

FINAL RATES NOTICE OF PUBLIC INFORMATION PUBLIC NOTICE

Public Notice

Pursuant to the provision of Title 42 Section 447.205 of the Code of Federal Regulations, states must provide public notice of any significant proposed change in their statewide methods and standards for setting Medicaid payment rates.

Post Date September 30, 2026

Topic of the Public Information Notice

This Notice of Public Information finalizes changes to the Arizona Health Care Cost Containment System (AHCCCS) Fee-For-Service (FFS) rates to be effective October 1, 2026. The AHCCCS Administration made changes to the FFS rates specified in this Notice to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area. The estimated increase in FFS payments as a result of the rate changes is expected to be approximately \$6,337,038 for the period of October 1, 2026, through September 30, 2027. More detailed information regarding the fee schedule changes is included below.

General Fee Schedule Updates:

- Federally Qualified Health Center and Rural Health Clinic rates will be adjusted according to the state plan methodology chosen by each health center. The estimated increase is expected to be approximately 3.44%.
- Hospice per diem rates will be updated based on the state plan language that incorporates the 2026 *Medicaid Hospice Payment Rates published by CMS*.
- Ambulance rates that are based on the Arizona Ground Ambulance Service Rate Schedule published by the Arizona Department of Health Services (ADHS), Bureau of Emergency Medical Services, will be updated in accordance with state law, which will result in a 3.15% aggregate increase.

- Transportation, Air Ambulance Fee Schedule rates will be increased in aggregate by 5%. This increase will align AHCCCS with other state Medicaid rates, ensuring that providers are appropriately reimbursed for services.
- Physician Administered Drug Schedule rates will be updated based on the State Plan amendment language.
- Inpatient Hospital Long-Term Acute Care Hospital and Rehabilitation Hospital Inpatient per diem rates will be updated for changes in hospital case mix indices and outlier cost-to-charge ratios will be updated to match Medicare 2026 ratios.
- Inpatient Hospital APR-DRG fee schedule cost-to-charge ratios will be updated to match the Medicare Inpatient Prospective Payment System 2026 ratios.
- Outpatient Hospital Fee Schedule rates have been updated as a result of the required five-year rebase for an aggregate decrease of 0.6%.
- Hospital-Based Freestanding Emergency Department Fee Schedule rates have been updated as a result of the required five-year rebase for an aggregate increase of 0.2%.

Specific Code Updates:

- **Applied Behavioral Analysis (ABA) schedule:**
 - Rates have been set for codes 97156 and 97157 as noted below. Setting these rates will eliminate the “By Report” rate that was previously in effect.

Procedure Code	Description	Modifier	Place of Service	FFY27 Rates
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLAN			\$23.97
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLAN	HN		\$23.97
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLAN	HO		\$28.53
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLAN	HP		\$35.67
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLAN		12	\$26.53
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLAN	HN	12	\$26.53
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLAN	HO	12	\$31.58
97156	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH FAMILY USING AN ESTABLISHED PLAN	HP	12	\$39.47
97157	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS			\$7.99
97157	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS	HN		\$7.99
97157	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS	HO		\$9.51
97157	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS	HP		\$11.89
97157	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS		12	\$8.84
97157	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS	HN	12	\$8.84
97157	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS	HO	12	\$10.53
97157	ADAPTIVE BEHAVIOR TREATMENT BY PROFESSIONAL WITH MULTIPLE FAMILY GROUP MEMBERS	HP	12	\$13.16

- 97154 Adaptive Behavior Treatment by Technician with Multiple Patients using an Established Plan, each 15 minutes with the TJ modifier has been updated to a rate of \$16.95. This increase was made to ensure that the rate is sufficient for providers to provide services to this specific population.

- Please note that this code can only be used by a highly specific group of providers that provide the ABA model delivered in a community school setting as follows: ratio of ABA techs to patients in a community school setting must have multiple providers working with multiple patients i.e. 2 providers with 3 children.

- Behavioral Outpatient Fee (BHOP) schedule:
 - Rates have been updated for code S5145 to ensure that the rate is sufficient to support the work, training, and licensure requirements for this service.

