 |
| 65426 | EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT | 10/1/2019 | \$632.52 |
| 65430 | SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE | 10/1/2015 | \$0.00 |
| 65435 | REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, | 10/1/2019 | \$35.70 |
| 65436 | REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA) | 10/1/2019 | \$156.66 |
| 65450 | DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR | 10/1/2019 | \$110.27 |
| 65600 | MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO) | 10/1/2019 | \$183.30 |
| 65710 | KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR | 10/1/2019 | \$1,531.57 |
| 65730 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKI | 10/1/2019 | \$1,531.57 |
| 65750 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA) | 10/1/2019 | \$1,531.57 |
| 65755 | KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA) | 10/1/2019 | \$1,531.57 |
| 65756 | KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL | 10/1/2019 | \$1,531.57 |
| 65757 | BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION | 10/1/2012 | \$0.00 |
| 65770 | KERATOPROSTHESIS | 10/1/2019 | \$7,054.16 |
| 65772 | CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM | 10/1/2019 | \$322.20 |
| 65775 | CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM | 10/1/2019 | \$632.52 |
| 65778 | INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 65779 | INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE WITH SUTURES | 10/1/2013 | \$0.00 |
| 65780 | OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYER | 10/1/2019 | \$1,067.26 |
| 65781 | OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR | 10/1/2019 | \$1,531.57 |
| 65782 | OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES | 10/1/2019 | \$1,067.26 |
| 65785 | IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS | 10/1/2019 | \$1,531.57 |
| 65800 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQ | 10/1/2019 | \$853.37 |
| 65810 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF | 10/1/2019 | \$853.37 |
| 65815 | PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF | 10/1/2019 | \$853.37 |
| 65820 | GONIOTOMY | 10/1/2019 | \$1,531.57 |
| 65850 | TRABECULOTOMY AB EXTERNO | 10/1/2019 | \$853.37 |
| 65855 | LASER REPAIR TO IMPROVE EYE FLUID FLOW, 1 OR MORE SESSIONS | 10/1/2019 | \$100.97 |
| 65860 | SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE) | 10/1/2019 | \$132.15 |
| 65865 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT | 10/1/2019 | \$853.37 |
| 65870 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR | 10/1/2019 | \$853.37 |
| 65875 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR | 10/1/2019 | \$853.37 |
| 65880 | SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR | 10/1/2019 | \$1,531.57 |
| 65900 | REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE | 10/1/2019 | \$853.37 |
| 65920 | REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE | 10/1/2019 | \$853.37 |
| 65930 | REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE | 10/1/2019 | \$853.37 |
| 66020 | INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID | 10/1/2019 | \$853.37 |
| 66030 | INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION | 10/1/2019 | \$853.37 |
| 66130 | EXCISION OF LESION, SCLERA | 10/1/2019 | \$632.52 |
| 66150 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY | 10/1/2019 | \$1,531.57 |
| 66155 | FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY | 10/1/2019 | \$1,531.57 |
| 66160 | FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH | 10/1/2019 | \$853.37 |
| 66170 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF | 10/1/2019 | \$853.37 |
| 66172 | FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING | 10/1/2019 | \$853.37 |
| 66174 | TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR S | 10/1/2019 | \$1,531.57 |
| 66175 | TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STEN | 10/1/2019 | \$1,531.57 |
| 66179 | AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH | 10/1/2019 | \$1,531.57 |
| 66180 | CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW WITH GRAFT | 10/1/2019 | \$1,969.26 |
| 66183 | INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER | 10/1/2019 | \$1,967.90 |
| 66184 | REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRA | 10/1/2019 | \$853.37 |
| 66185 | REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT | 10/1/2019 | \$853.37 |
| 66225 | REPAIR OF PROTRUSION OF INNER TISSUE THROUGH EYEBALL WITH GRAFT | 10/1/2019 | \$1,531.57 |
| 66250 | REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR | 10/1/2019 | \$632.52 |
| 66500 | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION | 10/1/2019 | \$853.37 |
| 66505 | IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS | 10/1/2019 | \$853.37 |
| 66600 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION | 10/1/2019 | \$1,531.57 |
| 66605 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY | 10/1/2019 | \$853.37 |
| 66625 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA | 10/1/2019 | \$853.37 |
| 66630 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA | 10/1/2019 | \$853.37 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 66635 | IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE) | 10/1/2019 | \$853.37 |
| 66680 | REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS) | 10/1/2019 | \$853.37 |
| 66682 | SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE | 10/1/2019 | \$853.37 |
| 66700 | CILIARY BODY DESTRUCTION; DIATHERMY | 10/1/2019 | \$853.37 |
| 66710 | CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSCLERAL | 10/1/2019 | \$632.52 |
| 66711 | CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC | 10/1/2019 | \$853.37 |
| 66720 | CILIARY BODY DESTRUCTION; CRYOTHERAPY | 10/1/2019 | \$632.52 |
| 66740 | CILIARY BODY DESTRUCTION; CYCLODIALYSIS | 10/1/2019 | \$632.52 |
| 66761 | CREATION OF EYE FLUID DRAINAGE TRACTS IN IRIS USING LASER, PER SESSION | 10/1/2019 | \$140.67 |
| 66762 | CREATION OF OPENINGS IN IRIS FOR EYE FLUID DRAINAGE USING LASER, 1 OR MORE SESSI | 10/1/2019 | \$195.48 |
| 66770 | DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE) | 10/1/2019 | \$195.48 |
| 66820 | DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AN | 10/1/2019 | \$853.37 |
| 66821 | DISCUSSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE | 10/1/2019 | \$195.48 |
| 66825 | REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE | 10/1/2019 | \$853.37 |
| 66830 | REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/O | 10/1/2019 | \$853.37 |
| 66840 | REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES | 10/1/2019 | \$853.37 |
| 66850 | FRAGMENTING, ASPIRATION, AND REMOVAL OF LENS MATERIAL | 10/1/2019 | \$853.37 |
| 66852 | REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY | 10/1/2019 | \$1,531.57 |
| 66920 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR | 10/1/2019 | \$853.37 |
| 66930 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS | 10/1/2019 | \$1,531.57 |
| 66940 | REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852) | 10/1/2019 | \$853.37 |
| 66982 | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS | 10/1/2019 | \$853.37 |
| 66983 | INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS | 10/1/2019 | \$853.37 |
| 66984 | EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS | 10/1/2019 | \$853.37 |
| 66985 | INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED | 10/1/2019 | \$853.37 |
| 66986 | EXCHANGE OF INTRAOCULAR LENS | 10/1/2019 | \$853.37 |
| 66990 | USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY | 10/1/2012 | \$0.00 |
| 67005 | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); | 10/1/2019 | \$853.37 |
| 67010 | REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); | 10/1/2019 | \$853.37 |
| 67015 | ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA | 10/1/2019 | \$853.37 |
| 67025 | INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS | 10/1/2019 | \$853.37 |
| 67027 | IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), | 10/1/2019 | \$986.76 |
| 67028 | INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE) | 10/1/2019 | \$35.70 |
| 67030 | DISCUSSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH | 10/1/2019 | \$853.37 |
| 67031 | SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR | 10/1/2019 | \$195.48 |
| 67036 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; | 10/1/2019 | \$1,531.57 |
| 67039 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER | 10/1/2019 | \$1,531.57 |
| 67040 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL | 10/1/2019 | \$1,531.57 |
| 67041 | VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR | 10/1/2019 | \$1,531.57 |
| 67042 | REMOVAL OF MEMBRANE FROM THE RETINA, PARS PLANA APPROACH | 10/1/2019 | \$1,531.57 |
| 67043 | REMOVAL OF MEMBRANE FROM THE RETINA, PARS PLANA APPROACH | 10/1/2019 | \$1,531.57 |
| 67101 | REPAIR OF DETACHED RETINA, 1 OR MORE SESSIONS | 10/1/2019 | \$150.26 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 67105 | REPAIR OF DETACHED RETINA, 1 OR MORE SESSIONS | 10/1/2019 | \$128.15 |
| 67107 | REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL | 10/1/2019 | \$1,531.57 |
| 67108 | REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR | 10/1/2019 | \$1,531.57 |
| 67110 | REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC | 10/1/2019 | \$375.65 |
| 67113 | REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE | 10/1/2019 | \$1,531.57 |
| 67115 | RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT) | 10/1/2019 | \$1,531.57 |
| 67120 | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR | 10/1/2019 | \$853.37 |
| 67121 | REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR | 10/1/2019 | \$853.37 |
| 67141 | PREVENTIVE RETINAL DETACHMENT TREATMENT BY HEAT OR FREEZING, 1 OR MORE SESSIONS | 10/1/2019 | \$110.27 |
| 67145 | PREVENTIVE RETINAL DETACHMENT TREATMENT BY HEAT OR LASER, 1 OR MORE SESSIONS | 10/1/2019 | \$195.48 |
| 67208 | DESTRUCTION OF RETINAL GROWTH BY HEAT OR FREEZING, 1 OR MORE SESSIONS | 10/1/2019 | \$110.27 |
| 67210 | LASER DESTRUCTION OF RETINAL GROWTH, 1 OR MORE SESSIONS | 10/1/2019 | \$195.48 |
| 67218 | DESTRUCTION OF RETINAL GROWTH WITH IMPLANTATION OF RADIATION SOURCE, 1 OR MORE S | 10/1/2019 | \$1,067.26 |
| 67220 | DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA, 1 OR MORE SESSIONS | 10/1/2019 | \$195.48 |
| 67221 | DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); | 10/1/2019 | \$116.43 |
| 67225 | DESTRUCTION OF VASCULAR GROWTH BETWEEN RETINA AND SCLERA, AT SINGLE SESSION | 10/1/2014 | \$0.00 |
| 67227 | DESTRUCTION OF LEAKING RETINAL BLOOD VESSELS, 1 OR MORE SESSIONS | 10/1/2019 | \$122.02 |
| 67228 | LASER DESTRUCTION OF LEAKING RETINAL BLOOD VESSELS, 1 OR MORE SESSIONS | 10/1/2019 | \$133.75 |
| 67229 | LASER DESTRUCTION OR FREEZING OF EXTENSIVE LEAKING RETINAL BLOOD VESSELS, PRETER | 10/1/2019 | \$195.48 |
| 67250 | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT | 10/1/2019 | \$632.52 |
| 67255 | SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT | 10/1/2019 | \$853.37 |
| 67311 | STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE | 10/1/2019 | \$632.52 |
| 67312 | STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES | 10/1/2019 | \$1,067.26 |
| 67314 | STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE | 10/1/2019 | \$632.52 |
| 67316 | STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; TWO OR MORE VERTICAL | 10/1/2019 | \$632.52 |
| 67318 | STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE | 10/1/2019 | \$632.52 |
| 67320 | TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR | 10/1/2014 | \$0.00 |
| 67331 | STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT | 10/1/2014 | \$0.00 |
| 67332 | STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR | 10/1/2014 | \$0.00 |
| 67334 | STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT | 10/1/2014 | \$0.00 |
| 67335 | PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING | 10/1/2014 | \$0.00 |
| 67340 | STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR | 10/1/2014 | \$0.00 |
| 67343 | RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE | 10/1/2019 | \$632.52 |
| 67345 | CHEMODENERVATION OF EXTRAOCULAR MUSCLE | 10/1/2019 | \$94.05 |
| 67346 | BIOPSY OF EXTRAOCULAR MUSCLE | 10/1/2019 | \$1,067.26 |
| 67400 | EXPLORATION OF CAVITY BEHIND EYE, FRONTAL OR TRANSCONJUNCTIVAL APPROACH | 10/1/2019 | \$1,067.26 |
| 67405 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH | 10/1/2019 | \$632.52 |
| 67412 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH | 10/1/2019 | \$632.52 |
| 67413 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH | 10/1/2019 | \$632.52 |
| 67414 | ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH | 10/1/2019 | \$1,067.26 |
| 67415 | FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS | 10/1/2019 | \$632.52 |
| 67420 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH | 10/1/2019 | \$1,067.26 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 67430 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH | 10/1/2019 | \$1,067.26 |
| 67440 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH | 10/1/2019 | \$1,067.26 |
| 67445 | ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH | 10/1/2019 | \$1,067.26 |
| 67450 | EXPLORATION OF CAVITY BEHIND EYE WITH BONE FLAP, LATERAL APPROACH | 10/1/2019 | \$1,067.26 |
| 67500 | RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY O | 10/1/2019 | \$110.27 |
| 67505 | RETROBULBAR INJECTION; ALCOHOL | 10/1/2019 | \$29.57 |
| 67515 | INJECTION OF MEDICATION OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL | 10/1/2019 | \$38.36 |
| 67550 | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION | 10/1/2019 | \$1,067.26 |
| 67560 | ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION | 10/1/2019 | \$1,067.26 |
| 67570 | OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH) | 10/1/2019 | \$1,067.26 |
| 67700 | BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID | 10/1/2019 | \$110.27 |
| 67710 | SEVERING OF TARSORRHAPHY | 10/1/2019 | \$144.13 |
| 67715 | CANTHOTOMY (SEPARATE PROCEDURE) | 10/1/2019 | \$632.52 |
| 67800 | EXCISION OF CHALAZION; SINGLE | 10/1/2019 | \$56.75 |
| 67801 | EXCISION OF CHALAZION; MULTIPLE, SAME LID | 10/1/2019 | \$69.00 |
| 67805 | EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS | 10/1/2019 | \$88.45 |
| 67808 | EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING | 10/1/2019 | \$632.52 |
| 67810 | INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN | 10/1/2019 | \$97.78 |
| 67820 | CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY | 10/1/2015 | \$0.00 |
| 67825 | CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY | 10/1/2019 | \$58.08 |
| 67830 | CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN | 10/1/2019 | \$322.20 |
| 67835 | CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE | 10/1/2019 | \$632.52 |
| 67840 | EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE | 10/1/2019 | \$150.79 |
| 67850 | DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM) | 10/1/2019 | \$112.16 |
| 67875 | TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE) | 10/1/2019 | \$322.20 |
| 67880 | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; | 10/1/2019 | \$632.52 |
| 67882 | CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; | 10/1/2019 | \$632.52 |
| 67900 | REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH) | 10/1/2019 | \$632.52 |
| 67901 | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERI | 10/1/2019 | \$632.52 |
| 67902 | REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLI | 10/1/2019 | \$1,067.26 |
| 67903 | REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL | 10/1/2019 | \$632.52 |
| 67904 | REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL | 10/1/2019 | \$632.52 |
| 67906 | REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING | 10/1/2019 | \$1,067.26 |
| 67908 | REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS | 10/1/2019 | \$632.52 |
| 67909 | REDUCTION OF OVERCORRECTION OF PTOSIS | 10/1/2019 | \$632.52 |
| 67911 | CORRECTION OF LID RETRACTION | 10/1/2019 | \$632.52 |
| 67912 | CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, | 10/1/2019 | \$632.52 |
| 67914 | REPAIR OF ECTROPION; SUTURE | 10/1/2019 | \$632.52 |
| 67915 | REPAIR OF ECTROPION; THERMOCAUTERIZATION | 10/1/2019 | \$168.92 |
| 67916 | REPAIR OF ECTROPION; EXCISION TARSAL WEDGE | 10/1/2019 | \$632.52 |
| 67917 | REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS) | 10/1/2019 | \$632.52 |
| 67921 | REPAIR OF ENTROPION; SUTURE | 10/1/2019 | \$632.52 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 67922 | REPAIR OF ENTROPION; THERMOCAUTERIZATION | 10/1/2019 | \$164.92 |
| 67923 | REPAIR OF ENTROPION; EXCISION TARSAL WEDGE | 10/1/2019 | \$632.52 |
| 67924 | REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA | 10/1/2019 | \$632.52 |
| 67930 | SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL C | 10/1/2019 | \$173.17 |
| 67935 | SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL | 10/1/2019 | \$632.52 |
| 67938 | REMOVAL OF EMBEDDED FOREIGN BODY, EYELID | 10/1/2019 | \$110.27 |
| 67950 | CANTHOPLASTY (RECONSTRUCTION OF CANTHUS) | 10/1/2019 | \$632.52 |
| 67961 | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, | 10/1/2019 | \$632.52 |
| 67966 | EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, | 10/1/2019 | \$632.52 |
| 67971 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP | 10/1/2019 | \$632.52 |
| 67973 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP | 10/1/2019 | \$632.52 |
| 67974 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP | 10/1/2019 | \$1,067.26 |
| 67975 | RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP | 10/1/2019 | \$632.52 |
| 68020 | INCISION OF CONJUNCTIVA, DRAINAGE OF CYST | 10/1/2019 | \$51.15 |
| 68040 | EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA) | 10/1/2019 | \$23.44 |
| 68100 | BIOPSY OF CONJUNCTIVA | 10/1/2019 | \$93.78 |
| 68110 | EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM | 10/1/2019 | \$122.82 |
| 68115 | EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM | 10/1/2019 | \$632.52 |
| 68130 | EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA | 10/1/2019 | \$632.52 |
| 68135 | DESTRUCTION OF LESION, CONJUNCTIVA | 10/1/2019 | \$65.54 |
| 68200 | SUBCONJUNCTIVAL INJECTION | 10/1/2015 | \$0.00 |
| 68320 | CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT | 10/1/2019 | \$632.52 |
| 68325 | CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT) | 10/1/2019 | \$1,067.26 |
| 68326 | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR | 10/1/2019 | \$1,067.26 |
| 68328 | CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT | 10/1/2019 | \$632.52 |
| 68330 | REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT | 10/1/2019 | \$853.37 |
| 68335 | REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE | 10/1/2019 | \$1,067.26 |
| 68340 | REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF | 10/1/2019 | \$632.52 |
| 68360 | CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE) | 10/1/2019 | \$1,067.26 |
| 68362 | CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP) | 10/1/2019 | \$632.52 |
| 68371 | HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR | 10/1/2019 | \$632.52 |
| 68400 | INCISION, DRAINAGE OF LACRIMAL GLAND | 10/1/2019 | \$169.71 |
| 68420 | INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY) | 10/1/2019 | \$179.84 |
| 68440 | SNIP INCISION OF LACRIMAL PUNCTUM | 10/1/2019 | \$49.56 |
| 68500 | EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL | 10/1/2019 | \$1,067.26 |
| 68505 | EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL | 10/1/2019 | \$1,067.26 |
| 68510 | BIOPSY OF LACRIMAL GLAND | 10/1/2019 | \$632.52 |
| 68520 | EXCISION OF LACRIMAL SAC (DACRYOCYSTEATOMY) | 10/1/2019 | \$1,067.26 |
| 68525 | BIOPSY OF LACRIMAL SAC | 10/1/2019 | \$632.52 |
| 68530 | REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES | 10/1/2019 | \$110.27 |
| 68540 | EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH | 10/1/2019 | \$632.52 |
| 68550 | EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY | 10/1/2019 | \$1,067.26 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 68700 | PLASTIC REPAIR OF CANALICULI | 10/1/2019 | \$632.52 |
| 68705 | CORRECTION OF EVERTED PUNCTUM, CAUTERY | 10/1/2019 | \$110.27 |
| 68720 | DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY) | 10/1/2019 | \$1,067.26 |
| 68745 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT | 10/1/2019 | \$1,067.26 |
| 68750 | CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH | 10/1/2019 | \$1,067.26 |
| 68760 | CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER | 10/1/2019 | \$106.83 |
| 68761 | CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH | 10/1/2019 | \$72.47 |
| 68770 | CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE) | 10/1/2019 | \$632.52 |
