FINAL NOTICE OF PUBLIC INFORMATION

PUBLIC NOTICE

1. **Name of the Agency:** Arizona Health Care Cost Containment System (AHCCCS)

2. **The topic of the public information notice:** AHCCCS Fee-For-Service (FFS) rates for codes currently paid at "By Report" to be effective for dates of service beginning October 1, 2026.

3. **The public information relating to the topic:**

   This Notice of Public Information describes changes to the Arizona Health Care Cost Containment System (AHCCCS) Fee-For-Service (FFS) rates to be effective October 1, 2026. The AHCCCS Administration has reviewed the HCPCS/CPT codes that currently have a rate set at 58.66% of billed charges or "By Report" and determined a rate for as many of the codes as possible. AHCCCS is updating 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 cost savings in FFS payments as a result of setting rates for these codes is expected to be approximately $815,665 for the time period of October 1, 2026 through September 30, 2027.

   The rates for Home Infusion and Incontinence products will remain BR until further review. The final fee schedule rates affect Clinical Laboratory, Dental, Durable Medical Equipment, and Physician Fee Schedule codes and will be published on the final fee schedules at this link. They are also listed below:

Arizona Health Care Cost Containment System

FFS Program Capped Fee Schedule

Final Clinical Laboratory Rates for Codes Currently Priced By Report

Effective 10/01/2026

Code	Description	Rate 10/1/2026
70557	MRI SCAN OF BRAIN WITHOUT CONTRAST DURING BRAIN PROCEDURE	$126.04
70558	MRI SCAN OF BRAIN WITH CONTRAST DURING BRAIN PROCEDURE	$142.33
70559	MRI SCAN OF BRAIN BEFORE AND AFTER CONTRAST DURING BRAIN PROCEDURE	$383.78
76984	ULTRASOUND OF CHEST AORTA DURING SURGERY	$53.67
76987	ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEA	$112.75
76988	ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEA	$85.57
76989	ULTRASOUND OF HEART DURING SURGERY TO EVALUATE FOR CONGENITAL HEA	$52.74
77061	3D BREAST MAMMOGRAPHY OF 1 BREAST	$80.83
77062	3D BREAST MAMMOGRAPHY OF BOTH BREASTS	$83.72
78429	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC EVALUATION AN	$104.87
78431	NUCLEAR MEDICINE STUDIES OF BLOOD FLOW IN HEART MUSCLE AT REST AND	$102.16
78432	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC AND BLOOD FL	$450.03
78433	NUCLEAR MEDICINE STUDY OF HEART MUSCLE WITH METABOLIC AND BLOOD FL	$486.35
78434	NUCLEAR MEDICINE STUDY OF HEART MUSCLE BLOOD FLOW BY PET	$108.76
86930	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION)	$43.45
86931	FROZEN BLOOD, EACH UNIT; THAWING	$50.17
86932	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND THAWING	$56.90
86950	LEUKOCYTE TRANSFUSION	$40.52
86972	PRETREATMENT OF RED BLOOD CELLS FOR USE IN RED BLOOD CELLS ANTIBOD	$28.93
86975	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS A	$22.79
86976	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS A	$24.22
86977	PRETREATMENT OF SERUM FOR USE IN RED BLOOD CELL ANTIBODY ANALYSIS A	$24.70
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	$12.78

Arizona Health Care Cost Containment System

Final Dental Rates for Codes Currently Priced By Report

Effective 10/01/2026

Code	Description	Rate 10/1/2026
D6089	ACCESSING AND RETORQUING LOOSE IMPLANT SCREW	$175.00
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED	$274.30
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP	$271.90
D7298	REMOVAL OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED P	$91.48
D7299	REMOVAL OF TEMPORARY ANCHORAGE DEVICE, REQUIRING FLAP	$91.48
D7979	NON-SURGICAL SIALOLITHOTOMY	$95.50

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
Final Durable Medical Equipment Rates Currently Priced at By Report
Effective 10/01/2026