Arizona Health Care Cost Containment System
 FFS Fee Schedule
 Preliminary FFS Behavioral Health Outpatient Rates
 Effective 10/1/2026

Procedure Code	Description - Procedure Code	Modifier	Rates
S5145	FOSTER CARE, THERAPEUTIC, CHILD;PER DIEM		\$171.94
S5145	FOSTER CARE, THERAPEUTIC, CHILD;PER DIEM	HA	\$202.92
S5145	FOSTER CARE, THERAPEUTIC, CHILD;PER DIEM	UF	\$229.99
S5145	FOSTER CARE, THERAPEUTIC, CHILD;PER DIEM	UG	\$269.51
S5145	FOSTER CARE, THERAPEUTIC, CHILD;PER DIEM	UH	\$378.46

Arizona Health Care Cost Containment System
 MCO Fee Schedule
 Preliminary MCO Behavioral Health Outpatient Rates
 Effective 10/01/2026

Procedure Code	Description - Procedure Code	Modifier	Rate
S5145	FOSTER CARE, THERAPEUTIC, CHILD;PER DIEM		\$171.94
S5145	FOSTER CARE, THERAPEUTIC, CHILD;PER DIEM	HA	\$177.10
S5145	FOSTER CARE, THERAPEUTIC, CHILD;PER DIEM	UF	\$229.99
S5145	FOSTER CARE, THERAPEUTIC, CHILD;PER DIEM	UG	\$269.51
S5145	FOSTER CARE, THERAPEUTIC, CHILD;PER DIEM	UH	\$378.46

- Transportation, Ground Non-Emergency (NEMT):
 - S0215-Non-Emergency Transportation; Mileage, per mile modifier TN (rural) has been updated to \$1.63. This rate has been updated to ensure that rural providers receive adequate reimbursement for rural transportation for atypical conditions such as the use of unmaintained or dirt roads, long distances required to reach the member, and a lack of providers in the area.
- Diagnostic Evaluation Codes
 - Doctoral level rates (HP modifier) rates were added to ensure that higher level professionals are reimbursed an appropriate rate.

Physician Fee Schedule		
CPT Code	Code Description	Doctoral Level (HP Modifier)
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 217.69
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	\$ 244.96
96112	ADMINISTRATION OF DEVELOPMENTAL TEST, FIRST HOUR	\$ 162.34
96113	ADMINISTRATION OF DEVELOPMENTAL TEST, EACH ADDITIONAL 30 MINUTES	\$ 68.20
96130	EVALUATION OF PSYCHOLOGICAL TEST, FIRST HOUR	\$ 152.94
96131	EVALUATION OF PSYCHOLOGICAL TEST, EACH ADDITIONAL HOUR	\$ 108.20
96136	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, FIRST 30 MINUTES	\$ 52.82
96137	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST, EACH ADDITIONAL 30 M	\$ 46.44
96138	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, FIRST	\$ 43.03
96139	ADMINISTRATION OF PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST BY TECHNICIAN, EACH A	\$ 43.03
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISI	\$ 186.84

Updates based on Medicare Fee schedules changes:

- Ambulatory Surgical Center Fee Schedule (ASC) are budget neutral in aggregate with the changes at the individual code level.
- Durable Medical Equipment (DME) Fee Schedule rates are budget neutral in aggregate with changes at the individual code level.
- Clinical Laboratory Fee Schedule (CLAB) rates were budget neutral in aggregate with changes at the individual code level.
- Physician Fee Schedule (PFS) rates have been updated to reflect the change in Relative Value Units on the Medicare Fee Schedule rates.

Fee schedules remain unchanged:

- AzEIP Speech Therapy Fee Schedule rates
- Behavioral Health Inpatient Fee Schedule rates
- Community Health Worker Fee Schedule rates
- Dental Fee Schedule rates
- Dialysis Fee Schedule rates
- Doula Fees Schedule rates
- Emergency Ground Ambulance
- Freestanding Dialysis Facility Composite rates
- Health and Housing Opportunities (H20) rates
- Home and Community Based Services (HCBS) rates
- Nursing Facility Per Diem rates
- Traditional Healing Services Rates
- Treat and Refer rates