| 68801 | DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION | 10/1/2015 | \$0.00 |
| 68810 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; | 10/1/2019 | \$110.27 |
| 68811 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL | 10/1/2019 | \$632.52 |
| 68815 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF | 10/1/2019 | \$632.52 |
| 68816 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALL | 10/1/2019 | \$632.52 |
| 68840 | PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION | 10/1/2019 | \$60.74 |
| 68850 | INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY | 10/1/2012 | \$0.00 |
| 69000 | DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE | 10/1/2019 | \$95.91 |
| 69005 | DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED | 10/1/2019 | \$97.24 |
| 69020 | DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS | 10/1/2019 | \$128.41 |
| 69100 | BIOPSY EXTERNAL EAR | 10/1/2019 | \$49.82 |
| 69105 | BIOPSY EXTERNAL AUDITORY CANAL | 10/1/2019 | \$80.46 |
| 69110 | EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR | 10/1/2019 | \$835.14 |
| 69120 | EXCISION EXTERNAL EAR; COMPLETE AMPUTATION | 10/1/2019 | \$1,714.58 |
| 69140 | EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL | 10/1/2019 | \$1,714.58 |
| 69145 | EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL | 10/1/2019 | \$835.14 |
| 69150 | RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION | 10/1/2019 | \$1,714.58 |
| 69200 | REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA | 10/1/2015 | \$0.00 |
| 69205 | REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA | 10/1/2019 | \$421.98 |
| 69209 | REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL | 10/1/2016 | \$0.00 |
| 69210 | REMOVAL OF IMPACT EAR WAX, ONE EAR | 10/1/2015 | \$0.00 |
| 69220 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING) | 10/1/2015 | \$0.00 |
| 69222 | DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN | 10/1/2019 | \$118.83 |
| 69300 | OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION | 10/1/2019 | \$756.10 |
| 69310 | RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE | 10/1/2019 | \$1,714.58 |
| 69320 | RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE | 10/1/2019 | \$1,714.58 |
| 69420 | INCISION, ASPIRATION, AND/OR INFLATION OF EARDRUM | 10/1/2019 | \$79.80 |
| 69421 | INCISION, ASPIRATION, AND INFLATION OF EARDRUM UNDER ANESTHESIA | 10/1/2019 | \$756.10 |
| 69424 | VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA | 10/1/2019 | \$70.86 |
| 69433 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL | 10/1/2019 | \$103.11 |
| 69436 | TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA | 10/1/2019 | \$440.03 |
| 69440 | MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION | 10/1/2019 | \$756.10 |
| 69450 | TYMPANOLYSIS, TRANSCANAL | 10/1/2019 | \$756.10 |
| 69501 | TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY) | 10/1/2019 | \$1,714.58 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 69502 | MASTOIDECTOMY; COMPLETE | 10/1/2019 | \$1,714.58 |
| 69505 | MASTOIDECTOMY; MODIFIED RADICAL | 10/1/2019 | \$1,714.58 |
| 69511 | MASTOIDECTOMY; RADICAL | 10/1/2019 | \$1,714.58 |
| 69530 | PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY | 10/1/2019 | \$1,714.58 |
| 69540 | EXCISION AURAL POLYP | 10/1/2019 | \$118.29 |
| 69550 | EXCISION AURAL GLOMUS TUMOR; TRANSCANAL | 10/1/2019 | \$1,714.58 |
| 69552 | EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID | 10/1/2019 | \$1,714.58 |
| 69601 | REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY | 10/1/2019 | \$1,714.58 |
| 69602 | REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY | 10/1/2019 | \$1,714.58 |
| 69603 | REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY | 10/1/2019 | \$1,714.58 |
| 69604 | REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY | 10/1/2019 | \$1,714.58 |
| 69605 | REVISION MASTOIDECTOMY; WITH APICECTOMY | 10/1/2019 | \$1,714.58 |
| 69610 | TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR | 10/1/2019 | \$152.39 |
| 69620 | MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA) | 10/1/2019 | \$756.10 |
| 69631 | TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR | 10/1/2019 | \$1,714.58 |
| 69632 | REPAIR OF EARDRUM, EAR CANAL, AND BONES | 10/1/2019 | \$1,714.58 |
| 69633 | REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INSERTION OF PROSTHESIS | 10/1/2019 | \$1,714.58 |
| 69635 | TYMPANOPLASTY WITH ANROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, | 10/1/2019 | \$1,714.58 |
| 69636 | REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INCISION OF MASTOID BONE | 10/1/2019 | \$1,714.58 |
| 69637 | REPAIR OF EARDRUM, EAR CANAL, AND BONES WITH INSERTION OF PROSTHESIS | 10/1/2019 | \$1,714.58 |
| 69641 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, | 10/1/2019 | \$1,714.58 |
| 69642 | REPAIR OF EARDRUM, EAR CANAL AND BONES WITH REMOVAL OF MASTOID BONE | 10/1/2019 | \$1,714.58 |
| 69643 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, | 10/1/2019 | \$1,714.58 |
| 69644 | REPAIR OF EARDRUM, EAR CANAL AND BONES WITH REMOVAL OF MASTOID BONE | 10/1/2019 | \$1,714.58 |
| 69645 | TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, | 10/1/2019 | \$1,714.58 |
| 69646 | REPAIR OF EARDRUM, EAR CANAL AND BONES WITH REMOVAL OF MASTOID BONE | 10/1/2019 | \$1,714.58 |
| 69650 | STAPES MOBILIZATION | 10/1/2019 | \$756.10 |
| 69660 | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH | 10/1/2019 | \$1,714.58 |
| 69661 | STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH | 10/1/2019 | \$1,714.58 |
| 69662 | REVISION OF STAPEDECTOMY OR STAPEDOTOMY | 10/1/2019 | \$1,714.58 |
| 69666 | REPAIR OVAL WINDOW FISTULA | 10/1/2019 | \$756.10 |
| 69667 | REPAIR ROUND WINDOW FISTULA | 10/1/2019 | \$756.10 |
| 69670 | MASTOID OBLITERATION (SEPARATE PROCEDURE) | 10/1/2019 | \$1,714.58 |
| 69676 | TYMPANIC NEURECTOMY | 10/1/2019 | \$756.10 |
| 69700 | CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE) | 10/1/2019 | \$440.03 |
| 69711 | REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL | 10/1/2019 | \$756.10 |
| 69714 | TEMPORAL BONE IMPLANTATION OF COCHLEAR STIMULATING SYSTEM, ACCESSED THROUGH THE | 10/1/2019 | \$7,690.86 |
| 69715 | REMOVAL OF MASTOID BONE WITH IMPLANTATION OF COCHLEAR STIMULATING SYSTEM, ACCESS | 10/1/2019 | \$11,616.67 |
| 69717 | TEMPORAL BONE IMPLANTATION OF COCHLEAR STIMULATING SYSTEM, ACCESSED THROUGH THE | 10/1/2019 | \$3,723.66 |
| 69718 | REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, | 10/1/2019 | \$5,202.97 |
| 69720 | DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION | 10/1/2019 | \$1,714.58 |
| 69740 | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; | 10/1/2019 | \$1,714.58 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| 69745 | SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; | 10/1/2019 | \$1,714.58 |
| 69801 | INCISION OF FLUID CANALS OF INNER EAR WITH INFUSION OF DRUGS, TRANSCANAL APPROAC | 10/1/2019 | \$92.45 |
| 69805 | ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT | 10/1/2019 | \$1,714.58 |
| 69806 | ENDOLYMPHATIC SAC OPERATION; WITH SHUNT | 10/1/2019 | \$1,714.58 |
| 69905 | LABYRINTHECTOMY; TRANSCANAL | 10/1/2019 | \$1,714.58 |
| 69910 | LABYRINTHECTOMY; WITH MASTOIDECTOMY | 10/1/2019 | \$1,714.58 |
| 69915 | VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH | 10/1/2019 | \$756.10 |
| 69930 | COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY | 10/1/2019 | \$29,104.15 |
| 69990 | MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY | 10/1/2012 | \$0.00 |
| 70010 | MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 70015 | CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 70030 | RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY | 10/1/2015 | \$0.00 |
| 70100 | X-RAY OF MANDIBLE, LESS THAN 4 VIEWS | 10/1/2015 | \$0.00 |
| 70110 | X-RAY OF MANDIBLE, MINIMUM OF 4 VIEWS | 10/1/2015 | \$0.00 |
| 70120 | X-RAY OF MASTOID, LESS THAN 3 VIEWS PER SIDE | 10/1/2015 | \$0.00 |
| 70130 | X-RAY OF MASTOID, MINIMUM OF 3 VIEWS PER SIDE | 10/1/2015 | \$0.00 |
| 70134 | RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE | 10/1/2015 | \$0.00 |
| 70140 | X-RAY OF BONES OF FACE, LESS THAN 3 VIEWS | 10/1/2015 | \$0.00 |
| 70150 | X-RAY OF BONES OF FACE, MINIMUM OF 3 VIEWS | 10/1/2015 | \$0.00 |
| 70160 | X-RAY OF BONES OF NOSE, MINIMUM OF 3 VIEWS | 10/1/2015 | \$0.00 |
| 70170 | DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 70190 | RADIOLOGIC EXAMINATION; OPTIC FORAMINA | 10/1/2015 | \$0.00 |
| 70200 | X-RAY OF EYE BONES, MINIMUM OF 4 VIEWS | 10/1/2015 | \$0.00 |
| 70210 | X-RAY OF PARANASAL SINUS, LESS THAN 3 VIEWS | 10/1/2015 | \$0.00 |
| 70220 | X-RAY OF PARANASAL SINUS, COMPLETE, MINIMUM OF 3 VIEWS | 10/1/2015 | \$0.00 |
| 70240 | RADIOLOGIC EXAMINATION, SELLA TURCICA | 10/1/2015 | \$0.00 |
| 70250 | X-RAY OF SKULL, LESS THAN 4 VIEWS | 10/1/2015 | \$0.00 |
| 70260 | X-RAY OF SKULL, COMPLETE, MINIMUM OF 4 VIEWS | 10/1/2015 | \$0.00 |
| 70300 | X-RAY OF TEETH, SINGLE VIEW | 10/1/2015 | \$0.00 |
| 70310 | X-RAY OF TEETH, LESS THAN FULL MOUTH | 10/1/2015 | \$0.00 |
| 70320 | X-RAY OF TEETH, FULL MOUTH | 10/1/2015 | \$0.00 |
| 70328 | RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; | 10/1/2015 | \$0.00 |
| 70330 | RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; | 10/1/2015 | \$0.00 |
| 70332 | TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 70336 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S) | 10/1/2019 | \$88.10 |
| 70350 | CEPHALOGRAM, ORTHODONTIC | 10/1/2015 | \$0.00 |
| 70355 | ORTHOPANTOGRAM (EG, PANORAMIC X-RAY) | 10/1/2015 | \$0.00 |
| 70360 | RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE | 10/1/2015 | \$0.00 |
| 70370 | RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR | 10/1/2016 | \$0.00 |
| 70371 | COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING | 10/1/2016 | \$0.00 |
| 70380 | RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS | 10/1/2015 | \$0.00 |
| 70390 | SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 70450 | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |
| 70460 | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$88.02 |
| 70470 | COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | 10/1/2019 | \$88.02 |
| 70480 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR | 10/1/2019 | \$42.94 |
| 70481 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR | 10/1/2019 | \$88.02 |
| 70482 | COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR | 10/1/2019 | \$88.02 |
| 70486 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |
| 70487 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$88.02 |
| 70488 | COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | 10/1/2019 | \$88.02 |
| 70490 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |
| 70491 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$88.02 |
| 70492 | COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY | 10/1/2019 | \$88.02 |
| 70496 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NON | 10/1/2019 | \$88.02 |
| 70498 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NON | 10/1/2019 | \$88.02 |
| 70540 | MRI SCAN BONES OF THE EYE, FACE, AND/OR NECK | 10/1/2019 | \$88.10 |
| 70542 | MRI SCAN BONES OF THE EYE, FACE, AND/OR NECK WITH CONTRAST | 10/1/2019 | \$163.07 |
| 70543 | MRI SCAN BONES OF THE EYE, FACE, AND/OR NECK BEFORE AND AFTER CONTRAST | 10/1/2019 | \$163.07 |
| 70544 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S) | 10/1/2019 | \$88.10 |
| 70545 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$163.07 |
| 70546 | MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY | 10/1/2019 | \$163.07 |
| 70547 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S) | 10/1/2019 | \$88.10 |
| 70548 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$163.07 |
| 70549 | MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY | 10/1/2019 | \$163.07 |
| 70551 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT | 10/1/2019 | \$88.10 |
| 70552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH | 10/1/2019 | \$163.07 |
| 70553 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT | 10/1/2019 | \$163.07 |
| 70554 | MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND | 10/1/2019 | \$88.10 |
| 70555 | MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO | 10/1/2019 | \$23.98 |
| 70557 | MRI SCAN OF BRAIN, DURING OPEN BRAIN PROCEDURE | 10/1/2019 | \$40.49 |
| 70558 | MRI SCAN OF BRAIN WITH CONTRAST, DURING OPEN BRAIN PROCEDURE | 10/1/2019 | \$88.02 |
| 70559 | MRI SCAN OF BRAIN, DURING OPEN BRAIN PROCEDURE BEFORE AND AFTER CONTRAST | 10/1/2019 | \$88.02 |
| 71045 | X-RAY OF CHEST, 1 VIEW | 10/1/2019 | \$11.46 |
| 71046 | X-RAY OF CHEST, 2 VIEWS | 10/1/2019 | \$15.19 |
| 71047 | X-RAY OF CHEST, 3 VIEWS | 12/1/1990 | \$0.00 |
| 71048 | X-RAY OF CHEST, MINIMUM OF 4 VIEWS | 12/1/1990 | \$0.00 |
| 71100 | X-RAY OF RIBS OF ONE SIDE OF BODY, 2 VIEWS | 10/1/2015 | \$0.00 |
| 71101 | X-RAY OF RIBS ON ONE SIDE OF BODY INCLUDING THE CHEST, MINIMUM OF 3 VIEWS | 10/1/2015 | \$0.00 |
| 71110 | X-RAY OF BOTH SIDES OF THE RIBS, 3 VIEWS | 10/1/2015 | \$0.00 |
| 71111 | X-RAY OF BOTH SIDES OF THE RIBS INCLUDING THE CHEST, MINIMUM OF 4 VIEWS | 10/1/2015 | \$0.00 |
| 71120 | X-RAY OF BREAST BONE, MINIMUM OF 2 VIEWS | 10/1/2015 | \$0.00 |
| 71130 | X-RAY OF JUNCTION OF BREAST AND COLLAR BONES, MINIMUM OF 2 VIEWS | 10/1/2015 | \$0.00 |
| 71250 | COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 71260 | COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$88.02 |
| 71270 | COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST | 10/1/2019 | \$88.02 |
| 71275 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$88.02 |
| 71550 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND | 10/1/2019 | \$88.10 |
| 71551 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND | 10/1/2019 | \$285.50 |
| 71552 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND | 10/1/2019 | \$163.07 |
| 72020 | X-RAY OF SPINE, 1 VIEW | 10/1/2015 | \$0.00 |
| 72040 | X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS | 10/1/2015 | \$0.00 |
| 72050 | X-RAY OF UPPER SPINE, 4 OR 5 VIEWS | 10/1/2015 | \$0.00 |
| 72052 | X-RAY OF UPPER SPINE, 6 OR MORE VIEWS | 10/1/2015 | \$0.00 |
| 72070 | X-RAY OF MIDDLE SPINE, 3 VIEWS | 10/1/2015 | \$0.00 |
| 72072 | X-RAY OF MIDDLE SPINE, 3 VIEWS | 10/1/2015 | \$0.00 |
| 72074 | X-RAY OF MIDDLE SPINE, MINIMUM OF 4 VIEWS | 10/1/2015 | \$0.00 |
| 72080 | X-RAY OF MIDDLE AND LOWER SPINE, 2 VIEWS | 10/1/2015 | \$0.00 |
| 72081 | X-RAY OF SPINE, 1 VIEW | 10/1/2017 | \$0.00 |
| 72082 | X-RAY OF SPINE, 2 OR 3 VIEWS | 10/1/2017 | \$0.00 |
| 72083 | X-RAY OF SPINE, 4 OR 5 VIEWS | 10/1/2019 | \$42.94 |
| 72084 | X-RAY OF SPINE, MINIMUM OF 6 VIEWS | 10/1/2019 | \$42.94 |
| 72100 | X-RAY OF LOWER AND SACRAL SPINE, 2 OR 3 VIEWS | 10/1/2015 | \$0.00 |
| 72110 | X-RAY OF LOWER AND SACRAL SPINE, MINIMUM OF 4 VIEWS | 10/1/2015 | \$0.00 |
| 72114 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, M | 10/1/2015 | \$0.00 |
| 72120 | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS | 10/1/2015 | \$0.00 |
| 72125 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |
| 72126 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL | 10/1/2019 | \$123.89 |
| 72127 | COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | 10/1/2019 | \$88.02 |
| 72128 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |
| 72129 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL | 10/1/2019 | \$88.02 |
| 72130 | COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | 10/1/2019 | \$88.02 |
| 72131 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |
| 72132 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL | 10/1/2019 | \$124.16 |
| 72133 | COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | 10/1/2019 | \$88.02 |
| 72141 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; | 10/1/2019 | \$88.10 |
| 72142 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; | 10/1/2019 | \$163.07 |
| 72146 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; | 10/1/2019 | \$88.10 |
| 72147 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; | 10/1/2019 | \$163.07 |
| 72148 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; | 10/1/2019 | \$88.10 |
| 72149 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; | 10/1/2019 | \$163.07 |
| 72156 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT | 10/1/2019 | \$163.07 |
| 72157 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT | 10/1/2019 | \$163.07 |
| 72158 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT | 10/1/2019 | \$163.07 |
| 72170 | X-RAY OF PELVIS, 1 OR 2 VIEWS | 10/1/2015 | \$0.00 |
| 72190 | X-RAY OF PELVIS, MINIMUM OF 3 VIEWS | 10/1/2015 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 72191 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING N | 10/1/2019 | \$88.02 |
| 72192 | COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |
| 72193 | COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$88.02 |
| 72194 | COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST | 10/1/2019 | \$88.02 |
| 72195 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S) | 10/1/2019 | \$88.10 |
| 72196 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$163.07 |
| 72197 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S), | 10/1/2019 | \$163.07 |
| 72200 | X-RAY OF SACROILIAC JOINTS, LESS THAN 3 VIEWS | 10/1/2015 | \$0.00 |
| 72202 | X-RAY OF SACROILIAC JOINTS, 3 OR MORE VIEWS | 10/1/2015 | \$0.00 |
| 72220 | X-RAY OF PELVIS, MINIMUM OF 2 VIEWS | 10/1/2015 | \$0.00 |
| 72240 | MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 72255 | MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 72265 | MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 72270 | RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF SPINAL CANAL, 2 OR MORE SPI | 10/1/2012 | \$0.00 |
| 72275 | EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 72285 | RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF DISC OF VERTEBRA, UPPER OR | 10/1/2012 | \$0.00 |
| 72295 | RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF DISC OF VERTEBRA, LOWER SPI | 10/1/2012 | \$0.00 |
| 73000 | RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE | 10/1/2015 | \$0.00 |
| 73010 | RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE | 10/1/2015 | \$0.00 |
| 73020 | X-RAY OF SHOULDER, 1 VIEW | 10/1/2015 | \$0.00 |
| 73030 | X-RAY OF SHOULDER, MINIMUM OF 2 VIEWS | 10/1/2015 | \$0.00 |
| 73040 | RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 73050 | RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT | 10/1/2015 | \$0.00 |
| 73060 | X-RAY OF UPPER ARM, MINIMUM OF 2 VIEWS | 10/1/2015 | \$0.00 |
| 73070 | X-RAY OF ELBOW, 2 VIEWS | 10/1/2015 | \$0.00 |
| 73080 | X-RAY OF ELBOW, MINIMUM OF 3 VIEWS | 10/1/2015 | \$0.00 |
| 73085 | RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 73090 | X-RAY OF FOREARM, 2 VIEWS | 10/1/2015 | \$0.00 |
| 73092 | RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS | 10/1/2015 | \$0.00 |
| 73100 | X-RAY OF WRIST, 2 VIEWS | 10/1/2015 | \$0.00 |
| 73110 | X-RAY OF WRIST, MINIMUM OF 3 VIEWS | 10/1/2015 | \$0.00 |
| 73115 | RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 73120 | X-RAY OF HAND, 2 VIEWS | 10/1/2015 | \$0.00 |
| 73130 | X-RAY OF HAND, MINIMUM OF 3 VIEWS | 10/1/2015 | \$0.00 |
| 73140 | X-RAY OF FINGERS, MINIMUM OF 2 VIEWS | 10/1/2015 | \$0.00 |
| 73200 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |
| 73201 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$122.82 |
| 73202 | COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | 10/1/2019 | \$88.02 |
| 73206 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), IN | 10/1/2019 | \$88.02 |
| 73218 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; | 10/1/2019 | \$88.10 |
| 73219 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; | 10/1/2019 | \$163.07 |
| 73220 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; | 10/1/2019 | \$163.07 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 73221 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT | 10/1/2019 | \$88.10 |
| 73222 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH | 10/1/2019 | \$216.60 |
| 73223 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT | 10/1/2019 | \$163.07 |
| 73501 | X-RAY OF HIP WITH PELVIS, 1 VIEW | 10/1/2017 | \$0.00 |
| 73502 | X-RAY OF HIP WITH PELVIS, 2-3 VIEWS | 10/1/2017 | \$0.00 |
| 73503 | X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS | 10/1/2017 | \$0.00 |
| 73521 | X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS | 10/1/2017 | \$0.00 |
| 73522 | X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS | 10/1/2017 | \$0.00 |
| 73523 | X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS | 10/1/2017 | \$0.00 |
| 73525 | RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 73551 | X-RAY OF FEMUR, 1 VIEW | 10/1/2017 | \$0.00 |
| 73552 | X-RAY OF FEMUR, MINIMUM 2 VIEWS | 10/1/2017 | \$0.00 |
| 73560 | X-RAY OF KNEE, 1 OR 2 VIEWS | 10/1/2015 | \$0.00 |