Rates for Incontinence products have been withdrawn

Code	Description	Rate 10/1/2026
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	$5.88
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	$2.07
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	$21.62
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	$32.41
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	$0.26
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	$0.12
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	$0.53
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	$7.15
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	$8.33
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	$2.07
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	$8.33
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	$2.81
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	$6.86
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	$9.47
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	$4.30
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	$13.31
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	$13.43
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	$8.90
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	$15.20
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	$0.48
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	$12.26
A4663	BLOOD PRESSURE CUFF ONLY	$13.45
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	$34.17
A4930	GLOVES, STERILE, PER PAIR	$0.52
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT	$36.20
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE TH	$20.96
A6206	CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING	$2.11
A6213	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	$11.26
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	$5.18
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS	$0.19
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	$0.44
A6221	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE AD	$1.14
A6230	A6230 - GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. I	$1.83
A6239	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH	$4.39
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	$7.06
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. I	$1.80

A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT	$0.73
A6411	EYE PAD, NON-STERILE, EACH	$0.26
A6412	EYE PATCH, OCCLUSIVE, EACH	$1.39
A6413	ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH	$0.35
A6460	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHO	$6.74
A6461	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT	$8.18
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	$103.25
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM	$102.88
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	$195.42
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	$327.20
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPP	$31.67
A9276	SENSOR; INVASIVE (E.G., SUBCUTANEOUS), DISPOSABLE, FOR USE WITH NON	$11.84
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH NON	$522.65
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH NON	$413.71
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	$20.81
A9286	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON	$0.47
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	$60.09
B5200	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECT	$5.43
E0170	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	$276.89
E0183	POWERED PRESSURE REDUCING UNDERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY D	$111.62
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND	$49.31
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	$296.29
E0241	BATH TUB WALL RAIL, EACH	$20.47
E0242	BATH TUB RAIL, FLOOR BASE	$24.64
E0243	TOILET RAIL, EACH	$31.89
E0244	RAISED TOILET SEAT	$24.87
E0245	TUB STOOL OR BENCH	$41.57
E0246	TRANSFER TUB RAIL ATTACHMENT	$56.27
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	$42.21
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	$75.50
E0273	BED BOARD	$23.45
E0274	OVER-BED TABLE	$49.50
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	$2,605.63
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	$1,135.56
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	$3,354.62
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	$1,170.90
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	$3,961.62
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	$35.65
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, F	$5,560.00
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI	$6,000.00

E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS	$1,753.96
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	$2,031.37
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON	$498.66
E0459	CHEST WRAP	$229.18
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE	$943.84
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE	$1,959.92
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE	$2,917.22
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	$1,596.90
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPL	$7,210.30
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	$232.46
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	$82.47
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	$111.20
E0606	POSTURAL DRAINAGE BOARD	$143.69
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	$2,558.15
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	$494.27
E0619	APNEA MONITOR, WITH RECORDING FEATURE	$1,151.29
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY,	$1,276.88
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE I	$2,563.21
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	$367.72
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	$394.79
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	$93.27
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	$3,767.96
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI	$1,942.64
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED WITH GRAB BAR	$324.66
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING	$186.13
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	$365.77
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO	$1,603.45
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	$2,854.72
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION	$856.45
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVA	$953.08
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	$753.68
E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE	$4,550.42
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT,	$5,100.05
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	$922.39
E1038	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU	$134.44
E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVAT	$893.90
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY	$1,170.96
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE	$588.45
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15	$348.91
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	$251.27
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING	$2,010.69

E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING	$2,187.16
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	$2,037.79
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	$1,517.85
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	$1,679.19
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	$1,534.20
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY	$825.63
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	$186.46
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT	$327.44
E1639	SCALE, EACH	$22.78
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE M	$1,282.41
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE	$3,530.37
E1803	DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,091.76
E1804	DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,091.76
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE M	$1,269.90
E1807	DYNAMIC ADJUSTABLE WRIST EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,110.91
E1808	DYNAMIC ADJUSTABLE WRIST FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,110.91
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE MA	$1,108.74
E1814	DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,255.39
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE M	$1,269.90
E1822	DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,110.91
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION AND FLEXION DEVICE, INCLUDES SOFT INTERFACE	$1,269.90
E1826	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIA	$1,110.91
E1827	DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,110.91
E1828	DYNAMIC ADJUSTABLE TOE EXTENSION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,110.91
E1829	DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE, INCLUDES SOFT INTERFACE MATERIAL	$1,110.91
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES	$2,869.43
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	$451.88
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	$176.97
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	$181.52
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	$223.65
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	$231.23
E2298	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM,	$2,004.64
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	$2,556.17
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	$86.32
K0738	PORTABLE GASEOUS OXYTEN SYSTEM, RENTAL, HOME COMPRESSOR USEDTO FILL CYLINDERS	$207.33
K0813	POWER WHEELCHAIR GRP 1 STD. PORTABLE SLING/SOLID SEAT & BACKUP TO/INCL 300 LBS	$1,425.02