| 73562 | X-RAY OF KNEE, 3 VIEWS | 10/1/2015 | \$0.00 |
| 73564 | X-RAY OF KNEE, 4 OR MORE VIEWS | 10/1/2015 | \$0.00 |
| 73565 | X-RAY OF BOTH KNEES, STANDING, FRONT TO BACK VIEW | 10/1/2015 | \$0.00 |
| 73580 | RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 73590 | X-RAY OF LOWER LEG, 2 VIEWS | 10/1/2015 | \$0.00 |
| 73592 | RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS | 10/1/2015 | \$0.00 |
| 73600 | X-RAY OF ANKLE, 2 VIEWS | 10/1/2015 | \$0.00 |
| 73610 | X-RAY OF ANKLE, MINIMUM OF 3 VIEWS | 10/1/2015 | \$0.00 |
| 73615 | RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 73620 | X-RAY OF FOOT, 2 VIEWS | 10/1/2015 | \$0.00 |
| 73630 | X-RAY OF FOOT, MINIMUM OF 3 VIEWS | 10/1/2015 | \$0.00 |
| 73650 | X-RAY OF HEEL, MINIMUM OF 2 VIEWS | 10/1/2015 | \$0.00 |
| 73660 | X-RAY OF TOES, MINIMUM OF 2 VIEWS | 10/1/2015 | \$0.00 |
| 73700 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |
| 73701 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$88.02 |
| 73702 | COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY | 10/1/2019 | \$88.02 |
| 73706 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), IN | 10/1/2019 | \$88.02 |
| 73718 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; | 10/1/2019 | \$88.10 |
| 73719 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH | 10/1/2019 | \$163.07 |
| 73720 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; | 10/1/2019 | \$163.07 |
| 73721 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT | 10/1/2019 | \$88.10 |
| 73722 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH | 10/1/2019 | \$217.93 |
| 73723 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT | 10/1/2019 | \$163.07 |
| 74018 | X-RAY OF ABDOMEN, 1 VIEW | 12/1/1990 | \$0.00 |
| 74019 | X-RAY OF ABDOMEN, 2 VIEWS | 12/1/1990 | \$0.00 |
| 74021 | X-RAY OF ABDOMEN, MINIMUM OF 3 VIEWS | 12/1/1990 | \$0.00 |
| 74022 | IMAGING OF ABDOMEN AND CHEST | 10/1/2015 | \$0.00 |
| 74150 | COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$42.94 |
| 74160 | COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$88.02 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 74170 | COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST | 10/1/2019 | \$88.02 |
| 74174 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), | 10/1/2019 | \$163.07 |
| 74175 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING | 10/1/2019 | \$88.02 |
| 74176 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL | 10/1/2019 | \$88.10 |
| 74177 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$163.07 |
| 74178 | COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT | 10/1/2019 | \$163.07 |
| 74181 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S) | 10/1/2019 | \$88.10 |
| 74182 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S) | 10/1/2019 | \$163.07 |
| 74183 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), | 10/1/2019 | \$163.07 |
| 74190 | PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL | 10/1/2012 | \$0.00 |
| 74210 | RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS | 10/1/2016 | \$0.00 |
| 74220 | RADIOLOGIC EXAMINATION; ESOPHAGUS | 10/1/2016 | \$0.00 |
| 74230 | SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY | 10/1/2016 | \$0.00 |
| 74235 | REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, | 10/1/2012 | \$0.00 |
| 74240 | RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED | 10/1/2019 | \$65.28 |
| 74241 | X-RAY OF UPPER DIGESTIVE TRACT, KIDNEYS, URINARY DUCTS (URETERS), AND BLADDER | 10/1/2019 | \$69.27 |
| 74245 | X-RAY UPPER GI SERIES, WITH SMALL BOWEL FILMS | 10/1/2019 | \$88.10 |
| 74246 | RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH | 10/1/2019 | \$88.02 |
| 74247 | X-RAY OF UPPER DIGESTIVE TRACT, KIDNEYS, URINARY DUCTS (URETERS), AND BLADDER WI | 10/1/2019 | \$88.02 |
| 74249 | RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH | 10/1/2019 | \$88.02 |
| 74250 | RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS; | 10/1/2019 | \$42.94 |
| 74251 | RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS; VIA | 10/1/2019 | \$88.10 |
| 74260 | DUODENOGRAPHY, HYPOTONIC | 10/1/2016 | \$0.00 |
| 74261 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI | 10/1/2019 | \$42.94 |
| 74262 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI | 10/1/2019 | \$88.02 |
| 74270 | RADIOLOGIC EXAMINATION, COLON; CONTRAST (EG, BARIUM) ENEMA, WITH OR WITHOUT KUB | 10/1/2016 | \$0.00 |
| 74280 | RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, | 10/1/2019 | \$88.02 |
| 74283 | THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER | 10/1/2019 | \$88.02 |
| 74290 | CHOLECYSTOGRAPHY, ORAL CONTRAST; | 10/1/2016 | \$0.00 |
| 74300 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL | 10/1/2012 | \$0.00 |
| 74301 | CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE, | 10/1/2012 | \$0.00 |
| 74328 | ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL | 10/1/2012 | \$0.00 |
| 74329 | ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL | 10/1/2012 | \$0.00 |
| 74330 | COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL | 10/1/2012 | \$0.00 |
| 74340 | INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING | 10/1/2012 | \$0.00 |
| 74355 | PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 74360 | INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), | 10/1/2012 | \$0.00 |
| 74363 | PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT | 10/1/2012 | \$0.00 |
| 74400 | UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG | 10/1/2019 | \$88.02 |
| 74410 | UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; | 10/1/2019 | \$88.02 |
| 74415 | UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH | 10/1/2019 | \$88.02 |
| 74420 | UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB | 10/1/2019 | \$163.07 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 74425 | UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL | 10/1/2012 | \$0.00 |
| 74430 | RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF URINARY BLADDER, MINIMUM OF | 10/1/2012 | \$0.00 |
| 74440 | VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 74445 | CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 74450 | URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 74455 | URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 74470 | RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF KIDNEY CYST, LOWER BACK CON | 10/1/2012 | \$0.00 |
| 74485 | RADIOLOGICAL SUPERVISION AND INTERPRETATION OF DILATION OF URINARY DUCTS (URETER | 10/1/2012 | \$0.00 |
| 74710 | PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION | 10/1/2015 | \$0.00 |
| 74712 | MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY | 10/1/2019 | \$88.10 |
| 74713 | MAGNETIC RESONANCE IMAGING OF FETUS, EACH ADDITIONAL PREGNANCY | 10/1/2017 | \$0.00 |
| 74740 | HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 74775 | PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES) | 10/1/2019 | \$6.13 |
| 75557 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST | 10/1/2019 | \$88.10 |
| 75559 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST | 10/1/2019 | \$190.44 |
| 75561 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST | 10/1/2019 | \$163.07 |
| 75563 | CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST | 10/1/2019 | \$285.50 |
| 75565 | CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN | 10/1/2012 | \$0.00 |
| 75571 | COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT | 10/1/2015 | \$0.00 |
| 75572 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST | 10/1/2019 | \$88.02 |
| 75573 | COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST | 10/1/2019 | \$88.02 |
| 75574 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WH | 10/1/2019 | \$88.02 |
| 75600 | AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER | 10/1/2012 | \$0.00 |
| 75605 | AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75625 | AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75630 | AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY | 10/1/2012 | \$0.00 |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE | 10/1/2012 | \$0.00 |
| 75705 | ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75710 | ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75716 | ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75726 | ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH | 10/1/2012 | \$0.00 |
| 75731 | ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75733 | ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75736 | ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75741 | ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75743 | ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75746 | RADIOLOGICAL SUPERVISION AND INTERPRETATION OF IMAGING OF LUNG ARTERY, CONTRAST | 10/1/2012 | \$0.00 |
| 75756 | ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75774 | ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, | 10/1/2012 | \$0.00 |
| 75801 | LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER | 10/1/2012 | \$0.00 |
| 75803 | LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75805 | LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 75807 | LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75809 | SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT | 10/1/2012 | \$0.00 |
| 75810 | SPLENOPTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75820 | VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75822 | VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75825 | VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75827 | VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75831 | VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75833 | VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75840 | VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75842 | VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND | 10/1/2012 | \$0.00 |
| 75860 | VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR, | 10/1/2012 | \$0.00 |
| 75870 | VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75872 | VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75880 | VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75885 | RADIOLOGICAL SUPERVISION AND INTERPRETATION OF IMAGING OF LIVER VEIN WITH ASSESS | 10/1/2012 | \$0.00 |
| 75887 | RADIOLOGICAL SUPERVISION AND INTERPRETATION OF IMAGING OF LIVER VEIN, INJECTION | 10/1/2012 | \$0.00 |
| 75889 | HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL | 10/1/2012 | \$0.00 |
| 75891 | HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, | 10/1/2012 | \$0.00 |
| 75893 | VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR | 10/1/2012 | \$0.00 |
| 75894 | TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN | 10/1/2012 | \$0.00 |
| 75898 | ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER | 10/1/2012 | \$0.00 |
| 75901 | MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) | 10/1/2012 | \$0.00 |
| 75902 | MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM | 10/1/2012 | \$0.00 |
| 75970 | TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 75984 | CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G | 10/1/2012 | \$0.00 |
| 75989 | RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), | 10/1/2012 | \$0.00 |
| 76000 | IMAGING GUIDANCE FOR PROCEDURE, UP TO 1 HOUR | 10/1/2019 | \$23.44 |
| 76010 | IMAGING FROM NOSE TO RECTUM, SINGLE VIEW, CHILD | 10/1/2015 | \$0.00 |
| 76080 | RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL | 10/1/2012 | \$0.00 |
| 76098 | RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN | 10/1/2012 | \$0.00 |
| 76100 | RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN | 10/1/2015 | \$0.00 |
| 76101 | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, | 10/1/2019 | \$42.94 |
| 76102 | RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, | 10/1/2019 | \$42.94 |
| 76120 | CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED | 10/1/2016 | \$0.00 |
| 76125 | CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST | 10/1/2012 | \$0.00 |
| 76376 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC | 10/1/2012 | \$0.00 |
| 76377 | 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC | 10/1/2012 | \$0.00 |
| 76380 | COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY | 10/1/2015 | \$0.00 |
| 76391 | MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY | 10/1/2019 | \$88.10 |
| 76496 | UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | 10/1/2016 | \$0.00 |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | 10/1/2015 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 76498 | UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | 10/1/2019 | \$23.76 |
| 76499 | UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE | 10/1/2015 | \$0.00 |
| 76506 | ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERM | 10/1/2016 | \$0.00 |
| 76510 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED | 10/1/2015 | \$0.00 |
| 76511 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY | 10/1/2016 | \$0.00 |
| 76512 | ULTRASOUND OF EYE DISEASE, GROWTH, OR STRUCTURE | 10/1/2016 | \$0.00 |
| 76513 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION | 10/1/2016 | \$0.00 |
| 76514 | OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL | 10/1/2015 | \$0.00 |
| 76516 | OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; | 10/1/2015 | \$0.00 |
| 76519 | OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS | 10/1/2015 | \$0.00 |
| 76529 | OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION | 10/1/2016 | \$0.00 |
| 76536 | ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), R | 10/1/2016 | \$0.00 |
| 76604 | ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION | 10/1/2016 | \$0.00 |
| 76641 | ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX | 1/1/2015 | \$0.00 |
| 76642 | ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX | 1/1/2015 | \$0.00 |
| 76700 | ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE | 10/1/2019 | \$42.94 |
| 76705 | ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; | 10/1/2019 | \$42.94 |
| 76770 | ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCU | 10/1/2019 | \$42.94 |
| 76775 | ULTRASOUND BEHIND ABDOMINAL CAVITY, LIMITED | 10/1/2016 | \$0.00 |
| 76776 | ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN | 10/1/2019 | \$42.94 |
| 76800 | ULTRASOUND, SPINAL CANAL AND CONTENTS | 10/1/2015 | \$0.00 |
| 76801 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER | 10/1/2019 | \$42.94 |
| 76802 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND | 10/1/2014 | \$0.00 |
| 76805 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND | 10/1/2019 | \$42.94 |
| 76810 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND | 10/1/2014 | \$0.00 |
| 76811 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND | 10/1/2019 | \$62.07 |
| 76812 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND | 10/1/2014 | \$0.00 |
| 76813 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER | 10/1/2016 | \$0.00 |
| 76814 | ULTRASOUND OF PREGNANT UTERUS (FIRST TRIMESTER), ABDOMINAL OR VAGINAL APPROACH | 10/1/2014 | \$0.00 |
| 76815 | ULTRASOUND OF PREGNANT UTERUS, 1 OR MORE FETUS(ES) | 10/1/2016 | \$0.00 |
| 76816 | ULTRASOUND RE-EVALUATION OF PREGNANT UTERUS, PER FETUS | 10/1/2015 | \$0.00 |
| 76817 | ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL | 10/1/2016 | \$0.00 |
| 76818 | FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING | 10/1/2019 | \$42.94 |
| 76819 | FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING | 10/1/2019 | \$37.03 |
| 76820 | DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY | 10/1/2015 | \$0.00 |
| 76821 | DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY | 10/1/2015 | \$0.00 |
| 76825 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE | 10/1/2019 | \$143.60 |
| 76826 | ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE | 10/1/2019 | \$88.10 |
| 76827 | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH | 10/1/2015 | \$0.00 |
| 76828 | DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH | 10/1/2015 | \$0.00 |
| 76830 | ULTRASOUND, TRANSVAGINAL | 10/1/2019 | \$42.94 |
| 76831 | SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN | 10/1/2019 | \$61.28 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 76856 | ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE | 10/1/2019 | \$42.94 |
| 76857 | ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE | 10/1/2019 | \$17.58 |
| 76870 | ULTRASOUND, SCROTUM AND CONTENTS | 10/1/2016 | \$0.00 |
| 76872 | ULTRASOUND, TRANSRECTAL; | 10/1/2019 | \$42.94 |
| 76873 | ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT | 10/1/2019 | \$42.94 |
| 76881 | COMPLETE ULTRASOUND OF JOINT OF ARM OR LEG | 10/1/2019 | \$42.63 |
| 76882 | PARTIAL ULTRASOUND OF JOINT OR OTHER NON-BLOOD VESSEL STRUCTURE OF ARM OR LEG | 10/1/2015 | \$0.00 |
| 76885 | ULTRASOUND OF HIPS WITH MANIPULATION, INFANT | 10/1/2015 | \$0.00 |
| 76886 | ULTRASOUND OF HIPS, INFANT | 10/1/2015 | \$0.00 |
| 76930 | ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATI | 10/1/2012 | \$0.00 |
| 76932 | ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND | 10/1/2012 | \$0.00 |
| 76936 | ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR | 10/1/2019 | \$97.17 |
| 76937 | ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF | 10/1/2012 | \$0.00 |
| 76940 | ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION | 10/1/2012 | \$0.00 |
| 76941 | ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, | 10/1/2012 | \$0.00 |
| 76942 | ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, | 10/1/2012 | \$0.00 |
| 76945 | ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND | 10/1/2012 | \$0.00 |
| 76946 | ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 76965 | ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION | 10/1/2012 | \$0.00 |
| 76970 | ULTRASOUND STUDY FOLLOW-UP (SPECIFY) | 10/1/2015 | \$0.00 |
| 76975 | GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION | 10/1/2012 | \$0.00 |
| 76977 | ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY | 10/1/2019 | \$3.19 |
| 76978 | ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (| 10/1/2019 | \$88.02 |
| 76979 | ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (| 12/1/1990 | \$0.00 |
| 76981 | ULTRASOUND, ELASTOGRAPHY; PARENCHYMA (EG, ORGAN) | 10/1/2019 | \$42.94 |
| 76982 | ULTRASOUND, ELASTOGRAPHY; FIRST TARGET LESION | 10/1/2019 | \$42.94 |
| 76983 | ULTRASOUND, ELASTOGRAPHY; EACH ADDITIONAL TARGET LESION (LIST SEPARATELY IN ADDI | 12/1/1990 | \$0.00 |
| 76998 | ULTRASONIC GUIDANCE, INTRAOPERATIVE | 10/1/2012 | \$0.00 |
| 76999 | UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL) | 10/1/2015 | \$0.00 |
| 77001 | FLUOROSCOPIC GUIDANCE FOR INSERTION, REPLACEMENT OR REMOVAL OF CENTRAL VENOUS AC | 10/1/2012 | \$0.00 |
| 77002 | FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L | 10/1/2012 | \$0.00 |
| 77003 | FLUOROSCOPIC GUIDANCE FOR INJECTION INTO SPINE OR MUSCLE NEXT TO SPINE | 10/1/2012 | \$0.00 |
| 77011 | COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION | 10/1/2012 | \$0.00 |
| 77012 | COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC | 10/1/2012 | \$0.00 |
| 77013 | COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA | 10/1/2012 | \$0.00 |
| 77014 | COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS | 10/1/2012 | \$0.00 |
| 77021 | MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT | 10/1/2012 | \$0.00 |
| 77022 | MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION | 10/1/2012 | \$0.00 |
| 77046 | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL | 10/1/2019 | \$88.10 |
| 77047 | MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL | 10/1/2019 | \$88.10 |
| 77053 | MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE | 10/1/2012 | \$0.00 |
| 77054 | MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 77071 | MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA | 10/1/2015 | \$0.00 |
| 77072 | BONE AGE STUDIES | 10/1/2015 | \$0.00 |
| 77073 | BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM) | 10/1/2015 | \$0.00 |
| 77074 | RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES) | 10/1/2015 | \$0.00 |
| 77075 | RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO | 10/1/2016 | \$0.00 |
| 77076 | X-RAY SURVEY OF BONES, INFANT | 10/1/2015 | \$0.00 |
| 77077 | IMAGING OF 2 OR MORE JOINTS, SINGLE VIEW | 10/1/2015 | \$0.00 |
| 77078 | COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON | 10/1/2019 | \$23.76 |
| 77080 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI | 10/1/2019 | \$22.38 |
| 77081 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP | 10/1/2019 | \$17.05 |
| 77084 | MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY | 10/1/2019 | \$88.10 |
| 77085 | DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI | 1/1/2015 | \$0.00 |
| 77086 | VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) | 1/1/2015 | \$0.00 |
| 77280 | MANAGEMENT OF RADIATION THERAPY SIMULATION, SIMPLE | 10/1/2019 | \$47.15 |
| 77285 | MANAGEMENT OF RADIATION THERAPY, SIMULATION, INTERMEDIATE | 10/1/2019 | \$122.83 |
| 77290 | MANAGEMENT OF RADIATION THERAPY, SIMULATION, COMPLEX | 10/1/2019 | \$122.83 |
| 77293 | RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FO | 10/1/2017 | \$0.00 |
| 77295 | MANAGEMENT OF RADIATION THERAPY, 3D | 10/1/2019 | \$199.55 |
| 77299 | UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING | 10/1/2019 | \$47.15 |
| 77300 | BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, | 10/1/2019 | \$25.31 |
| 77301 | INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR | 10/1/2019 | \$456.48 |
| 77306 | TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE A | 10/1/2019 | \$57.02 |
| 77307 | TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, T | 10/1/2019 | \$103.11 |
| 77316 | BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION(S) MADE FROM 1 TO 4 SOURCES, OR | 10/1/2019 | \$97.24 |
| 77317 | BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION(S) MADE FROM 5 TO 10 SOURC | 10/1/2019 | \$122.83 |
| 77318 | BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION(S) MADE FROM OVER 10 SOURCES, O | 10/1/2019 | \$122.83 |
| 77321 | SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY | 10/1/2019 | \$32.77 |
| 77331 | SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY | 10/1/2019 | \$14.12 |
| 77332 | RADIATION TREATMENT DEVICES, DESIGN AND CONSTRUCTION, SIMPLE | 10/1/2019 | \$21.31 |
| 77333 | RADIATION TREATMENT DEVICES, DESIGN AND CONSTRUCTION, INTERMEDIATE | 10/1/2019 | \$47.15 |
| 77334 | RADIATION TREATMENT DEVICES, DESIGN AND CONSTRUCTION, COMPLEX | 10/1/2019 | \$50.89 |
| 77336 | CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT | 10/1/2019 | \$47.15 |
| 77338 | MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY | 10/1/2019 | \$122.83 |
| 77370 | SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION | 10/1/2019 | \$47.15 |
| 77371 | RADIATION THERAPY DELIVERY, STEREOTACTIC RADIOSURGERY (SRS) FOR CRANIAL GROWTHS, | 10/1/2015 | \$1,550.47 |
| 77372 | RADIATION THERAPY DELIVERY, STEREOTACTIC RADIOSURGERY (SRS) FOR CRANIAL GROWTHS, | 10/1/2015 | \$844.30 |
| 77373 | STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO | 10/1/2015 | \$825.91 |
| 77385 | RADIATION THERAPY DELIVERY | 10/1/2019 | \$198.51 |
| 77386 | INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND T | 10/1/2019 | \$198.51 |
| 77387 | GUIDANCE FOR LOCALIZATION OF TARGET DELIVERY OF RADIATION TREATMENT | 1/1/2015 | \$0.00 |
| 77399 | UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, | 10/1/2019 | \$47.15 |
| 77401 | RADIATION TREATMENT DELIVERY, SUPERFICIAL | 10/1/2019 | \$18.38 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 77402 | RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL | 10/1/2019 | \$44.80 |
| 77407 | RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS | 10/1/2019 | \$85.70 |
| 77412 | RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO | 10/1/2019 | \$85.70 |
| 77417 | THERAPEUTIC RADIOLOGY PORT FILM(S) | 10/1/2012 | \$0.00 |
| 77423 | RADIATION TREATMENT DELIVERY, HIGH ENERGY | 10/1/2019 | \$19.72 |
| 77424 | INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION | 10/1/2019 | \$1,415.72 |
| 77425 | INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION | 10/1/2019 | \$1,415.72 |
| 77435 | STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF 1 OR MORE LESIONS USING IMAGING G | 10/1/2012 | \$0.00 |
| 77470 | SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER | 10/1/2019 | \$18.92 |
| 77520 | PROTON TREATMENT DELIVERY, SIMPLE | 10/1/2019 | \$198.51 |
| 77522 | PROTON TREATMENT DELIVERY, SIMPLE WITH COMPENSATION | 10/1/2019 | \$413.75 |
| 77523 | PROTON TREATMENT DELIVERY, INTERMEDIATE | 10/1/2019 | \$413.75 |
| 77525 | PROTON TREATMENT DELIVERY, COMPLEX | 10/1/2019 | \$413.75 |
| 77600 | HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM | 10/1/2019 | \$85.70 |
| 77605 | HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 | 10/1/2019 | \$268.49 |
| 77610 | HYPERTHERMIA TREATMENT, 5 OR FEWER PROBE APPLICATIONS | 10/1/2019 | \$198.51 |
| 77615 | HYPERTHERMIA TREATMENT, 5 OR MORE PROBE APPLICATIONS | 10/1/2019 | \$198.51 |
| 77620 | HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S) | 10/1/2019 | \$198.51 |
| 77750 | INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION, INCLUDES 3-MONTH FOLLOW-UP CA | 10/1/2019 | \$85.70 |
| 77761 | APPLICATION OF ORGAN CAVITY RADIATION SOURCE, SIMPLE | 10/1/2019 | \$147.33 |
| 77762 | APPLICATION OF ORGAN CAVITY RADIATION SOURCE, INTERMEDIATE | 10/1/2019 | \$168.64 |
| 77763 | APPLICATION OF ORGAN CAVITY RADIATION SOURCE, COMPLEX | 10/1/2019 | \$221.40 |
| 77767 | HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM | 10/1/2019 | \$85.70 |
| 77768 | HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM | 10/1/2019 | \$85.70 |
| 77770 | HIGH DOSE BRACHYTHERAPY , 1 CHANNEL | 10/1/2019 | \$171.04 |
| 77771 | HIGH DOSE BRACHYTHERAPY , 2- 12 CHANNELS | 10/1/2019 | \$268.49 |
| 77772 | HIGH DOSE BRACHYTHERAPY , MORE THAN 12 CHANNELS | 10/1/2019 | \$268.49 |
| 77778 | APPLICATION OF RADIATION SOURCE, COMPLEX | 10/1/2019 | \$268.49 |
| 77789 | SURFACE APPLICATION OF RADIATION SOURCE | 10/1/2019 | \$44.80 |
| 77790 | SUPERVISION, HANDLING, LOADING OF RADIATION | 10/1/2012 | \$0.00 |
| 77799 | UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY | 10/1/2019 | \$44.80 |
| 78012 | THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMUL | 10/1/2019 | \$145.93 |
| 78013 | THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); | 10/1/2019 | \$145.93 |
| 78014 | THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIP | 10/1/2019 | \$145.93 |
| 78015 | THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY) | 10/1/2019 | \$145.93 |
| 78016 | THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY | 10/1/2019 | \$145.93 |
| 78018 | THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY | 10/1/2019 | \$201.86 |
| 78020 | THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR | 10/1/2012 | \$0.00 |
| 78070 | PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); | 10/1/2019 | \$145.93 |
| 78071 | PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA | 10/1/2019 | \$145.93 |
| 78072 | PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA | 10/1/2019 | \$201.86 |
| 78075 | ADRENAL IMAGING, CORTEX AND/OR MEDULLA | 10/1/2019 | \$539.84 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 78099 | UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | 10/1/2019 | \$145.93 |
| 78102 | BONE MARROW IMAGING; LIMITED AREA | 10/1/2019 | \$145.93 |
| 78103 | BONE MARROW IMAGING; MULTIPLE AREAS | 10/1/2019 | \$145.93 |
| 78104 | BONE MARROW IMAGING; WHOLE BODY | 10/1/2019 | \$145.93 |
| 78110 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE | 10/1/2019 | \$539.84 |
| 78111 | PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE | 10/1/2019 | \$539.84 |
| 78120 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING | 10/1/2019 | \$145.93 |
| 78121 | RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS | 10/1/2019 | \$201.86 |
| 78122 | WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA | 10/1/2019 | \$201.86 |
| 78130 | RED CELL SURVIVAL STUDY; | 10/1/2019 | \$145.93 |
| 78135 | RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC | 10/1/2019 | \$145.93 |
| 78140 | LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR | 10/1/2019 | \$145.93 |
| 78185 | SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW | 10/1/2019 | \$145.93 |
| 78191 | PLATELET SURVIVAL STUDY | 10/1/2019 | \$145.93 |
| 78195 | LYMPHATICS AND LYMPH NODES IMAGING | 10/1/2019 | \$201.86 |
| 78199 | UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC | 10/1/2019 | \$145.93 |
| 78201 | LIVER IMAGING; STATIC ONLY | 10/1/2019 | \$539.84 |
| 78202 | LIVER IMAGING; WITH VASCULAR FLOW | 10/1/2019 | \$539.84 |
| 78205 | LIVER IMAGING (SPECT); | 10/1/2019 | \$539.84 |
| 78206 | LIVER IMAGING (SPECT); WITH VASCULAR FLOW | 10/1/2019 | \$201.86 |
| 78215 | LIVER AND SPLEEN IMAGING; STATIC ONLY | 10/1/2019 | \$145.93 |
| 78216 | LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW | 10/1/2019 | \$145.93 |
| 78226 | HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; | 10/1/2019 | \$145.93 |
| 78227 | WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERF | 10/1/2019 | \$201.86 |
| 78230 | SALIVARY GLAND IMAGING; | 10/1/2019 | \$145.93 |
| 78231 | SALIVARY GLAND IMAGING; WITH SERIAL IMAGES | 10/1/2019 | \$145.93 |
| 78232 | SALIVARY GLAND FUNCTION STUDY | 10/1/2019 | \$145.93 |
| 78258 | ESOPHAGEAL MOTILITY | 10/1/2019 | \$145.93 |
| 78261 | GASTRIC MUCOSA IMAGING | 10/1/2019 | \$145.93 |
| 78262 | GASTROESOPHAGEAL REFLUX STUDY | 10/1/2019 | \$145.93 |
| 78264 | GASTRIC EMPTYING STUDY | 10/1/2019 | \$145.93 |
| 78265 | GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TR | 10/1/2019 | \$145.93 |
| 78266 | GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AN | 10/1/2019 | \$201.86 |
| 78278 | ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING | 10/1/2019 | \$145.93 |
| 78282 | GASTROINTESTINAL PROTEIN LOSS | 10/1/2019 | \$145.93 |
| 78290 | INTESTINE IMAGING | 10/1/2019 | \$145.93 |
| 78291 | PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT) | 10/1/2019 | \$145.93 |
| 78299 | UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | 10/1/2019 | \$145.93 |
| 78300 | BONE AND/OR JOINT IMAGING; LIMITED AREA | 10/1/2019 | \$145.93 |
| 78305 | BONE AND/OR JOINT IMAGING, MULTIPLE AREAS | 10/1/2019 | \$145.93 |
| 78306 | BONE AND/OR JOINT IMAGING, WHOLE BODY | 10/1/2019 | \$145.93 |
| 78315 | BONE AND/OR JOINT IMAGING, 3 PHASE STUDY | 10/1/2019 | \$145.93 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 78320 | BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT) | 10/1/2019 | \$201.86 |
| 78399 | UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | 10/1/2019 | \$145.93 |
| 78414 | DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W | 10/1/2019 | \$201.86 |
| 78428 | CARDIAC SHUNT DETECTION | 10/1/2019 | \$145.93 |
| 78445 | NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY) | 10/1/2019 | \$145.93 |
| 78451 | MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT | 10/1/2019 | \$539.84 |
| 78452 | MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT | 10/1/2019 | \$539.84 |
| 78453 | MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL | 10/1/2019 | \$539.84 |
| 78454 | NUCLEAR MEDICINE MULTIPLE STUDIES OF VESSELS OF HEART AT REST, USING DRUGS, OR E | 10/1/2019 | \$539.84 |
| 78456 | ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE | 10/1/2019 | \$539.84 |
| 78457 | VENOGRAPHY FOR BLOOD CLOT IN VEIN, ONE LEG OR ARM | 10/1/2019 | \$539.84 |
| 78458 | VENOGRAPHY FOR BLOOD CLOT IN VEINS, BOTH LEGS OR ARMS | 10/1/2019 | \$145.93 |
| 78459 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION | 10/1/2019 | \$539.84 |
| 78466 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE | 10/1/2019 | \$145.93 |
| 78468 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS | 10/1/2019 | \$201.86 |
| 78469 | MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT | 10/1/2019 | \$539.84 |
| 78472 | NUCLEAR MEDICINE STUDY OF HEART WALL MOTION AT REST OR STRESS WITH EVALUATION OF | 10/1/2019 | \$145.93 |
| 78473 | NUCLEAR MEDICINE STUDY OF HEART FUNCTION WALL MOTION AT REST AND STRESS WITH EVA | 10/1/2019 | \$145.93 |
| 78481 | NUCLEAR MEDICINE STUDY OF HEART WALL MOTION AT REST OR STRESS WITH EVALUATION OF | 10/1/2019 | \$201.86 |
| 78483 | NUCLEAR MEDICINE STUDY OF HEART WALL MOTION AT REST AND STRESS WITH EVALUATION O | 10/1/2019 | \$201.86 |
| 78491 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY | 10/1/2019 | \$595.84 |
| 78492 | MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE | 10/1/2019 | \$595.84 |
| 78494 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION | 10/1/2019 | \$145.93 |
| 78496 | CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH | 10/1/2012 | \$0.00 |
| 78499 | UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | 10/1/2019 | \$145.93 |
| 78579 | PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS) | 10/1/2019 | \$145.93 |
| 78580 | PULMONARY PERFUSION IMAGING (EG, PARTICULATE) | 10/1/2019 | \$145.93 |
| 78582 | PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING | 10/1/2019 | \$201.86 |
| 78597 | QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED | 10/1/2019 | \$145.93 |
| 78598 | QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GA | 10/1/2019 | \$201.86 |
| 78599 | UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | 10/1/2019 | \$145.93 |
| 78600 | IMAGING OF BRAIN, LESS THAN 4 STATIC VIEWS | 10/1/2019 | \$145.93 |
| 78601 | IMAGING OF BRAIN WITH BLOOD FLOW, LESS THAN 4 STATIC VIEWS | 10/1/2019 | \$145.93 |
| 78605 | IMAGING OF BRAIN WITH BLOOD FLOW, MINIMUM OF 4 STATIC VIEWS | 10/1/2019 | \$201.86 |
| 78606 | IMAGING OF BRAIN WITH BLOOD FLOW, MINIMUM OF 4 STATIC VIEWS | 10/1/2019 | \$201.86 |
| 78607 | BRAIN IMAGING, TOMOGRAPHIC (SPECT) | 10/1/2019 | \$539.84 |
| 78608 | BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION | 10/1/2019 | \$595.84 |
| 78610 | IMAGING OF BRAIN, BLOOD FLOW | 10/1/2019 | \$201.86 |
| 78630 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); | 10/1/2019 | \$201.86 |
| 78635 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); | 10/1/2019 | \$201.86 |
| 78645 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); | 10/1/2019 | \$201.86 |
| 78647 | CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); | 10/1/2019 | \$539.84 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| 78650 | CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION | 10/1/2019 | \$539.84 |
| 78660 | RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY | 10/1/2019 | \$145.93 |
| 78699 | UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | 10/1/2019 | \$145.93 |
| 78700 | KIDNEY IMAGING MORPHOLOGY; | 10/1/2019 | \$145.93 |
| 78701 | KIDNEY IMAGING; WITH VASCULAR FLOW | 10/1/2019 | \$145.93 |
| 78707 | KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT | 10/1/2019 | \$201.86 |
| 78708 | NUCLEAR MEDICINE STUDY OF KIDNEY WITH ASSESSMENT OF BLOOD FLOW AND FUNCTION | 10/1/2019 | \$201.86 |
| 78709 | KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WI | 10/1/2019 | \$201.86 |
| 78710 | KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT) | 10/1/2019 | \$201.86 |
| 78725 | KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY | 10/1/2019 | \$145.93 |
| 78730 | URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY | 10/1/2014 | \$0.00 |
| 78740 | URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM) | 10/1/2019 | \$145.93 |
| 78761 | TESTICULAR IMAGING WITH VASCULAR FLOW | 10/1/2019 | \$145.93 |
| 78799 | UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | 10/1/2019 | \$145.93 |
| 78800 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL | 10/1/2019 | \$145.93 |
| 78801 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | 10/1/2019 | \$145.93 |
| 78802 | NUCLEAR MEDICINE STUDY OF RADIOACTIVE MATERIAL DISTRIBUTION AT TUMOR LOCATIONS I | 10/1/2019 | \$539.84 |
| 78803 | RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF | 10/1/2019 | \$201.86 |
| 78804 | NUCLEAR MEDICINE STUDY OF RADIOACTIVE MATERIAL DISTRIBUTION OF WHOLE BODY, REQUI | 10/1/2019 | \$539.84 |
| 78805 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA | 10/1/2019 | \$539.84 |
| 78806 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY | 10/1/2019 | \$539.84 |
| 78807 | RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT) | 10/1/2019 | \$201.86 |
| 78808 | INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE ST | 10/1/2012 | \$0.00 |
| 78811 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK) | 10/1/2019 | \$539.84 |
| 78812 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH | 10/1/2019 | \$595.84 |
| 78813 | POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY | 10/1/2019 | \$595.84 |
| 78814 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH | 10/1/2019 | \$595.84 |
| 78815 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH | 10/1/2019 | \$595.84 |
| 78816 | POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH | 10/1/2019 | \$595.84 |
| 78999 | UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE | 10/1/2019 | \$145.93 |
| 79005 | RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION | 10/1/2019 | \$37.03 |
| 79101 | RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION | 10/1/2019 | \$37.03 |
| 79200 | RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION | 10/1/2019 | \$38.63 |
| 79300 | RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION | 10/1/2019 | \$7.46 |
| 79403 | RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS | 10/1/2019 | \$61.28 |
| 79440 | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION | 10/1/2019 | \$28.77 |
| 79445 | RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION | 10/1/2019 | \$19.45 |
| 79999 | RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE | 10/1/2019 | \$107.56 |
| 85060 | BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT | 10/1/2014 | \$15.28 |
| 85097 | BONE MARROW, SMEAR INTERPRETATION | 10/1/2014 | \$16.58 |
| 88172 | CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD | 10/1/2014 | \$9.00 |
| 88173 | CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT | 10/1/2014 | \$16.58 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 88177 | CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD | 10/1/2014 | \$5.02 |
| 88184 | FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL | 10/1/2014 | \$16.58 |
| 88185 | FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL | 10/1/2014 | \$5.02 |
| 88187 | FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS | 10/1/2014 | \$82.00 |
| 88189 | FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS | 10/1/2014 | \$16.58 |
| 88333 | PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ | 10/1/2014 | \$16.58 |
| 90296 | DIPHTHERIA ANTITOXIN, EQUINE, ANY ROUTE | 10/1/2014 | \$251.27 |
| 90371 | HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE | 10/1/2019 | \$106.71 |
| 90375 | RABIES IMMUNE GLOBULIN FOR INJECTION BENEATH THE SKIN AND/OR INTO MUSCLE | 10/1/2019 | \$318.24 |
| 90376 | RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR S | 10/1/2019 | \$308.70 |
| 90378 | RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR | 10/1/2019 | \$1,144.80 |
| 90385 | RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE | 10/1/2012 | \$0.00 |
| 90393 | RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE | 10/1/2019 | CCR |
| 90396 | VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE | 10/1/2019 | \$1,416.80 |
| 90476 | ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE | 10/1/2012 | \$0.00 |
| 90477 | ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE | 10/1/2013 | \$0.00 |
| 90581 | ANTHRAX VACCINE, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE | 10/1/2016 | \$0.00 |
| 90585 | BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS | 10/1/2016 | \$116.74 |
| 90620 | MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE | 10/1/2016 | \$147.92 |
| 90621 | MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B, | 10/1/2015 | \$116.57 |
| 90630 | INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, FO | 10/1/2016 | \$0.00 |
| 90632 | VACCINE FOR HEPATITIS A INJECTION INTO MUSCLE, ADULT DOSAGE | 10/1/2012 | \$0.00 |
| 90633 | VACCINE FOR HEPATITIS A (2 DOSE SCHEDULE) INJECTION INTO MUSCLE, PEDIATRIC OR AD | 10/1/2012 | \$0.00 |
| 90634 | HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCU | 10/1/2019 | \$27.26 |
| 90636 | VACCINE FOR HEPATITIS A AND HEPATITIS B INJECTION INTO MUSCLE, ADULT DOSAGE | 10/1/2012 | \$0.00 |
| 90644 | VACCINE FOR MENINGOCOCCAL AND HEMOPHILUS INFLUENZA B (4 DOSE SCHEDULE) INJECTION | 10/1/2013 | \$0.00 |
| 90647 | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR I | 10/1/2012 | \$0.00 |
| 90648 | HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INT | 10/1/2012 | \$0.00 |
| 90653 | INFLUENZA VIRUS VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE | 10/1/2017 | \$0.00 |
| 90655 | VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE | 10/1/2012 | \$0.00 |
| 90656 | VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE | 10/1/2012 | \$0.00 |
| 90657 | VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE | 10/1/2012 | \$0.00 |
| 90660 | INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE, FOR INTRANASAL USE | 10/1/2012 | \$0.00 |
| 90662 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY | 10/1/2012 | \$0.00 |
| 90670 | PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE | 10/1/2012 | \$0.00 |
| 90672 | INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE | 10/1/2013 | \$0.00 |
| 90673 | VACCINE FOR INFLUENZA ADMINISTERED INTO MUSCLE, PRESERVATIVE AND ANTIBIOTIC FREE | 10/1/2014 | \$0.00 |
| 90674 | VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE | 1/1/2017 | \$0.00 |
| 90675 | RABIES VACCINE, FOR INTRAMUSCULAR USE | 10/1/2019 | \$276.87 |
| 90676 | RABIES VACCINE, FOR INTRADERMAL USE | 10/1/2019 | \$123.51 |
| 90680 | ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE | 10/1/2012 | \$0.00 |
| 90681 | ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE | 10/1/2014 | \$92.51 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 90682 | VACCINE FOR INFLUENZA FOR INJECTION INTO MUSCLE | 10/1/2017 | \$0.00 |
| 90685 | VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE | 10/1/2016 | \$0.00 |
| 90686 | VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE | 10/1/2013 | \$0.00 |
| 90687 | VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE | 10/1/2015 | \$0.00 |
| 90688 | VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE | 10/1/2014 | \$0.00 |
| 90690 | TYPHOID VACCINE, LIVE, ORAL | 10/1/2012 | \$0.00 |
| 90691 | TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE | 10/1/2012 | \$0.00 |
| 90696 | VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), A | 10/1/2012 | \$0.00 |
| 90698 | VACCINE FOR DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS (WHOOPING COUGH), H | 10/1/2012 | \$0.00 |
| 90700 | VACCINE FOR DIPHTHERIA, TETANUS, AND ACELLULAR PERTUSSIS (WHOOPING COUGH) INJECT | 10/1/2012 | \$0.00 |
| 90702 | VACCINE FOR DIPHTHERIA AND TETANUS TOXOIDS INJECTION INTO MUSCLE, PATIENT YOUNGE | 10/1/2012 | \$0.00 |
| 90707 | VACCINE FOR MEASLES, MUMPS, AND RUBELLA (GERMAN MEASLES) INJECTION BENEATH SKIN | 10/1/2012 | \$0.00 |
| 90710 | VACCINE FOR MEASLES, MUMPS, RUBELLA (GERMAN MEASLES), AND VARICELLA (CHICKEN POX | 10/1/2012 | \$0.00 |
| 90713 | POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE | 10/1/2012 | \$0.00 |
| 90714 | VACCINE FOR TETANUS AND DIPHTHERIA TOXOIDS INJECTION INTO MUSCLE, PATIENT 7 YEAR | 10/1/2012 | \$0.00 |
| 90715 | VACCINE FOR TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS (WHOOPING COUGH) | 10/1/2012 | \$0.00 |
| 90717 | YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE | 10/1/2012 | \$0.00 |
| 90732 | VACCINE FOR PNEUMOCOCCAL POLYSACCHARIDE FOR INJECTION BENEATH THE SKIN OR INTO M | 10/1/2012 | \$0.00 |
| 90733 | MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP[S]), FOR SUBCUTANEOUS USE | 10/1/2013 | \$101.17 |
| 90734 | VACCINE FOR MENINGOCOCCUS FOR ADMINISTRATION INTO MUSCLE | 10/1/2016 | \$96.29 |
| 90740 | JAPANESE ENCEPHALITIS VIRUS VACCINE, FOR SUBCUTANEOUS USE | 10/1/2019 | CCR |
| 90743 | JAPANESE ENCEPHALITIS VIRUS VACCINE, FOR SUBCUTANEOUS USE | 10/1/2019 | CCR |
| 90744 | JAPANESE ENCEPHALITIS VIRUS VACCINE, FOR SUBCUTANEOUS USE | 10/1/2019 | CCR |
| 90746 | JAPANESE ENCEPHALITIS VIRUS VACCINE, FOR SUBCUTANEOUS USE | 10/1/2019 | CCR |
| 90747 | JAPANESE ENCEPHALITIS VIRUS VACCINE, FOR SUBCUTANEOUS USE | 10/1/2019 | CCR |
| 90749 | UNLISTED VACCINE/TOXOID | 10/1/2012 | \$0.00 |
| 90756 | INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIV4), DERIVED FROM CELL CULTURES, SUBU | 12/1/1990 | \$0.00 |
| 90832 | PSYCHOTHERAPY, 30 MINUTES | 10/1/2014 | \$38.31 |
| 90834 | PSYCHOTHERAPY, 45 MINUTES | 10/1/2014 | \$52.15 |
| 90837 | PSYCHOTHERAPY, 60 MINUTES | 10/1/2014 | \$52.15 |
| 91020 | GASTRIC MOTILITY (MANOMETRIC) STUDIES | 12/1/1990 | \$143.52 |
| 91035 | ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH | 10/1/2019 | \$181.36 |
| 91200 | LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMA | 10/1/2016 | \$0.00 |
| 92015 | ASSESSMENT FOR PRESCRIPTION EYE WEAR USING A RANGE OF LENS POWERS | 10/1/2014 | \$14.65 |
| 92018 | OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR | 12/1/1990 | \$688.41 |
| 92071 | FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE | 10/1/2012 | \$0.00 |
| 92072 | FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING | 10/1/2012 | \$0.00 |
| 92585 | AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE | 10/1/2014 | \$98.54 |
| 92586 | PLACEMENT OF SCALP ELECTRODES FOR ASSESSMENT AND RECORDING OF RESPONSES FROM SEV | 10/1/2014 | \$58.02 |
| 93261 | EVALUATION OF DEFIBRILLATOR WITH ANALYSIS, REVIEW, AND REPORT | 1/1/2015 | \$0.00 |
| 93355 | INSERTION OF PROBE IN ESOPHAGUS FOR HEART ULTRASOUND EXAMINATION DURING PROCEDUR | 1/1/2015 | \$0.00 |
| 93451 | RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CA | 10/1/2019 | \$1,128.06 |

Arizona Health Care Cost Containment System
 FFS Program Capped Fee Schedule
 FFS Ambulatory Surgical Center Rates
 Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| 93452 | LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTR | 10/1/2019 | \$1,128.06 |
| 93453 | COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTIO | 10/1/2019 | \$1,128.06 |
| 93454 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT | 10/1/2019 | \$1,128.06 |
| 93455 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT | 10/1/2019 | \$1,128.06 |
| 93456 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT | 10/1/2019 | \$1,128.06 |
| 93457 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT | 10/1/2019 | \$1,128.06 |
| 93458 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT | 10/1/2019 | \$1,128.06 |
| 93459 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT | 10/1/2019 | \$1,128.06 |
| 93460 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT | 10/1/2019 | \$1,128.06 |
| 93461 | CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT | 10/1/2019 | \$1,128.06 |
| 93590 | PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVIC | 10/1/2017 | \$8,732.45 |
| 93591 | PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVI | 10/1/2017 | \$8,732.45 |
| 93644 | ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR (INCLUDE | 1/1/2015 | \$0.00 |
| 93895 | QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID ATHEROMA EVALUATION, BIL | 1/1/2015 | \$0.00 |
| 95940 | CONTINUOUS MONITORING OF NERVOUS SYSTEM DURING OPERATION, EACH 15 MINUTES | 10/1/2013 | \$0.00 |
| 95941 | CONTINUOUS MONITORING OF NERVOUS SYSTEM DURING OPERATION, PER HOUR" | 10/1/2013 | \$0.00 |
| 99497 | ADVANCED CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION FOR ADVANCE DIRE | 1/1/2015 | \$0.00 |
| 99498 | ADVANCED CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION FOR ADVANCE DIRE | 1/1/2015 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| A4216 | STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML | 10/1/2017 | \$0.00 |
| A4217 | STERILE WATER/SALINE, 500 ML | 10/1/2017 | \$0.00 |
| A4218 | STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML | 10/1/2012 | \$0.00 |
| A4220 | REFILL KIT FOR IMPLANTABLE INFUSION PUMP | 10/1/2012 | \$0.00 |
| A4244 | ALCOHOL OR PEROXIDE, PER PINT | 10/1/2017 | \$0.00 |
| A4245 | ALCOHOL WIPES, PER BOX | 10/1/2017 | \$0.00 |
| A4246 | BETADINE OR PHISOHEX SOLUTION, PER PINT | 10/1/2017 | \$0.00 |
| A4247 | BETADINE OR IODINE SWABS/WIPES, PER BOX | 10/1/2017 | \$0.00 |
| A4248 | CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML | 10/1/2012 | \$0.00 |
| A4262 | TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH | 10/1/2012 | \$0.00 |
| A4263 | PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH | 10/1/2012 | \$0.00 |
| A4270 | DISPOSABLE ENDOSCOPE SHEATH, EACH | 10/1/2012 | \$0.00 |
| A4300 | IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR | 10/1/2012 | \$0.00 |
| A4301 | IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, | 10/1/2012 | \$0.00 |
| A4305 | DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR | 10/1/2012 | \$0.00 |
| A4306 | DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR | 10/1/2012 | \$0.00 |
| A4459 | MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIE | 1/1/2015 | \$0.00 |
| A4602 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VO | 1/1/2015 | \$0.00 |
| A4641 | RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED | 10/1/2012 | \$0.00 |
| A4642 | INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI | 10/1/2012 | \$0.00 |
| A4648 | TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH | 10/1/2012 | \$0.00 |
| A4650 | IMPLANTABLE RADIATION DOSIMETER, EACH | 10/1/2012 | \$0.00 |
| A7048 | VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FO | 1/1/2015 | \$0.00 |
| A9500 | TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE | 10/1/2012 | \$0.00 |
| A9501 | TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE | 10/1/2012 | \$0.00 |
| A9502 | TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| A9503 | TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES | 10/1/2012 | \$0.00 |
| A9504 | TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES | 10/1/2012 | \$0.00 |
| A9505 | THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE | 10/1/2012 | \$0.00 |
| A9507 | INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURI | 10/1/2012 | \$0.00 |
| A9508 | IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE | 10/1/2012 | \$0.00 |
| A9509 | IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE | 10/1/2012 | \$0.00 |
| A9510 | TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES | 10/1/2012 | \$0.00 |
| A9512 | TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE | 10/1/2012 | \$0.00 |
| A9515 | CHOLINE C-11, DIAGNOSTIC, PER STUDY UP TO 20 MILLICURIES | 1/1/2017 | \$5,415.00 |
| A9516 | IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURI | 10/1/2012 | \$0.00 |
| A9520 | TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES | 10/1/2016 | \$0.00 |
| A9521 | TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES | 10/1/2012 | \$0.00 |
| A9524 | IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES | 10/1/2012 | \$0.00 |
| A9526 | NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES | 10/1/2012 | \$0.00 |
| A9527 | IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE | 10/1/2019 | \$35.98 |
| A9528 | IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE | 10/1/2012 | \$0.00 |
| A9529 | IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE | 10/1/2012 | \$0.00 |
| A9531 | IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES) | 10/1/2012 | \$0.00 |
| A9532 | IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES | 10/1/2012 | \$0.00 |
| A9536 | TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES | 10/1/2012 | \$0.00 |
| A9537 | TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES | 10/1/2012 | \$0.00 |
| A9538 | TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE | 10/1/2012 | \$0.00 |
| A9539 | TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES | 10/1/2012 | \$0.00 |
| A9540 | TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 | 10/1/2012 | \$0.00 |
| A9541 | TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURI | 10/1/2012 | \$0.00 |
| A9542 | INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICUR | 10/1/2012 | \$0.00 |
| A9546 | COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE | 10/1/2012 | \$0.00 |
| A9547 | INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE | 10/1/2012 | \$0.00 |
| A9548 | INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE | 10/1/2012 | \$0.00 |
| A9550 | TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLIC | 10/1/2012 | \$0.00 |
| A9551 | TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES | 10/1/2012 | \$0.00 |
| A9552 | FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES | 10/1/2012 | \$0.00 |
| A9553 | CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIE | 10/1/2012 | \$0.00 |
| A9554 | IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE | 10/1/2012 | \$0.00 |
| A9555 | RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES | 10/1/2012 | \$0.00 |
| A9556 | GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE | 10/1/2012 | \$0.00 |
| A9557 | TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES | 10/1/2012 | \$0.00 |
| A9558 | XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES | 10/1/2012 | \$0.00 |
| A9559 | COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURI | 10/1/2012 | \$0.00 |
| A9560 | TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 | 10/1/2012 | \$0.00 |
| A9561 | TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES | 10/1/2012 | \$0.00 |
| A9562 | TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| A9566 | TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES | 10/1/2012 | \$0.00 |
| A9567 | TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLI | 10/1/2012 | \$0.00 |
| A9568 | TECHNETIUM TC-99M ARCTUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES | 10/1/2012 | \$0.00 |
| A9569 | TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, | 10/1/2012 | \$0.00 |
| A9570 | INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE | 10/1/2012 | \$0.00 |
| A9571 | INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE | 10/1/2012 | \$0.00 |
| A9572 | INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES | 10/1/2012 | \$0.00 |
| A9575 | INJECTION, GADOTERATE MEGLUMINE, 0.1 ML | 1/1/2014 | \$0.00 |
| A9576 | INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML | 10/1/2012 | \$0.00 |
| A9577 | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML | 10/1/2012 | \$0.00 |
| A9578 | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML | 10/1/2012 | \$0.00 |
| A9579 | INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPE | 10/1/2012 | \$0.00 |
| A9580 | SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES | 10/1/2012 | \$0.00 |
| A9581 | INJECTION, GADOXETATE DISODIUM, 1 ML | 10/1/2012 | \$0.00 |
| A9582 | IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES | 10/1/2012 | \$0.00 |
| A9583 | INJECTION, GADOFOSVESET TRISODIUM, 1 ML | 10/1/2012 | \$0.00 |
| A9584 | IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES | 10/1/2014 | \$0.00 |
| A9585 | INJECTION, GADOBUTROL, 0.1 ML | 10/1/2012 | \$0.00 |
| A9586 | FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURRIES | 10/1/2019 | \$2,872.00 |
| A9587 | GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE | 1/1/2017 | \$63.40 |
| A9588 | FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE | 1/1/2017 | \$370.07 |
| A9597 | POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFI | 1/1/2017 | \$0.00 |
| A9598 | POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDEN | 1/1/2017 | \$0.00 |
| A9606 | RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE | 1/1/2015 | \$114.62 |
| A9698 | NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY | 10/1/2012 | \$0.00 |
| A9700 | SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY | 10/1/2017 | \$0.00 |
| C1713 | ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE) | 10/1/2012 | \$0.00 |
| C1762 | CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA) | 10/1/2012 | \$0.00 |
| C1822 | GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATT | 10/1/2019 | \$0.00 |
| C1823 | GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEA | 1/1/2019 | CCR |
| C1889 | IMPLANTABLE/INSERTABLE DEVICE, NOT OTHERWISE CLASSIFIED | 1/1/2017 | \$0.00 |
| C1896 | LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL COIL | 10/1/2012 | \$0.00 |
| C2613 | LUNG BIOPSY PLUG WITH DELIVERY SYSTEM | 10/1/2019 | \$0.00 |
| C9034 | INJECTION, DEXAMETHASONE 9%, INTRAOCULAR, 1 MG | 12/1/1990 | \$1.05 |
| C9035 | INJECTION, ARIPIRAZOLE LAUROXIL (ARISTADA INITIO), 1 MG | 12/1/1990 | \$2.79 |
| C9036 | INJECTION, PATISIRAN, 0.1 MG | 12/1/1990 | \$3.17 |
| C9037 | INJECTION, RISPERIDONE (PERSERIS), 0.5 MG | 10/1/2019 | \$19.13 |
| C9038 | INJECTION, MOGAMULIZUMAB-KPKC, 1 MG | 12/1/1990 | \$190.83 |
| C9039 | INJECTION, PLAZOMICIN, 5 MG | 12/1/1990 | \$0.31 |
| C9254 | INJECTION, LACOSAMIDE, 1 MG | 10/1/2013 | \$0.00 |
| C9257 | INJECTION, BEVACIZUMAB, 0.25 MG | 10/1/2019 | \$1.88 |
| C9285 | LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH | 10/1/2014 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| C9290 | INJECTION, BUPIVACAINE LIPOSOME, 1 MG | 10/1/2019 | \$1.14 |
| C9293 | INJECTION, GLUCARPIDASE, 10 UNITS | 10/1/2019 | \$297.64 |
| C9407 | IODINE I-131 IOBENGUANE, DIAGNOSTIC, 1 MILLICURIE | 12/1/1990 | \$304.11 |
| C9460 | INJECTION, CANGRELOR, 1 MG | 10/1/2019 | \$14.69 |
| C9462 | INJECTION, DELAFLOXACIN, 1 MG | 12/1/1990 | \$0.44 |
| C9482 | INJECTION, SOTATOL HYDROCHLORIDE, 1 MG | 10/1/2017 | \$9.49 |
| C9488 | INJECTION, CONIVAPTAN HYDROCHLORIDE, 1 MG | 10/1/2019 | \$29.55 |
| C9733 | NON-OPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY | 10/1/2012 | \$0.00 |
| C9738 | ADJUNCTIVE BLUE LIGHT CYSTOSCOPY WITH FLUORESCENT IMAGING AGENT (LIST SEPARATELY | 12/1/1990 | \$0.00 |
| C9739 | CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT; | 10/1/2019 | \$2,413.58 |
| C9740 | CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT; | 10/1/2019 | \$5,908.21 |
| C9745 | NASAL ENDOSCOPY, SURGICAL; BALLOON DILATION OF EUSTACHIAN TUBE | 10/1/2019 | \$2,369.52 |
| C9746 | TRANSPERINEAL IMPLANTATION OF PERMANENT ADJUSTABLE BALLOON CONTINENCE DEVICE, WI | 10/1/2019 | \$10,688.78 |
| C9747 | ABLATION OF PROSTATE, TRANSRECTAL, HIGH INTENSITY FOCUSED ULTRASOUND (HIFU), INC | 10/1/2019 | \$1,523.26 |
| C9752 | DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, FIRST TWO VERTEBRAL BODIES, INC | 10/1/2019 | \$6,342.35 |
| C9754 | CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS; DIRECT, ANY SITE, INCLUDING A | 10/1/2019 | \$4,968.15 |
| C9755 | CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS USING MAGNETIC-GUIDED ARTERIAL A | 10/1/2019 | \$4,968.15 |
| D0220 | INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE | 10/1/2014 | \$215.92 |
| D0230 | INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE | 10/1/2014 | \$215.92 |
| D1208 | TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH | 10/1/2014 | \$215.92 |
| D1352 | PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANE | 10/1/2014 | \$215.92 |
| D2391 | RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR | 10/1/2014 | \$215.92 |
| D2929 | PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH | 10/1/2014 | \$215.92 |
| D2930 | PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH | 10/1/2014 | \$215.92 |
| D2932 | PREFABRICATED RESIN CROWN | 10/1/2014 | \$215.92 |
| D3220 | THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO | 10/1/2014 | \$215.92 |
| D5992 | ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE | 10/1/2014 | \$215.92 |
| D7251 | CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL | 10/1/2014 | \$215.92 |
| E0616 | IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER | 10/1/2012 | \$0.00 |
| E0749 | OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED | 10/1/2012 | \$0.00 |
| E0782 | INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., | 10/1/2012 | \$0.00 |
| E0783 | INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., | 10/1/2012 | \$0.00 |
| E0785 | IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE | 10/1/2012 | \$0.00 |
| G0104 | COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY | 10/1/2019 | \$104.44 |
| G0105 | COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK | 10/1/2019 | \$293.15 |
| G0121 | COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR | 10/1/2019 | \$293.15 |
| G0127 | TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER | 10/1/2015 | \$0.00 |
| G0130 | SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE | 10/1/2019 | \$17.58 |
| G0186 | DESTRUCTION OF LOCALIZED LESION OF CHOROIOD (FOR EXAMPLE, CHOROIODAL | 10/1/2019 | \$195.48 |
| G0247 | ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY | 10/1/2015 | \$0.00 |
| G0259 | INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY | 10/1/2012 | \$0.00 |
| G0260 | INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID | 10/1/2019 | \$262.52 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| G0268 | REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF | 10/1/2012 | \$0.00 |
| G0269 | PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE, | 10/1/2012 | \$0.00 |
| G0289 | ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, | 10/1/2012 | \$0.00 |
| G0339 | IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, | 10/1/2014 | \$1,305.80 |
| G0340 | IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEROTACTIC RADIOSURGERY, | 10/1/2014 | \$931.58 |
| G0365 | VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE | 10/1/2019 | \$42.94 |
| G0516 | INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR S | 12/1/1990 | \$0.00 |
| G0517 | REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR SUB | 12/1/1990 | \$0.00 |
| G0518 | REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (S | 12/1/1990 | \$0.00 |
| J0120 | INJECTION, TETRACYCLINE, UP TO 250 MG | 10/1/2017 | \$6.93 |
| J0129 | INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERE | 10/1/2019 | \$50.28 |
| J0130 | INJECTION ABCIXIMAB, 10 MG | 10/1/2017 | \$1,094.58 |
| J0131 | INJECTION, ACETAMINOPHEN, 10 MG | 10/1/2014 | \$0.00 |
| J0132 | INJECTION, ACETYLCYSTEINE, 100 MG | 10/1/2017 | \$0.00 |
| J0133 | INJECTION, ACYCLOVIR, 5 MG | 10/1/2012 | \$0.00 |
| J0135 | INJECTION, ADALIMUMAB, 20 MG | 10/1/2019 | \$1,226.54 |
| J0153 | INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COM | 1/1/2015 | \$0.00 |
| J0171 | INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG | 10/1/2012 | \$0.00 |
| J0178 | INJECTION, AFLIBERCEPT, 1 MG | 10/1/2019 | \$918.96 |
| J0180 | INJECTION, AGALSIDASE BETA, 1 MG | 10/1/2019 | \$166.84 |
| J0185 | INJECTION, APREPITANT, 1 MG | 10/1/2019 | \$2.00 |
| J0190 | INJECTION, BIPERIDEN LACTATE, PER 5 MG | 10/1/2014 | \$2.85 |
| J0200 | INJECTION, ALATROFLOXACIN MESYLATE, 100 MG | 10/1/2016 | \$0.00 |
| J0202 | INJECTION, ALEMTUZUMAB, 1 MG | 10/1/2019 | \$1,750.02 |
| J0205 | INJECTION, ALGLUCERASE, PER 10 UNITS | 10/1/2014 | \$37.93 |
| J0207 | INJECTION, AMIFOSTINE, 500 MG | 10/1/2019 | \$924.74 |
| J0210 | INJECTION, METHYLDOPATE HCL, UP TO 250 MG | 10/1/2014 | \$0.00 |
| J0215 | INJECTION, ALEFACEPT, 0.5 MG | 10/1/2013 | \$39.56 |
| J0220 | INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED | 10/1/2019 | \$134.08 |
| J0221 | INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG | 10/1/2019 | \$155.64 |
| J0256 | INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG | 10/1/2019 | \$4.24 |
| J0257 | INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG | 10/1/2019 | \$4.42 |
| J0278 | INJECTION, AMIKACIN SULFATE, 100 MG | 10/1/2012 | \$0.00 |
| J0280 | INJECTION, AMINOPHYLLIN, UP TO 250 MG | 10/1/2012 | \$0.00 |
| J0282 | INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG | 10/1/2012 | \$0.00 |
| J0285 | INJECTION, AMPHOTERICIN B, 50 MG | 10/1/2012 | \$0.00 |
| J0287 | INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG | 10/1/2019 | \$16.83 |
| J0288 | INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG | 10/1/2014 | \$0.00 |
| J0289 | INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG | 10/1/2019 | \$45.67 |
| J0290 | INJECTION, AMPICILLIN SODIUM, 500 MG | 10/1/2012 | \$0.00 |
| J0295 | INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM | 10/1/2012 | \$0.00 |
| J0300 | INJECTION, AMOBARBITAL, UP TO 125 MG | 10/1/2019 | \$53.79 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| J0330 | INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG | 10/1/2012 | \$0.00 |
| J0348 | INJECTION, ANIDULAFUNGIN, 1 MG | 10/1/2014 | \$0.00 |
| J0350 | INJECTION, ANISTREPLASE, PER 30 UNITS | 10/1/2013 | \$0.00 |
| J0360 | INJECTION, HYDRALAZINE HCL, UP TO 20 MG | 10/1/2012 | \$0.00 |
| J0364 | INJECTION, APMORPHINE HYDROCHLORIDE, 1 MG | 10/1/2013 | \$0.00 |
| J0380 | INJECTION, METARAMINOL BITARTRATE, PER 10 MG | 10/1/2012 | \$0.00 |
| J0390 | INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG | 10/1/2012 | \$0.00 |
| J0395 | INJECTION, ARBUTAMINE HCL, 1 MG | 10/1/2014 | \$77.95 |
| J0400 | INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG | 10/1/2018 | \$0.72 |
| J0401 | INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1 MG | 10/1/2019 | \$4.98 |
| J0456 | INJECTION, AZITHROMYCIN, 500 MG | 10/1/2012 | \$0.00 |
| J0461 | INJECTION, ATROPINE SULFATE, 0.01 MG | 10/1/2012 | \$0.00 |
| J0470 | INJECTION, DIMERCAPROL, PER 100 MG | 10/1/2018 | \$50.06 |
| J0475 | INJECTION, BACLOFEN, 10 MG | 10/1/2019 | \$167.22 |
| J0476 | INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL | 10/1/2018 | \$66.82 |
| J0485 | INJECTION, BELATACEPT, 1 MG | 10/1/2019 | \$3.62 |
| J0490 | INJECTION, BELIMUMAB, 10 MG | 10/1/2019 | \$41.95 |
| J0500 | INJECTION, DICYCLOMINE HCL, UP TO 20 MG | 10/1/2012 | \$0.00 |
| J0515 | INJECTION, BENZTROPINE MESYLATE, PER 1 MG | 10/1/2012 | \$0.00 |
| J0517 | INJECTION, BENRALIZUMAB, 1 MG | 12/1/1990 | \$159.10 |
| J0520 | INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG | 10/1/2012 | \$0.00 |
| J0558 | INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS | 10/1/2019 | \$10.55 |
| J0561 | INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS | 10/1/2019 | \$13.21 |
| J0565 | INJECTION, BEZLOTOXUMAB, 10 MG | 10/1/2019 | \$38.15 |
| J0567 | INJECTION, CERLIPONASE ALFA, 1 MG | 12/1/1990 | \$90.63 |
| J0570 | BUPRENORPHINE IMPLANT, 74.5 MG | 10/1/2019 | \$1,197.22 |
| J0583 | INJECTION, BIVALIRUDIN, 1 MG | 10/1/2017 | \$1.41 |
| J0584 | INJECTION, BUROSUMAB-TWZA 1 MG | 12/1/1990 | \$342.38 |
| J0585 | INJECTION, ONABOTULINUMTOXINA, 1 UNIT | 10/1/2019 | \$5.83 |
| J0586 | INJECTION, ABOBOTULINUMTOXINA, 5 UNITS | 10/1/2019 | \$8.00 |
| J0587 | INJECTION, RIMABOTULINUMTOXINB, 100 UNITS | 10/1/2019 | \$11.43 |
| J0588 | INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT | 10/1/2018 | \$4.83 |
| J0592 | INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG | 10/1/2012 | \$0.00 |
| J0594 | INJECTION, BUSULFAN, 1 MG | 10/1/2019 | \$9.85 |
| J0595 | INJECTION, BUTORPHANOL TARTRATE, 1 MG | 10/1/2012 | \$0.00 |
| J0596 | INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS | 10/1/2019 | \$26.27 |
| J0597 | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS | 10/1/2019 | \$46.49 |
| J0598 | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS | 10/1/2019 | \$51.55 |
| J0599 | INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), (HAEGARDA), 10 UNITS | 12/1/1990 | \$9.19 |
| J0600 | INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG | 10/1/2015 | \$5,314.70 |
| J0606 | INJECTION, ETECALCETIDE, 0.1 MG | 10/1/2019 | \$2.83 |
| J0610 | INJECTION, CALCIUM GLUCONATE, PER 10 ML | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| J0620 | INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML | 10/1/2012 | \$0.00 |
| J0630 | INJECTION, CALCITONIN SALMON, UP TO 400 UNITS | 10/1/2019 | \$2,498.05 |
| J0636 | INJECTION, CALCITRIOL, 0.1 MCG | 10/1/2012 | \$0.00 |
| J0637 | INJECTION, CASPOFUNGIN ACETATE, 5 MG | 10/1/2019 | \$12.01 |
| J0638 | INJECTION, CANAKINUMAB, 1 MG | 10/1/2019 | \$105.45 |
| J0640 | INJECTION, LEUCOVORIN CALCIUM, PER 50 MG | 10/1/2012 | \$0.00 |
| J0641 | INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG | 10/1/2019 | \$0.23 |
| J0670 | INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML | 10/1/2012 | \$0.00 |
| J0690 | INJECTION, CEFAZOLIN SODIUM, 500 MG | 10/1/2012 | \$0.00 |
| J0692 | INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG | 10/1/2012 | \$0.00 |
| J0694 | INJECTION, CEFOXITIN SODIUM, 1 GM | 10/1/2012 | \$0.00 |
| J0695 | INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG | 10/1/2019 | \$5.19 |
| J0696 | INJECTION, CEFTRIAZONE SODIUM, PER 250 MG | 10/1/2012 | \$0.00 |
| J0697 | INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG | 10/1/2012 | \$0.00 |
| J0698 | INJECTION, CEFOTAXIME SODIUM, PER GM | 10/1/2012 | \$0.00 |
| J0702 | INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG | 10/1/2012 | \$0.00 |
| J0710 | INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM | 10/1/2012 | \$0.00 |
| J0712 | INJECTION, CEFTAROLINE FOSAMIL, 10 MG | 10/1/2019 | \$2.75 |
| J0713 | INJECTION, CEFTAZIDIME, PER 500 MG | 10/1/2012 | \$0.00 |
| J0714 | INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G | 10/1/2019 | \$80.04 |
| J0715 | INJECTION, CEFTIZOXIME SODIUM, PER 500 MG | 10/1/2012 | \$0.00 |
| J0716 | INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MILLIGRAMS | 10/1/2019 | \$4,363.16 |
| J0717 | INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADM | 10/1/2019 | \$7.73 |
| J0720 | INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM | 10/1/2017 | \$0.00 |
| J0725 | INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS | 10/1/2019 | \$22.75 |
| J0735 | INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG | 10/1/2012 | \$0.00 |
| J0740 | INJECTION, CIDOFOVIR, 375 MG | 10/1/2019 | \$454.17 |
| J0743 | INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG | 10/1/2012 | \$0.00 |
| J0744 | INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG | 10/1/2012 | \$0.00 |
| J0745 | INJECTION, CODEINE PHOSPHATE, PER 30 MG | 10/1/2012 | \$0.00 |
| J0770 | INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG | 10/1/2012 | \$0.00 |
| J0775 | INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG | 10/1/2019 | \$42.80 |
| J0780 | INJECTION, PROCHLORPERAZINE, UP TO 10 MG | 10/1/2012 | \$0.00 |
| J0795 | INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM | 10/1/2019 | \$8.16 |
| J0800 | INJECTION, CORTICOTROPIN, UP TO 40 UNITS | 10/1/2018 | \$3,582.79 |
| J0834 | INJECTION, COSYNTROPIN, 0.25 MG | 10/1/2012 | \$0.00 |
| J0840 | INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM | 10/1/2019 | \$3,087.99 |
| J0841 | INJECTION, CROTALIDAE IMMUNE F(AB)2 (EQUINE), 120 MG | 10/1/2019 | \$1,193.77 |
| J0850 | INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL | 10/1/2019 | \$1,072.69 |
| J0875 | INJECTION, DALBAVANCIN, 5MG | 10/1/2019 | \$13.63 |
| J0878 | INJECTION, DAPTOMYCIN, 1 MG | 10/1/2019 | \$0.30 |
| J0881 | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) | 10/1/2019 | \$3.58 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| J0882 | INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS) | 10/1/2019 | \$3.58 |
| J0883 | INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE) | 10/1/2019 | \$1.17 |
| J0884 | INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS) | 10/1/2019 | \$1.17 |
| J0885 | INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS | 10/1/2019 | \$11.66 |
| J0894 | INJECTION, DECITABINE, 1 MG | 10/1/2019 | \$13.37 |
| J0895 | INJECTION, DEFEROXAMINE MESYLATE, 500 MG | 10/1/2012 | \$0.00 |
| J0897 | INJECTION, DENOSUMAB, 1 MG | 10/1/2019 | \$17.65 |
| J0945 | INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG | 10/1/2012 | \$0.00 |
| J1000 | INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG | 10/1/2012 | \$0.00 |
| J1020 | INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG | 10/1/2012 | \$0.00 |
| J1030 | INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG | 10/1/2012 | \$0.00 |
| J1040 | INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG | 10/1/2012 | \$0.00 |
| J1050 | INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG | 10/1/2013 | \$0.00 |
| J1071 | INJECTION, TESTOSTERONE CYPIONATE, 1MG | 1/1/2015 | \$0.00 |
| J1094 | INJECTION, DEXAMETHASONE ACETATE, 1 MG | 10/1/2012 | \$0.00 |
| J1100 | INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG | 10/1/2012 | \$0.00 |
| J1110 | INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG | 10/1/2018 | \$100.34 |
| J1120 | INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG | 10/1/2012 | \$0.00 |
| J1130 | INJECTION, DICLOFENAC SODIUM, 0.5 MG | 10/1/2018 | \$0.18 |
| J1160 | INJECTION, DIGOXIN, UP TO 0.5 MG | 10/1/2012 | \$0.00 |
| J1162 | INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL | 10/1/2019 | \$3,503.88 |
| J1165 | INJECTION, PHENYTOIN SODIUM, PER 50 MG | 10/1/2012 | \$0.00 |
| J1170 | INJECTION, HYDROMORPHONE, UP TO 4 MG | 10/1/2012 | \$0.00 |
| J1180 | INJECTION, DYPHYLLINE, UP TO 500 MG | 10/1/2012 | \$0.00 |
| J1190 | INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG | 10/1/2019 | \$218.43 |
| J1200 | INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG | 10/1/2012 | \$0.00 |
| J1205 | INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG | 10/1/2017 | \$74.01 |
| J1212 | INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML | 10/1/2019 | \$509.19 |
| J1230 | INJECTION, METHADONE HCL, UP TO 10 MG | 10/1/2012 | \$0.00 |
| J1240 | INJECTION, DIMENHYDRINATE, UP TO 50 MG | 10/1/2012 | \$0.00 |
| J1245 | INJECTION, DIPYRIDAMOLE, PER 10 MG | 10/1/2012 | \$0.00 |
| J1250 | INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG | 10/1/2012 | \$0.00 |
| J1260 | INJECTION, DOLASETRON MESYLATE, 10 MG | 10/1/2012 | \$0.00 |
| J1265 | INJECTION, DOPAMINE HCL, 40 MG | 10/1/2012 | \$0.00 |
| J1267 | INJECTION, DORIPENEM, 10 MG | 10/1/2012 | \$0.00 |
| J1270 | INJECTION, DOXERCALCIFEROL, 1 MCG | 10/1/2012 | \$0.00 |
| J1290 | INJECTION, ECALLANTIDE, 1 MG | 10/1/2019 | \$454.06 |
| J1300 | INJECTION, ECULIZUMAB, 10 MG | 10/1/2019 | \$218.96 |
| J1301 | INJECTION, EDARAVONE, 1 MG | 12/1/1990 | \$18.22 |
| J1320 | INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG | 10/1/2012 | \$0.00 |
| J1322 | INJECTION, ELOSULFASE ALFA, 1MG | 10/1/2019 | \$224.80 |
| J1324 | INJECTION, ENFUVIRTIDE, 1 MG | 10/1/2015 | \$17.70 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|----------|
| J1325 | INJECTION, EPOPROSTENOL, 0.5 MG | 10/1/2012 | \$0.00 |
| J1327 | INJECTION, EPTIFIBATIDE, 5 MG | 10/1/2019 | \$15.47 |
| J1330 | INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG | 10/1/2012 | \$0.00 |
| J1335 | INJECTION, ERTAPENEM SODIUM, 500 MG | 10/1/2012 | \$0.00 |
| J1364 | INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG | 10/1/2019 | \$74.93 |
| J1380 | INJECTION, ESTRADIOL VALERATE, UP TO 10 MG | 10/1/2012 | \$0.00 |
| J1410 | INJECTION, ESTROGEN CONJUGATED, PER 25 MG | 10/1/2019 | \$293.20 |
| J1428 | INJECTION, ETEPLIRSEN, 10 MG | 10/1/2019 | \$159.71 |
| J1435 | INJECTION, ESTRONE, PER 1 MG | 10/1/2014 | \$1.39 |
| J1436 | INJECTION, ETIDRONATE DISODIUM, PER 300 MG | 10/1/2012 | \$0.00 |
| J1438 | INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG | 10/1/2019 | \$613.26 |
| J1439 | INJECTION, FERRIC CARBOXYMALTOSE, 1MG | 10/1/2016 | \$1.01 |
| J1442 | INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM | 10/1/2019 | \$0.97 |
| J1443 | INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON | 10/1/2017 | \$0.00 |
| J1447 | INJECTION, TBO-FILGRASTIM, 1 MICROGRAM | 10/1/2019 | \$0.55 |
| J1450 | INJECTION FLUCONAZOLE, 200 MG | 10/1/2012 | \$0.00 |
| J1452 | INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG | 10/1/2014 | \$0.00 |
| J1453 | INJECTION, FOSAPREPITANT, 1 MG | 10/1/2019 | \$2.08 |
| J1454 | INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG | 12/1/1990 | \$513.57 |
| J1455 | INJECTION, FOSCARNET SODIUM, PER 1000 MG | 10/1/2019 | \$78.16 |
| J1457 | INJECTION, GALLIUM NITRATE, 1 MG | 10/1/2012 | \$0.00 |
| J1458 | INJECTION, GALSULFASE, 1 MG | 10/1/2019 | \$370.45 |
| J1459 | INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID | 10/1/2019 | \$37.65 |
| J1460 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC | 10/1/2019 | \$36.15 |
| J1555 | INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG | 10/1/2019 | \$12.73 |
| J1556 | INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG | 10/1/2019 | \$66.99 |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUI | 10/1/2019 | \$49.46 |
| J1559 | INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG | 10/1/2019 | \$9.37 |
| J1560 | INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC | 10/1/2019 | \$361.46 |
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), | 10/1/2019 | \$37.52 |
| J1562 | INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG | 10/1/2014 | \$11.48 |
| J1566 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE | 10/1/2019 | \$36.05 |
| J1568 | INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID | 10/1/2019 | \$34.88 |
| J1569 | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID), | 10/1/2019 | \$40.98 |
| J1570 | INJECTION, GANCICLOVIR SODIUM, 500 MG | 10/1/2015 | \$0.00 |
| J1571 | INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML | 10/1/2019 | \$61.01 |
| J1572 | INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHI | 10/1/2019 | \$33.32 |
| J1573 | INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML | 10/1/2019 | \$61.01 |
| J1575 | INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN | 10/1/2019 | \$13.42 |
| J1580 | INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG | 10/1/2012 | \$0.00 |
| J1599 | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHE | 10/1/2012 | \$0.00 |
| J1600 | INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG | 10/1/2016 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| J1602 | INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE | 10/1/2019 | \$22.81 |
| J1610 | INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG | 10/1/2019 | \$203.67 |
| J1620 | INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG | 10/1/2014 | \$5.47 |
| J1626 | INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG | 10/1/2012 | \$0.00 |
| J1627 | INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG | 10/1/2019 | \$3.40 |
| J1628 | INJECTION, GUSELKUMAB, 1 MG | 12/1/1990 | \$96.78 |
| J1630 | INJECTION, HALOPERIDOL, UP TO 5 MG | 10/1/2012 | \$0.00 |
| J1631 | INJECTION, HALOPERIDOL DECANOATE, PER 50 MG | 10/1/2012 | \$0.00 |
| J1640 | INJECTION, HEMIN, 1 MG | 10/1/2019 | \$21.88 |
| J1642 | INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS | 10/1/2012 | \$0.00 |
| J1644 | INJECTION, HEPARIN SODIUM, PER 1000 UNITS | 10/1/2012 | \$0.00 |
| J1645 | INJECTION, DALTEPARIN SODIUM, PER 2500 IU | 10/1/2012 | \$0.00 |
| J1650 | INJECTION, ENOXAPARIN SODIUM, 10 MG | 10/1/2012 | \$0.00 |
| J1652 | INJECTION, FONDAPARINUX SODIUM, 0.5 MG | 10/1/2012 | \$0.00 |
| J1655 | INJECTION, TINZAPARIN SODIUM, 1000 IU | 10/1/2012 | \$0.00 |
| J1670 | INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS | 10/1/2019 | \$242.92 |
| J1700 | INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG | 10/1/2012 | \$0.00 |
| J1710 | INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG | 10/1/2012 | \$0.00 |
| J1720 | INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG | 10/1/2012 | \$0.00 |
| J1726 | INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG | 10/1/2019 | \$26.53 |
| J1729 | INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG | 12/1/1990 | \$0.00 |
| J1730 | INJECTION, DIAZOXIDE, UP TO 300 MG | 10/1/2017 | \$655.53 |
| J1740 | INJECTION, IBANDRONATE SODIUM, 1 MG | 10/1/2019 | \$53.43 |
| J1741 | INJECTION, IBUPROFEN, 100 MG | 10/1/2013 | \$0.00 |
| J1742 | INJECTION, IBUTILIDE FUMARATE, 1 MG | 10/1/2019 | \$228.72 |
| J1743 | INJECTION, IDURSULFASE, 1 MG | 10/1/2019 | \$509.73 |
| J1744 | INJECTION, ICATIBANT, 1 MG | 10/1/2019 | \$341.05 |
| J1745 | INJECTION, INFliximab, EXCLUDES BIOSIMILAR, 10 MG | 10/1/2019 | \$74.89 |
| J1746 | INJECTION, IBALIZUMAB-UIYK, 10 MG | 12/1/1990 | \$57.15 |
| J1750 | INJECTION, IRON DEXTRAN, 50 MG | 10/1/2019 | \$13.36 |
| J1756 | INJECTION, IRON SUCROSE, 1 MG | 10/1/2013 | \$0.00 |
| J1786 | INJECTION, IMIGLUCERASE, 10 UNITS | 10/1/2019 | \$39.38 |
| J1790 | INJECTION, DROPERIDOL, UP TO 5 MG | 10/1/2012 | \$0.00 |
| J1800 | INJECTION, PROPRANOLOL HCL, UP TO 1 MG | 10/1/2012 | \$0.00 |
| J1815 | INJECTION, INSULIN, PER 5 UNITS | 10/1/2012 | \$0.00 |
| J1817 | INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS | 10/1/2012 | \$0.00 |
| J1826 | INJECTION, INTERFERON BETA-1A, 30 MCG | 10/1/2019 | \$2,646.67 |
| J1830 | INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG | 10/1/2019 | \$360.65 |
| J1833 | INJECTION, ISAVUCONAZONIUM, 1 MG | 10/1/2019 | \$0.81 |
| J1835 | INJECTION, ITRACONAZOLE, 50 MG | 10/1/2014 | \$0.26 |
| J1840 | INJECTION, KANAMYCIN SULFATE, UP TO 500 MG | 10/1/2012 | \$0.00 |
| J1850 | INJECTION, KANAMYCIN SULFATE, UP TO 75 MG | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| J1885 | INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG | 10/1/2012 | \$0.00 |
| J1890 | INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM | 10/1/2012 | \$0.00 |
| J1930 | INJECTION, LANREOTIDE, 1 MG | 10/1/2019 | \$55.90 |
| J1931 | INJECTION, LARONIDASE, 0.1 MG | 10/1/2019 | \$29.24 |
| J1940 | INJECTION, FUROSEMIDE, UP TO 20 MG | 10/1/2012 | \$0.00 |
| J1945 | INJECTION, LEPIRUDIN, 50 MG | 10/1/2017 | \$12.07 |
| J1950 | INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG | 10/1/2019 | \$1,133.99 |
| J1953 | INJECTION, LEVETIRACETAM, 10 MG | 10/1/2012 | \$0.00 |
| J1956 | INJECTION, LEVOFLOXACIN, 250 MG | 10/1/2012 | \$0.00 |
| J1960 | INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG | 10/1/2012 | \$0.00 |
| J1980 | INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG | 10/1/2012 | \$0.00 |
| J1990 | INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG | 10/1/2012 | \$0.00 |
| J2001 | INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG | 10/1/2012 | \$0.00 |
| J2010 | INJECTION, LINCOMYCIN HCL, UP TO 300 MG | 10/1/2012 | \$0.00 |
| J2020 | INJECTION, LINEZOLID, 200MG | 10/1/2017 | \$0.00 |
| J2060 | INJECTION, LORAZEPAM, 2 MG | 10/1/2012 | \$0.00 |
| J2062 | LOXAPINE FOR INHALATION, 1 MG | 12/1/1990 | \$143.26 |
| J2150 | INJECTION, MANNITOL, 25% IN 50 ML | 10/1/2012 | \$0.00 |
| J2170 | INJECTION, MECASERMIN, 1 MG | 10/1/2013 | \$0.00 |
| J2175 | INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG | 10/1/2012 | \$0.00 |
| J2180 | INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG | 10/1/2012 | \$0.00 |
| J2182 | INJECTION, MEPOLIZUMAB, 1 MG | 10/1/2019 | \$28.10 |
| J2185 | INJECTION, MEROPENEM, 100 MG | 10/1/2012 | \$0.00 |
| J2210 | INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG | 10/1/2012 | \$0.00 |
| J2212 | INJECTION, METHYLNALTREXONE, 0.1 MG | 10/1/2015 | \$0.00 |
| J2248 | INJECTION, MICAfungin Sodium, 1 MG | 10/1/2016 | \$0.00 |
| J2250 | INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG | 10/1/2012 | \$0.00 |
| J2260 | INJECTION, MILRINONE LACTATE, 5 MG | 10/1/2017 | \$2.36 |
| J2265 | INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG | 10/1/2019 | \$1.49 |
| J2270 | INJECTION, MORPHINE SULFATE, UP TO 10 MG | 10/1/2012 | \$0.00 |
| J2274 | INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, | 1/1/2015 | \$0.00 |
| J2278 | INJECTION, ZICONOTIDE, 1 MICROGRAM | 10/1/2019 | \$7.21 |
| J2280 | INJECTION, MOXIFLOXACIN, 100 MG | 10/1/2012 | \$0.00 |
| J2300 | INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG | 10/1/2012 | \$0.00 |
| J2310 | INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG | 10/1/2012 | \$0.00 |
| J2315 | INJECTION, NALTREXONE, DEPOT FORM, 1 MG | 10/1/2018 | \$3.10 |
| J2320 | INJECTION, NANDROLONE DECANOATE, UP TO 50 MG | 10/1/2019 | \$20.61 |
| J2323 | INJECTION, NATALIZUMAB, 1 MG | 10/1/2019 | \$18.84 |
| J2325 | INJECTION, NESIRITIDE, 0.1 MG | 10/1/2019 | \$69.67 |
| J2326 | INJECTION, NUSINERSEN, 0.1 MG | 10/1/2019 | \$1,046.78 |
| J2350 | INJECTION, OCRELIZUMAB, 1 MG | 10/1/2019 | \$54.47 |
| J2353 | INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG | 10/1/2019 | \$188.58 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|------------|
| J2354 | INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS | 10/1/2012 | \$0.00 |
| J2355 | INJECTION, OPRELVEKIN, 5 MG | 10/1/2019 | \$405.57 |
| J2357 | INJECTION, OMALIZUMAB, 5 MG | 10/1/2019 | \$35.22 |
| J2358 | INJECTION, OLANZAPINE, LONG-ACTING, 1 MG | 10/1/2015 | \$2.77 |
| J2360 | INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG | 10/1/2012 | \$0.00 |
| J2370 | INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML | 10/1/2012 | \$0.00 |
| J2400 | INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML | 10/1/2012 | \$0.00 |
| J2405 | INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG | 10/1/2012 | \$0.00 |
| J2407 | INJECTION, ORITAVANCIN, 10 MG | 10/1/2019 | \$21.93 |
| J2410 | INJECTION, OXYMORPHONE HCL, UP TO 1 MG | 10/1/2012 | \$0.00 |
| J2425 | INJECTION, PALIFERMIN, 50 MICROGRAMS | 10/1/2019 | \$19.28 |
| J2426 | INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG | 10/1/2019 | \$10.39 |
| J2430 | INJECTION, PAMIDRONATE DISODIUM, PER 30 MG | 10/1/2012 | \$0.00 |
| J2440 | INJECTION, PAPAVERINE HCL, UP TO 60 MG | 10/1/2012 | \$0.00 |
| J2460 | INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG | 10/1/2013 | \$0.00 |
| J2469 | INJECTION, PALONOSETRON HCL, 25 MCG | 10/1/2019 | \$16.28 |
| J2501 | INJECTION, PARICALCITOL, 1 MCG | 10/1/2012 | \$0.00 |
| J2502 | INJECTION, PASIREOTIDE LONG ACTING, 1 MG | 10/1/2019 | \$275.14 |
| J2503 | INJECTION, PEGAPTANIB SODIUM, 0.3 MG | 10/1/2018 | \$693.00 |
| J2504 | INJECTION, PEGADEMASE BOVINE, 25 IU | 10/1/2019 | \$349.56 |
| J2505 | INJECTION, PEGFILGRASTIM, 6 MG | 10/1/2019 | \$4,447.72 |
| J2507 | INJECTION, PEGLOTICASE, 1 MG | 10/1/2019 | \$2,217.86 |
| J2510 | INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS | 10/1/2017 | \$25.43 |
| J2515 | INJECTION, PENTOBARBITAL SODIUM, PER 50 MG | 10/1/2019 | \$44.73 |
| J2540 | INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS | 10/1/2012 | \$0.00 |
| J2543 | INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 | 10/1/2012 | \$0.00 |
| J2547 | INJECTION, PERAMIVIR, 1 MG | 10/1/2019 | \$1.54 |
| J2550 | INJECTION, PROMETHAZINE HCL, UP TO 50 MG | 10/1/2012 | \$0.00 |
| J2560 | INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG | 10/1/2012 | \$0.00 |
| J2562 | INJECTION, PLERIXAFOR, 1 MG | 10/1/2019 | \$313.89 |
| J2590 | INJECTION, OXYTOCIN, UP TO 10 UNITS | 10/1/2012 | \$0.00 |
| J2597 | INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG | 10/1/2019 | \$11.97 |
| J2650 | INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML | 10/1/2012 | \$0.00 |
| J2670 | INJECTION, TOLAZOLINE HCL, UP TO 25 MG | 10/1/2015 | \$1,520.38 |
| J2675 | INJECTION, PROGESTERONE, PER 50 MG | 10/1/2012 | \$0.00 |
| J2680 | INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG | 10/1/2012 | \$0.00 |
| J2690 | INJECTION, PROCAINAMIDE HCL, UP TO 1 GM | 10/1/2012 | \$0.00 |
| J2700 | INJECTION, OXACILLIN SODIUM, UP TO 250 MG | 10/1/2014 | \$0.00 |
| J2704 | INJECTION, PROPOFOL, 10 MG | 1/1/2015 | \$0.00 |
| J2710 | INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG | 10/1/2012 | \$0.00 |
| J2720 | INJECTION, PROTAMINE SULFATE, PER 10 MG | 10/1/2012 | \$0.00 |
| J2724 | INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU | 10/1/2019 | \$14.39 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| J2725 | INJECTION, PROTIRELIN, PER 250 MCG | 10/1/2014 | \$26.84 |
| J2730 | INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM | 10/1/2017 | \$82.69 |
| J2760 | INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG | 10/1/2019 | \$373.20 |
| J2765 | INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG | 10/1/2012 | \$0.00 |
| J2770 | INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350) | 10/1/2019 | \$397.45 |
| J2778 | INJECTION, RANIBIZUMAB, 0.1 MG | 10/1/2019 | \$354.69 |
| J2780 | INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG | 10/1/2012 | \$0.00 |
| J2783 | INJECTION, RASBURICASE, 0.5 MG | 10/1/2019 | \$264.24 |
| J2785 | INJECTION, REGADENOSON, 0.1 MG | 10/1/2014 | \$0.00 |
| J2786 | INJECTION, RESLIZUMAB, 1 MG | 10/1/2019 | \$8.84 |
| J2788 | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.) | 10/1/2014 | \$0.00 |
| J2790 | INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.) | 10/1/2014 | \$0.00 |
| J2791 | INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVE | 10/1/2016 | \$0.00 |
| J2792 | INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU | 10/1/2019 | \$25.67 |
| J2793 | INJECTION, RILONACEPT, 1 MG | 10/1/2013 | \$22.89 |
| J2794 | INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG | 10/1/2019 | \$8.94 |
| J2795 | INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG | 10/1/2012 | \$0.00 |
| J2796 | INJECTION, ROMIPLOSTIM, 10 MICROGRAMS | 10/1/2019 | \$67.83 |
| J2797 | INJECTION, ROLAPITANT, 0.5 MG | 12/1/1990 | \$0.89 |
| J2800 | INJECTION, METHOCARBAMOL, UP TO 10 ML | 10/1/2012 | \$0.00 |
| J2805 | INJECTION, SINCALIDE, 5 MICROGRAMS | 10/1/2012 | \$0.00 |
| J2810 | INJECTION, THEOPHYLLINE, PER 40 MG | 10/1/2012 | \$0.00 |
| J2820 | INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG | 10/1/2019 | \$35.73 |
| J2840 | INJECTION, SEBELIPASE ALFA, 1 MG | 10/1/2019 | \$514.07 |
| J2850 | INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM | 10/1/2015 | \$33.04 |
| J2860 | INJECTION, SILTUXIMAB, 10 MG | 10/1/2019 | \$90.58 |
| J2910 | INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG | 10/1/2012 | \$0.00 |
| J2916 | INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG | 10/1/2012 | \$0.00 |
| J2920 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG | 10/1/2012 | \$0.00 |
| J2930 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG | 10/1/2012 | \$0.00 |
| J2940 | INJECTION, SOMATREM, 1 MG | 10/1/2014 | \$38.18 |
| J2941 | INJECTION, SOMATROPIN, 1 MG | 10/1/2015 | \$77.51 |
| J2950 | INJECTION, PROMAZINE HCL, UP TO 25 MG | 10/1/2012 | \$0.00 |
| J2993 | INJECTION, RETEPLASE, 18.1 MG | 10/1/2019 | \$479.73 |
| J2995 | INJECTION, STREPTOKINASE, PER 250,000 IU | 10/1/2013 | \$0.00 |
| J2997 | INJECTION, ALTEPLASE RECOMBINANT, 1 MG | 10/1/2019 | \$83.39 |
| J3000 | INJECTION, STREPTOMYCIN, UP TO 1 GM | 10/1/2012 | \$0.00 |
| J3010 | INJECTION, FENTANYL CITRATE, 0.1 MG | 10/1/2012 | \$0.00 |
| J3030 | INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG | 10/1/2013 | \$0.00 |
| J3060 | INJECTION, TALIGLUCERASE ALFA, 10 UNITS | 10/1/2019 | \$38.37 |
| J3070 | INJECTION, PENTAZOCINE, 30 MG | 10/1/2018 | \$67.90 |
| J3090 | INJECTION, TEDIZOLID PHOSPHATE, 1 MG | 10/1/2019 | \$1.36 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| J3095 | INJECTION, TELEVANCIN, 10 MG | 10/1/2019 | \$5.20 |
| J3101 | INJECTION, TENECTEPLASE, 1 MG | 10/1/2019 | \$115.67 |
| J3105 | INJECTION, TERBUTALINE SULFATE, UP TO 1 MG | 10/1/2012 | \$0.00 |
| J3121 | INJECTION, TESTOSTERONE ENANTHATE, 1MG | 1/1/2015 | \$0.00 |
| J3145 | INJECTION, TESTOSTERONE UNDECANOATE, 1 MG | 10/1/2019 | \$1.29 |
| J3230 | INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG | 10/1/2012 | \$0.00 |
| J3240 | INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL | 10/1/2019 | \$1,543.23 |
| J3243 | INJECTION, TIGECYCLINE, 1 MG | 10/1/2019 | \$1.96 |
| J3246 | INJECTION, TIROFIBAN HCL, 0.25MG | 10/1/2019 | \$7.85 |
| J3250 | INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG | 10/1/2012 | \$0.00 |
| J3260 | INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG | 10/1/2012 | \$0.00 |
| J3262 | INJECTION, TOCILIZUMAB, 1 MG | 10/1/2019 | \$4.49 |
| J3265 | INJECTION, TORSEMIDE, 10 MG/ML | 10/1/2012 | \$0.00 |
| J3280 | INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG | 10/1/2012 | \$0.00 |
| J3285 | INJECTION, TREPROSTINIL, 1 MG | 10/1/2019 | \$62.83 |
| J3300 | INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG | 10/1/2019 | \$3.67 |
| J3301 | INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG | 10/1/2012 | \$0.00 |
| J3302 | INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG | 10/1/2012 | \$0.00 |
| J3303 | INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG | 10/1/2012 | \$0.00 |
| J3304 | INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSP | 12/1/1990 | \$17.94 |
| J3305 | INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG | 10/1/2017 | \$0.00 |
| J3310 | INJECTION, PERPHENAZINE, UP TO 5 MG | 10/1/2013 | \$0.00 |
| J3315 | INJECTION, TRIPTORELIN PAMOATE, 3.75 MG | 10/1/2019 | \$254.01 |
| J3316 | INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG | 12/1/1990 | \$2,685.34 |
| J3320 | INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM | 10/1/2014 | \$27.15 |
| J3350 | INJECTION, UREA, UP TO 40 GM | 10/1/2016 | \$0.00 |
| J3357 | USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG | 10/1/2019 | \$181.48 |
| J3358 | USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG | 10/1/2019 | \$11.67 |
| J3360 | INJECTION, DIAZEPAM, UP TO 5 MG | 10/1/2012 | \$0.00 |
| J3364 | INJECTION, UROKINASE, 5000 IU VIAL | 10/1/2012 | \$0.00 |
| J3365 | INJECTION, IV, UROKINASE, 250,000 I.U. VIAL | 10/1/2017 | \$249.65 |
| J3370 | INJECTION, VANCOMYCIN HCL, 500 MG | 10/1/2012 | \$0.00 |
| J3380 | INJECTION, VEDOLIZUMAB, 1 MG | 10/1/2019 | \$18.60 |
| J3385 | INJECTION, VELAGLUCERASE ALFA, 100 UNITS | 10/1/2019 | \$328.12 |
| J3396 | INJECTION, VERTEPORFIN, 0.1 MG | 10/1/2019 | \$10.40 |
| J3397 | INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG | 12/1/1990 | \$208.70 |
| J3398 | INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES | 12/1/1990 | \$2,815.13 |
| J3400 | INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG | 10/1/2013 | \$0.00 |
| J3410 | INJECTION, HYDROXYZINE HCL, UP TO 25 MG | 10/1/2012 | \$0.00 |
| J3411 | INJECTION, THIAMINE HCL, 100 MG | 10/1/2012 | \$0.00 |
| J3415 | INJECTION, PYRIDOXINE HCL, 100 MG | 10/1/2012 | \$0.00 |
| J3420 | INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| J3430 | INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG | 10/1/2012 | \$0.00 |
| J3465 | INJECTION, VORICONAZOLE, 10 MG | 10/1/2018 | \$2.57 |
| J3470 | INJECTION, HYALURONIDASE, UP TO 150 UNITS | 10/1/2012 | \$0.00 |
| J3471 | INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 US | 10/1/2012 | \$0.00 |
| J3472 | INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS | 10/1/2012 | \$0.00 |
| J3473 | INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT | 10/1/2012 | \$0.00 |
| J3475 | INJECTION, MAGNESIUM SULFATE, PER 500 MG | 10/1/2012 | \$0.00 |
| J3480 | INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ | 10/1/2012 | \$0.00 |
| J3485 | INJECTION, ZIDOVUDINE, 10 MG | 10/1/2016 | \$0.00 |
| J3486 | INJECTION, ZIPRASIDONE MESYLATE, 10 MG | 10/1/2012 | \$0.00 |
| J3489 | INJECTION, ZOLEDRONIC ACID, 1 MG | 10/1/2017 | \$0.00 |
| J3490 | UNCLASSIFIED DRUGS | 10/1/2012 | \$0.00 |
| J3530 | NASAL VACCINE INHALATION | 10/1/2012 | \$0.00 |
| J3590 | UNCLASSIFIED BIOLOGICS | 10/1/2012 | \$0.00 |
| J7030 | INFUSION, NORMAL SALINE SOLUTION , 1000 CC | 10/1/2012 | \$0.00 |
| J7040 | INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT) | 10/1/2012 | \$0.00 |
| J7042 | 5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT) | 10/1/2012 | \$0.00 |
| J7050 | INFUSION, NORMAL SALINE SOLUTION , 250 CC | 10/1/2012 | \$0.00 |
| J7060 | 5% DEXTROSE/WATER (500 ML = 1 UNIT) | 10/1/2012 | \$0.00 |
| J7070 | INFUSION, D5W, 1000 CC | 10/1/2012 | \$0.00 |
| J7100 | INFUSION, DEXTRAN 40, 500 ML | 10/1/2012 | \$0.00 |
| J7110 | INFUSION, DEXTRAN 75, 500 ML | 10/1/2012 | \$0.00 |
| J7120 | RINGERS LACTATE INFUSION, UP TO 1000 CC | 10/1/2012 | \$0.00 |
| J7121 | 5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC | 10/1/2018 | \$0.00 |
| J7131 | HYPERTONIC SALINE SOLUTION, 1 ML | 10/1/2012 | \$0.00 |
| J7170 | INJECTION, EMICIZUMAB-KXWH, 0.5 MG | 12/1/1990 | \$46.42 |
| J7175 | INJECTION, FACTOR X (HUMAN), 1 I.U. | 10/1/2019 | \$6.81 |
| J7177 | INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG | 12/1/1990 | \$1.01 |
| J7178 | INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG | 10/1/2018 | \$1.10 |
| J7179 | INJECTION, VON WILLEBRAND FACTOR, (RECOMBINANT), (VONDENDI), 1 I.U. VWF:RCO | 10/1/2019 | \$1.92 |
| J7180 | INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U. | 10/1/2019 | \$7.82 |
| J7181 | INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU | 10/1/2019 | \$14.16 |
| J7182 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER I | 10/1/2019 | \$1.27 |
| J7183 | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO | 10/1/2019 | \$0.96 |
| J7185 | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U. | 10/1/2019 | \$1.16 |
| J7186 | INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER | 10/1/2019 | \$0.94 |
| J7187 | INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO | 10/1/2019 | \$1.06 |
| J7188 | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U. | 10/1/2019 | \$2.71 |
| J7189 | FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM | 10/1/2019 | \$1.96 |
| J7190 | FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U. | 10/1/2019 | \$1.02 |
| J7191 | FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U. | 1/1/2014 | \$0.19 |
| J7192 | FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFI | 10/1/2019 | \$1.26 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| J7193 | FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U. | 10/1/2019 | \$1.06 |
| J7194 | FACTOR IX, COMPLEX, PER I.U. | 10/1/2019 | \$1.35 |
| J7195 | INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE | 10/1/2017 | \$1.43 |
| J7196 | INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U. | 10/1/2013 | \$98.18 |
| J7197 | ANTITHROMBIN III (HUMAN), PER I.U. | 10/1/2019 | \$3.32 |
| J7198 | ANTI-INHIBITOR, PER I.U. | 10/1/2019 | \$1.98 |
| J7200 | INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU | 10/1/2019 | \$1.24 |
| J7201 | INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U. | 10/1/2018 | \$2.84 |
| J7202 | INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U. | 10/1/2019 | \$4.07 |
| J7203 | INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBI | 12/1/1990 | \$3.69 |
| J7205 | INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU | 10/1/2019 | \$1.91 |
| J7207 | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U. | 10/1/2019 | \$1.63 |
| J7209 | INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (NUWIQ), 1 I.U. | 10/1/2019 | \$1.35 |
| J7210 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U. | 10/1/2019 | \$1.29 |
| J7211 | INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U. | 10/1/2019 | \$1.20 |
| J7308 | AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE | 10/1/2019 | \$384.36 |
| J7309 | METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM | 10/1/2013 | \$79.51 |
| J7310 | GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT | 10/1/2017 | \$11.12 |
| J7311 | FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT | 10/1/2019 | \$19,123.98 |
| J7312 | INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG | 10/1/2019 | \$190.16 |
| J7313 | INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG | 10/1/2019 | \$465.81 |
| J7315 | MITOMYCIN, OPHTHALMIC, 0.2 MG | 10/1/2016 | \$0.00 |
| J7316 | INJECTION, OCRIPLASMIN, 0.125 MG | 10/1/2019 | \$794.52 |
| J7318 | HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG | 10/1/2019 | \$981.83 |
| J7320 | HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG | 10/1/2019 | \$10.07 |
| J7321 | HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJEC | 10/1/2019 | \$81.04 |
| J7322 | HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG | 10/1/2018 | \$18.30 |
| J7323 | HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE | 10/1/2019 | \$134.40 |
| J7324 | HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE | 10/1/2019 | \$140.40 |
| J7325 | HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION, | 10/1/2019 | \$11.24 |
| J7326 | HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE | 10/1/2019 | \$510.49 |
| J7327 | HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE | 10/1/2019 | \$740.38 |
| J7328 | HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG | 10/1/2017 | \$2.07 |
| J7336 | CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER | 10/1/2019 | \$3.00 |
| J7340 | CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML | 10/1/2018 | \$2.03 |
| J7342 | INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG | 10/1/2019 | \$28.48 |
| J7345 | AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG | 10/1/2019 | \$1.31 |
| J7500 | AZATHIOPRINE, ORAL, 50 MG | 10/1/2012 | \$0.00 |
| J7501 | AZATHIOPRINE, PARENTERAL, 100 MG | 10/1/2019 | \$217.89 |
| J7502 | CYCLOSPORINE, ORAL, 100 MG | 10/1/2012 | \$0.00 |
| J7503 | TACROLIMUS, EXTENDED RELEASE, (ENVARUSUS XR), ORAL, 0.25 MG | 10/1/2018 | \$1.18 |
| J7504 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG | 10/1/2019 | \$1,977.16 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| J7505 | MUROMONAB-CD3, PARENTERAL, 5 MG | 10/1/2017 | \$219.66 |
| J7507 | TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG | 10/1/2012 | \$0.00 |
| J7508 | TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG | 10/1/2017 | \$0.00 |
| J7509 | METHYLPREDNISOLONE ORAL, PER 4 MG | 10/1/2012 | \$0.00 |
| J7510 | PREDNISOLONE ORAL, PER 5 MG | 10/1/2012 | \$0.00 |
| J7511 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG | 10/1/2019 | \$713.69 |
| J7512 | PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG | 10/1/2017 | \$0.00 |
| J7513 | DACLIZUMAB, PARENTERAL, 25 MG | 10/1/2017 | \$9.50 |
| J7515 | CYCLOSPORINE, ORAL, 25 MG | 10/1/2012 | \$0.00 |
| J7516 | CYCLOSPORIN, PARENTERAL, 250 MG | 10/1/2012 | \$0.00 |
| J7517 | MYCOPHENOLATE MOFETIL, ORAL, 250 MG | 10/1/2012 | \$0.00 |
| J7518 | MYCOPHENOLIC ACID, ORAL, 180 MG | 10/1/2012 | \$0.00 |
| J7520 | SIROLIMUS, ORAL, 1 MG | 10/1/2012 | \$0.00 |
| J7525 | TACROLIMUS, PARENTERAL, 5 MG | 10/1/2019 | \$195.34 |
| J7527 | EVEROLIMUS, ORAL, 0.25 MG | 10/1/2014 | \$0.00 |
| J7599 | IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED | 10/1/2012 | \$0.00 |
| J7665 | MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG | 10/1/2013 | \$0.00 |
| J7674 | METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, | 10/1/2012 | \$0.00 |
| J7799 | NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME | 10/1/2012 | \$0.00 |
| J7999 | COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED | 10/1/2017 | \$0.00 |
| J8501 | APREPITANT, ORAL, 5 MG | 10/1/2018 | \$7.28 |
| J8510 | BUSULFAN; ORAL, 2 MG | 10/1/2017 | \$22.49 |
| J8520 | CAPECITABINE, ORAL, 150 MG | 10/1/2017 | \$0.00 |
| J8521 | CAPECITABINE, ORAL, 500 MG | 10/1/2017 | \$0.00 |
| J8530 | CYCLOPHOSPHAMIDE; ORAL, 25 MG | 10/1/2012 | \$0.00 |
| J8540 | DEXAMETHASONE, ORAL, 0.25 MG | 10/1/2012 | \$0.00 |
| J8560 | ETOPOSIDE; ORAL, 50 MG | 10/1/2019 | \$71.78 |
| J8562 | FLUDARABINE PHOSPHATE, ORAL, 10 MG | 10/1/2014 | \$0.00 |
| J8600 | MELPHALAN; ORAL, 2 MG | 10/1/2019 | \$11.40 |
| J8610 | METHOTREXATE; ORAL, 2.5 MG | 10/1/2012 | \$0.00 |
| J8650 | NABILONE, ORAL, 1 MG | 10/1/2017 | \$36.29 |
| J8655 | NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL | 10/1/2019 | \$286.84 |
| J8670 | ROLAPITANT, ORAL, 1 MG | 10/1/2019 | \$2.10 |
| J8700 | TEMOZOLOMIDE, ORAL, 5 MG | 10/1/2017 | \$1.77 |
| J8705 | TOPOTECAN, ORAL, 0.25 MG | 10/1/2018 | \$98.45 |
| J9000 | INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG | 10/1/2012 | \$0.00 |
| J9015 | INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL | 10/1/2019 | \$3,931.24 |
| J9017 | INJECTION, ARSENIC TRIOXIDE, 1 MG | 10/1/2019 | \$73.18 |
| J9019 | INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU | 10/1/2019 | \$394.09 |
| J9020 | INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS | 10/1/2016 | \$0.00 |
| J9022 | INJECTION, ATEZOLIZUMAB, 10 MG | 10/1/2019 | \$73.06 |
| J9023 | INJECTION, AVELUMAB, 10 MG | 10/1/2019 | \$77.73 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| J9025 | INJECTION, AZACITIDINE, 1 MG | 10/1/2019 | \$1.40 |
| J9027 | INJECTION, CLOFARABINE, 1 MG | 10/1/2019 | \$105.73 |
| J9031 | BCG (INTRAVESICAL) PER INSTILLATION | 10/1/2019 | \$133.59 |
| J9032 | INJECTION, BELINOSTAT, 10 MG | 10/1/2019 | \$35.85 |
| J9033 | INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG | 10/1/2019 | \$29.05 |
| J9034 | INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG | 10/1/2019 | \$22.65 |
| J9035 | INJECTION, BEVACIZUMAB, 10 MG | 10/1/2019 | \$75.29 |
| J9039 | INJECTION, BLINATUMOMAB, 1 MICROGRAM | 10/1/2019 | \$104.85 |
| J9040 | INJECTION, BLEOMYCIN SULFATE, 15 UNITS | 10/1/2012 | \$0.00 |
| J9041 | INJECTION, BORTEZOMIB (VELCADE), 0.1 MG | 10/1/2019 | \$43.27 |
| J9042 | INJECTION, BRENTUXIMAB VEDOTIN, 1 MG | 10/1/2019 | \$142.96 |
| J9043 | INJECTION, CABAZITAXEL, 1 MG | 10/1/2019 | \$159.59 |
| J9044 | INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG | 12/1/1990 | \$36.16 |
| J9045 | INJECTION, CARBOPLATIN, 50 MG | 10/1/2012 | \$0.00 |
| J9047 | INJECTION, CARFILZOMIB, 1 MG | 10/1/2019 | \$34.50 |
| J9050 | INJECTION, CARMUSTINE, 100 MG | 10/1/2019 | \$3,848.93 |
| J9055 | INJECTION, CETUXIMAB, 10 MG | 10/1/2019 | \$57.60 |
| J9057 | INJECTION, COPANLISIB, 1 MG | 10/1/2019 | \$74.01 |
| J9060 | INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG | 10/1/2012 | \$0.00 |
| J9065 | INJECTION, CLADRIBINE, PER 1 MG | 10/1/2019 | \$21.51 |
| J9070 | CYCLOPHOSPHAMIDE, 100 MG | 10/1/2019 | \$39.53 |
| J9098 | INJECTION, CYTARABINE LIPOSOME, 10 MG | 10/1/2019 | \$596.95 |
| J9100 | INJECTION, CYTARABINE, 100 MG | 10/1/2012 | \$0.00 |
| J9120 | INJECTION, DACTINOMYCIN, 0.5 MG | 10/1/2019 | \$1,356.29 |
| J9130 | DACARBAZINE, 100 MG | 10/1/2012 | \$0.00 |
| J9145 | INJECTION, DARATUMUMAB, 10 MG | 10/1/2019 | \$49.79 |
| J9150 | INJECTION, DAUNORUBICIN, 10 MG | 10/1/2019 | \$48.13 |
| J9151 | INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG | 10/1/2017 | \$231.61 |
| J9153 | INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE | 10/1/2019 | \$177.37 |
| J9155 | INJECTION, DEGARELIX, 1 MG | 10/1/2019 | \$3.53 |
| J9160 | INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS | 10/1/2013 | \$1,563.87 |
| J9165 | INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG | 10/1/2014 | \$11.64 |
| J9171 | INJECTION, DOCETAXEL, 1 MG | 10/1/2019 | \$1.43 |
| J9173 | INJECTION, DURVALUMAB, 10 MG | 12/1/1990 | \$70.27 |
| J9175 | INJECTION, ELLIOTTS' B SOLUTION, 1 ML | 10/1/2012 | \$0.00 |
| J9176 | INJECTION, ELOTUZUMAB, 1 MG | 10/1/2019 | \$6.10 |
| J9178 | INJECTION, EPIRUBICIN HCL, 2 MG | 10/1/2014 | \$0.00 |
| J9179 | INJECTION, ERIBULIN MESYLATE, 0.1 MG | 10/1/2019 | \$108.62 |
| J9181 | INJECTION, ETOPOSIDE, 10 MG | 10/1/2012 | \$0.00 |
| J9185 | INJECTION, FLUDARABINE PHOSPHATE, 50 MG | 10/1/2018 | \$99.65 |
| J9190 | INJECTION, FLUOROURACIL, 500 MG | 10/1/2012 | \$0.00 |
| J9200 | INJECTION, FLOXURIDINE, 500 MG | 10/1/2017 | \$57.56 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|-------------|
| J9201 | INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG | 10/1/2014 | \$0.00 |
| J9202 | GOSERELIN ACETATE IMPLANT, PER 3.6 MG | 10/1/2019 | \$483.57 |
| J9203 | INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG | 12/1/1990 | \$183.50 |
| J9205 | INJECTION, IRINOTECAN LIPOSOME, 1 MG | 10/1/2019 | \$43.25 |
| J9206 | INJECTION, IRINOTECAN, 20 MG | 10/1/2013 | \$0.00 |
| J9207 | INJECTION, IXABEPILONE, 1 MG | 10/1/2019 | \$67.44 |
| J9208 | INJECTION, IFOSFAMIDE, 1 GRAM | 10/1/2017 | \$26.67 |
| J9209 | INJECTION, MESNA, 200 MG | 10/1/2012 | \$0.00 |
| J9211 | INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG | 10/1/2018 | \$37.50 |
| J9212 | INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM | 10/1/2014 | \$0.00 |
| J9213 | INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS | 10/1/2019 | \$160.86 |
| J9214 | INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS | 10/1/2019 | \$32.44 |
| J9215 | INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU | 10/1/2015 | \$0.00 |
| J9216 | INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS | 10/1/2017 | \$5,992.72 |
| J9217 | LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG | 10/1/2019 | \$216.99 |
| J9218 | LEUPROLIDE ACETATE, PER 1 MG | 10/1/2018 | \$24.67 |
| J9219 | LEUPROLIDE ACETATE IMPLANT, 65 MG | 10/1/2017 | \$160.06 |
| J9225 | HISTRELIN IMPLANT (VANTAS), 50 MG | 10/1/2019 | \$3,429.80 |
| J9226 | HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG | 10/1/2019 | \$30,243.30 |
| J9228 | INJECTION, IPILIMUMAB, 1 MG | 10/1/2019 | \$143.33 |
| J9229 | INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG | 12/1/1990 | \$2,092.32 |
| J9230 | INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG | 10/1/2019 | \$305.63 |
| J9245 | INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG | 10/1/2019 | \$774.06 |
| J9250 | METHOTREXATE SODIUM, 5 MG | 10/1/2012 | \$0.00 |
| J9260 | METHOTREXATE SODIUM, 50 MG | 10/1/2012 | \$0.00 |
| J9261 | INJECTION, NELARABINE, 50 MG | 10/1/2019 | \$144.60 |
| J9262 | INJECTION, OMACETAXINE MEPESUCCINATE 0.01 MG | 10/1/2019 | \$2.83 |
| J9263 | INJECTION, OXALIPLATIN, 0.5 MG | 10/1/2017 | \$0.26 |
| J9264 | INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG | 10/1/2019 | \$11.02 |
| J9266 | INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL | 10/1/2019 | \$14,277.27 |
| J9267 | INJECTION, PACLITAXEL, 1 MG | 1/1/2015 | \$0.00 |
| J9268 | INJECTION, PENTOSTATIN, 10 MG | 10/1/2019 | \$1,991.48 |
| J9270 | INJECTION, PLICAMYCIN, 2.5 MG | 10/1/2019 | \$5.81 |
| J9271 | INJECTION, PEMBROLIZUMAB, 1 MG | 10/1/2019 | \$46.88 |
| J9280 | INJECTION, MITOMYCIN, 5 MG | 10/1/2019 | \$127.54 |
| J9285 | INJECTION, OLARATUMAB, 10 MG | 10/1/2019 | \$48.49 |
| J9293 | INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG | 10/1/2019 | \$25.99 |
| J9295 | INJECTION, NECITUMUMAB, 1 MG | 10/1/2019 | \$5.29 |
| J9299 | INJECTION, NIVOLUMAB, 1 MG | 10/1/2019 | \$26.16 |
| J9301 | INJECTION, OBINUTUZUMAB, 10 MG | 10/1/2019 | \$59.50 |
| J9302 | INJECTION, OFATUMUMAB, 10 MG | 10/1/2019 | \$55.62 |
| J9303 | INJECTION, PANITUMUMAB, 10 MG | 10/1/2019 | \$108.66 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|-------------|
| J9305 | INJECTION, PEMETREXED, 10 MG | 10/1/2019 | \$64.81 |
| J9306 | INJECTION, PERTUZUMAB, 1 MG | 10/1/2019 | \$11.28 |
| J9307 | INJECTION, PRALATREXATE, 1 MG | 10/1/2019 | \$258.03 |
| J9308 | INJECTION, RAMUCIRUMAB, 5 MG | 10/1/2019 | \$54.80 |
| J9311 | INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE | 12/1/1990 | \$43.43 |
| J9312 | INJECTION, RITUXIMAB, 10 MG | 12/1/1990 | \$87.39 |
| J9315 | INJECTION, ROMIDEPSIN, 1 MG | 10/1/2019 | \$306.45 |
| J9320 | INJECTION, STREPTOZOCIN, 1 GRAM | 10/1/2019 | \$331.27 |
| J9325 | INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS | 10/1/2019 | \$47.49 |
| J9328 | INJECTION, TEMOZOLOMIDE, 1 MG | 10/1/2019 | \$10.02 |
| J9330 | INJECTION, TEMSIROLIMUS, 1 MG | 10/1/2019 | \$70.06 |
| J9340 | INJECTION, THIOTEPA, 15 MG | 10/1/2019 | \$704.50 |
| J9351 | INJECTION, TOPOTECAN, 0.1 MG | 10/1/2017 | \$1.20 |
| J9352 | INJECTION, TRABECTEDIN, 0.1 MG | 10/1/2019 | \$285.64 |
| J9354 | INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG | 10/1/2019 | \$29.24 |
| J9355 | INJECTION, TRASTUZUMAB, 10 MG | 10/1/2019 | \$98.91 |
| J9357 | INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG | 10/1/2019 | \$1,262.24 |
| J9360 | INJECTION, VINBLASTINE SULFATE, 1 MG | 10/1/2012 | \$0.00 |
| J9370 | VINCRISTINE SULFATE, 1 MG | 10/1/2012 | \$0.00 |
| J9371 | INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG | 10/1/2019 | \$2,770.79 |
| J9390 | INJECTION, VINOELBINE TARTRATE, 10 MG | 10/1/2013 | \$0.00 |
| J9395 | INJECTION, FULVESTRANT, 25 MG | 10/1/2019 | \$93.04 |
| J9400 | INJECTION, ZIV-AFLIBERCEPT, 1 MG | 10/1/2019 | \$7.90 |
| J9600 | INJECTION, PORFIMER SODIUM, 75 MG | 10/1/2017 | \$20,158.59 |
| J9999 | NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS | 10/1/2012 | \$0.00 |
| L8600 | IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL | 10/1/2012 | \$0.00 |
| L8603 | INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE, | 10/1/2012 | \$0.00 |
| L8604 | INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY | 10/1/2012 | \$0.00 |
| L8605 | INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CA | 10/1/2017 | \$0.00 |
| L8606 | INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, | 10/1/2012 | \$0.00 |
| L8607 | INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING | 10/1/2017 | \$0.00 |
| L8609 | ARTIFICIAL CORNEA | 10/1/2012 | \$0.00 |
| L8610 | OCULAR IMPLANT | 10/1/2012 | \$0.00 |
| L8612 | AQUEOUS SHUNT | 10/1/2012 | \$0.00 |
| L8613 | OSSICULA IMPLANT | 10/1/2012 | \$0.00 |
| L8614 | COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS | 10/1/2012 | \$0.00 |
| L8630 | METACARPOMPHALANGEAL JOINT IMPLANT | 10/1/2012 | \$0.00 |
| L8631 | METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G., | 10/1/2012 | \$0.00 |
| L8641 | METATARSAL JOINT IMPLANT | 10/1/2012 | \$0.00 |
| L8642 | HALLUX IMPLANT | 10/1/2012 | \$0.00 |
| L8658 | INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH | 10/1/2012 | \$0.00 |
| L8659 | INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G., | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|---|----------------|-------------|
| L8670 | VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT | 10/1/2012 | \$0.00 |
| L8679 | IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE | 10/1/2017 | \$0.00 |
| L8680 | IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH | 10/1/2014 | \$79.06 |
| L8682 | IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER | 10/1/2012 | \$0.00 |
| L8690 | AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS | 10/1/2012 | \$0.00 |
| L8699 | PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED | 10/1/2012 | \$0.00 |
| L9900 | ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER | 10/1/2013 | \$0.00 |
| P9041 | INFUSION, ALBUMIN (HUMAN), 5%, 50 ML | 10/1/2019 | \$9.97 |
| P9045 | INFUSION, ALBUMIN (HUMAN), 5%, 250 ML | 10/1/2019 | \$49.83 |
| P9046 | INFUSION, ALBUMIN (HUMAN), 25%, 20 ML | 10/1/2019 | \$19.93 |
| P9047 | INFUSION, ALBUMIN (HUMAN), 25%, 50 ML | 10/1/2019 | \$49.83 |
| Q0138 | INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD | 10/1/2019 | \$0.93 |
| Q0139 | INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD | 10/1/2019 | \$0.93 |
| Q0161 | CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, | 1/1/2014 | \$0.00 |
| Q0162 | ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMP | 10/1/2012 | \$0.00 |
| Q0163 | DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION | 10/1/2012 | \$0.00 |
| Q0164 | PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, | 10/1/2012 | \$0.00 |
| Q0166 | GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, | 10/1/2012 | \$0.00 |
| Q0167 | DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A | 10/1/2012 | \$0.00 |
| Q0169 | PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION | 10/1/2012 | \$0.00 |
| Q0173 | TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION | 10/1/2012 | \$0.00 |
| Q0174 | THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, | 10/1/2013 | \$0.00 |
| Q0175 | PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A | 10/1/2012 | \$0.00 |
| Q0177 | HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR | 10/1/2012 | \$0.00 |
| Q0180 | DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR | 10/1/2012 | \$0.00 |
| Q0181 | UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS | 10/1/2014 | \$0.00 |
| Q0507 | MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST D | 1/1/2014 | \$0.00 |
| Q0508 | MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST D | 1/1/2014 | \$0.00 |
| Q0509 | MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE ANY IMPLANTED VENTRICULAR ASSIST DEVIC | 1/1/2014 | \$0.00 |
| Q0515 | INJECTION, SERMORELIN ACETATE, 1 MICROGRAM | 10/1/2014 | \$1.62 |
| Q2004 | IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN, | 10/1/2012 | \$0.00 |
| Q2009 | INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT | 10/1/2018 | \$4.72 |
| Q2017 | INJECTION, TENIPOSIDE, 50 MG | 10/1/2019 | \$2,446.39 |
| Q2034 | INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU) | 1/1/2014 | \$0.00 |
| Q2041 | AXICABTAGENE CILOLEUCEL, UP TO 200 MILLION AUTOLOGOUS ANTI-CD19 CAR POSITIVE VIA | 12/1/1990 | \$0.00 |
| Q2042 | TISAGENLEUCLEUCEL, UP TO 600 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKA | 12/1/1990 | \$0.00 |
| Q2043 | SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM | 10/1/2019 | \$41,248.46 |
| Q2049 | INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPOSOMAL, IMPORTED, 1 | 10/1/2015 | \$483.01 |
| Q2050 | INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERW | 10/1/2019 | \$364.39 |
| Q3027 | INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE | 10/1/2019 | \$51.40 |
| Q3031 | COLLAGEN SKIN TEST | 10/1/2013 | \$0.00 |
| Q4100 | SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| Q4101 | APLIGRAF, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4102 | OASIS WOUND MATRIX, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4103 | OASIS BURN MATRIX, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4104 | INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4105 | INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERAT | 10/1/2014 | \$0.00 |
| Q4106 | DERMAGRAFT, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4107 | GRAFTJACKET, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4108 | INTEGRA MATRIX, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4110 | PRIMATRIX, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4111 | GAMMAGRAFT, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4112 | CYMETRA, INJECTABLE, 1CC | 10/1/2014 | \$0.00 |
| Q4113 | GRAFTJACKET XPRESS, INJECTABLE, 1CC | 10/1/2014 | \$0.00 |
| Q4114 | INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC | 10/1/2014 | \$0.00 |
| Q4115 | ALLOSKIN, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4116 | ALLODERM, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4117 | HYALOMATRIX, PER SQUARE CENTIMETER | 10/1/2015 | \$0.00 |
| Q4118 | MATRISTEM MICROMATRIX, 1 MG | 10/1/2014 | \$0.00 |
| Q4119 | MATRISTEM WOUND MATRIX, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4120 | MATRISTEM BURN MATRIX, PER SQUARE CENTIMETER | 10/1/2015 | \$0.00 |
| Q4121 | THERASKIN, PER SQUARE CENTIMETER | 10/1/2017 | \$0.00 |
| Q4122 | DERMACELL, PER SQUARE CENTIMETER | 10/1/2016 | \$0.00 |
| Q4123 | ALLOSKIN RT, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4124 | OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4125 | ARTHROFLEX, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4126 | MEMODERM, DERMASpan, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER | 10/1/2015 | \$0.00 |
| Q4127 | TALYMED, PER SQUARE CENTIMETER | 10/1/2016 | \$0.00 |
| Q4128 | FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER | 10/1/2014 | \$0.00 |
| Q4129 | UNITE BIOMATRIX, PER SQUARE CENTIMETER | 10/1/2015 | \$0.00 |
| Q4130 | STRATTICE TM, PER SQUARE CENTIMETER | 10/1/2012 | \$0.00 |
| Q4132 | GRAFIX CORE AND GRAFIXPL CORE, PER SQUARE CENTIMETER | 10/1/2015 | \$0.00 |
| Q4133 | GRAFIX PRIME, GRAFIXPL PRIME, STRAVIX AND STRAVIXPL, PER SQUARE CENTIMETER | 10/1/2015 | \$0.00 |
| Q4134 | HMATRIX, PER SQUARE CENTIMETER | 10/1/2015 | \$0.00 |
| Q4135 | MEDISKIN, PER SQUARE CENTIMETER | 10/1/2015 | \$0.00 |
| Q4136 | EZ-DERM, PER SQUARE CENTIMETER | 10/1/2015 | \$0.00 |
| Q4137 | AMNIOEXCEL, AMNIOEXCEL PLUS OR BIODEXCEL, PER SQUARE CENTIMETER | 1/1/2014 | \$0.00 |
| Q4138 | BIOFENCE DRYFLEX, PER SQ CM | 1/1/2014 | \$0.00 |
| Q4139 | AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1CC | 1/1/2014 | \$0.00 |
| Q4140 | BIOFENCE, PER SQ CM | 1/1/2014 | \$0.00 |
| Q4141 | ALLOSKIN AC, PER SQ CM | 1/1/2014 | \$0.00 |
| Q4142 | XCM BIOLOGIC TISSUE MATRIX, PER SQUARE CENTIMETER | 1/1/2014 | \$0.00 |
| Q4143 | REPRIZA, PER SQUARE CENTIMETER | 1/1/2014 | \$0.00 |
| Q4145 | EPIFIX, INJECTABLE, 1 MG | 1/1/2014 | \$0.00 |

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
FFS Ambulatory Surgical Center Rates
Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|----------|
| Q4146 | TENSIX™ ACELLULAR DERMAL MATRIX, PER SQ CM | 1/1/2014 | \$0.00 |
| Q4147 | ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTI | 1/1/2014 | \$0.00 |
| Q4148 | NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQUARE CENTIMETER | 1/1/2014 | \$0.00 |
| Q4149 | EXCELLAGEN, 0.1 CC | 1/1/2014 | \$0.00 |
| Q4150 | ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER | 1/1/2015 | \$0.00 |
| Q4151 | AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER | 1/1/2015 | \$0.00 |
| Q4152 | DERMAPURE, PER SQUARE CENTIMETER | 1/1/2015 | \$0.00 |
| Q4153 | DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER | 1/1/2015 | \$0.00 |
| Q4154 | BIOVANCE, PER SQUARE CENTIMETER | 1/1/2015 | \$0.00 |
| Q4155 | NEOXFLO OR CLARIXFLO, 1 MG | 1/1/2015 | \$0.00 |
| Q4156 | NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER | 1/1/2015 | \$0.00 |
| Q4157 | REVITALON, PER SQUARE CENTIMETER | 1/1/2015 | \$0.00 |
| Q4158 | KERECIS OMEGA3, PER SQUARE CENTIMETER | 1/1/2015 | \$0.00 |
| Q4159 | AFFINITY, PER SQUARE CENTIMETER | 1/1/2015 | \$0.00 |
| Q4160 | NUSHIELD, PER SQUARE CENTIMETER | 1/1/2015 | \$0.00 |
| Q4161 | BIO-CONNKT WOUND MATRIX, PER SQUARE CENTIMETER | 10/1/2017 | \$0.00 |
| Q4162 | WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC | 10/1/2017 | \$0.00 |
| Q4163 | WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER | 10/1/2017 | \$0.00 |
| Q4164 | HELICOLL, PER SQUARE CENTIMETER | 10/1/2017 | \$0.00 |
| Q4165 | KERAMATRIX, PER SQUARE CENTIMETER | 10/1/2017 | \$0.00 |
| Q5101 | INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM | 10/1/2019 | \$0.61 |
| Q5103 | INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG | 12/1/1990 | \$58.29 |
| Q5104 | INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLIXIS), 10 MG | 12/1/1990 | \$61.16 |
| Q5105 | INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR ESRD ONDIALYSIS), 100 UNITS | 12/1/1990 | \$1.11 |
| Q5106 | INJECTION, EPOETIN ALFA, BIOSIMILAR, (RRETACRIT) (FOR NON-ESRD USE), 1000 UNITS | 12/1/1990 | \$11.11 |
| Q5108 | INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG | 12/1/1990 | \$350.35 |
| Q5110 | INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG | 10/1/2019 | \$0.73 |
| Q9950 | INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML | 10/1/2019 | \$20.19 |
| Q9951 | LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML | 10/1/2012 | \$0.00 |
| Q9953 | INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT PER ML | 10/1/2012 | \$0.00 |
| Q9954 | ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML | 10/1/2012 | \$0.00 |
| Q9955 | INJECTION PERFLEXANE LIPID MICROSPHERES, PER ML (ULTRASOUND CONTRAST AGENT) | 10/1/2012 | \$0.00 |
| Q9956 | INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML | 10/1/2012 | \$0.00 |
| Q9957 | INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML | 10/1/2012 | \$0.00 |
| Q9958 | HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG/ML IODINE CONCENTRATION, PER ML | 10/1/2012 | \$0.00 |
| Q9959 | HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONC. | 10/1/2012 | \$0.00 |
| Q9960 | HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION PER ML | 10/1/2012 | \$0.00 |
| Q9961 | HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML | 10/1/2012 | \$0.00 |
| Q9962 | HIGH OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION PER ML | 10/1/2012 | \$0.00 |
| Q9963 | HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML | 10/1/2012 | \$0.00 |
| Q9964 | HIGH OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML | 10/1/2012 | \$0.00 |
| Q9965 | LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML | 10/1/2012 | \$0.00 |

Arizona Health Care Cost Containment System
 FFS Program Capped Fee Schedule
 FFS Ambulatory Surgical Center Rates
 Effective 10/01/2019

| Procedure Code | Procedure Code Description | Effective Date | FFS Rate |
|----------------|--|----------------|------------|
| Q9966 | LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML | 10/1/2012 | \$0.00 |
| Q9967 | LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML | 10/1/2012 | \$0.00 |
| Q9968 | INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE | 10/1/2019 | \$3.67 |
| Q9982 | FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES | 10/1/2017 | \$3,323.10 |
| Q9983 | FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES | 10/1/2017 | \$2,819.60 |
| Q9991 | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 | 12/1/1990 | \$1,591.06 |
| Q9992 | INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG | 12/1/1990 | \$1,591.06 |
| V2200 | SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS | 10/1/2017 | \$0.00 |
| V2203 | SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D | 10/1/2017 | \$0.00 |
| V2208 | SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 | 10/1/2017 | \$0.00 |
| V2630 | ANTERIOR CHAMBER INTRAOCULAR LENS | 10/1/2012 | \$0.00 |
| V2631 | IRIS SUPPORTED INTRAOCULAR LENS | 10/1/2012 | \$0.00 |
| V2632 | POSTERIOR CHAMBER INTRAOCULAR LENS | 10/1/2012 | \$0.00 |
| V2700 | BALANCE LENS, PER LENS | 10/1/2017 | \$0.00 |
| V2755 | U-V LENS, PER LENS | 10/1/2017 | \$0.00 |
| V2785 | PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE | 10/1/2019 | CCR |
| V2790 | AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE | 10/1/2019 | \$0.00 |