K0814	POWER WHEELCHAIR, GRP 1 STANDARD PORTABLE CAPTAINS CHAIR	$1,694.09
K0815	POWER WHEELCHAIR GRP 1, STD. SLING/SOLID SEAT & BACK CAP TO & INCL. 300 LBS	$1,942.62
K0816	POWER WHEELCHAIR, GRP 1 STD. CAPTAINS CHAIR PT. WT CAP. UP TO & INCL. 300 LBS.	$1,846.74
K0820	POWER WHEELCHAIR, GRP 2 STD, PORTABLE PT. WEIGHT CAP. UP TO & INCL. 300 LBS	$2,160.47
K0821	POWER WHEELCHAIR, GRP 2 STD. PORTABLE, CAPTAINS CHAIR PT WT.UP TO/INCL. 300 LBS.	$1,812.88
K0822	POWER WHEELCHAIR, GRP 2 STD, SLING/SOLID SEAT/BACK	$2,146.95
K0823	POWER WHEELCHAIR, GRP 2 STD/ CAPTAINS CHAIR, PT WEIGHT CAP UP TO/INCL 300 LBS	$2,012.05
K0824	POWER WHEELCHAIR, GRP 2, HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. 301	$2,700.12
K0825	POWER WHEELCHAIR, GRP. 2 HEAVY DUTY, CAPTAINS CHAIR, PT. WGTCAP. 451	$2,502.83
K0826	POWER WHEELCHAIR, GRP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PT WT CAP 451	$3,808.04
K0827	POWER WHEELCHAIR, GRP 2, VERY HEAVY DUTY, CAPTAINS CHAIR, PTWT. 451	$3,197.29
K0828	POWER WHEELCHAIR, GRP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. 600#	$7,251.55
K0829	POWER WHEELCHAIR, GRP. 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR,PTWT CAP. 601# OR MORE	$7,009.02
K0831	POWER WHEELCHAIR, GRP 2 STD SEAT ELEVATOR, CAPTAINS CHAIR WTCAP UP TO/INCL 300#	$1,762.79
K0835	POWER WHEELCHAIR, GRP 2 STD, SINGLE POWER OPTION SLING/SOLIDSEAT/BACK	$2,269.73
K0836	POWER WHEELCHAIR, GRP 2 STD. SINGLE POWER OPTION, CAPTAINS CHAIR WT CAP 300#	$2,341.56
K0837	POWER WHEELCHAIR GRP 2 HEAVY DUTY SINGLE POWER OPTION, SLING/SOLD SEAT/BACK 450#	$2,756.77
K0838	POWER WHEELCHAIR, GRP 2 HVY DUTY SINGLE POWER OPTION, CAPT. CHAIR CAP 301	$2,317.83
K0839	POWER WHEELCHAIR GRP 2 VERY HEAVY DUTY SINGLE POWER OPTION CAP 451 TO 600 LBS	$3,601.68
K0840	POWER WHEELCHAIR GRP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTIONPT. WT. 601# OR MORE	$5,337.51
K0841	POWER WHEELCHAIR GRP 2 STD MULTIPLE POWER OPTION SLING/SOLD SEAT/BACK CAP. 300#	$2,447.45
K0842	POWER WHEELCHAIR GRP 2 STD MULTIPLE POWER OPTION CAPT. CHAIRWHT CAP 300 LBS.	$2,425.25
K0843	POWER WHEELCHAIR GRP 2 HVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK 450#	$2,448.77
K0848	POWER WHEELCHAIR GRP 3 STD SLING/SOLID SEAT/BACK PT WT. CAP UP TO/INCL. 300 LBS.	$3,478.83
K0849	POWER WHEELCHAIR, GRP 3 STD, CAPTAINS CHAIR PT WT UP TO AND INCL 300 LBS.	$3,329.69
K0850	POWER WHEELCHAIR GRP 3 HVY DUTY SLING/DOLID SEAT/BACK PT WT CAP 301 TO 450 LBS.	$4,034.82
K0851	POWER WHEELCHAIR, GRP 3 HVY DUTY, CAPTAINS CHAIR, PT. WT CAP301 TO 450 LBS.	$3,879.44
K0852	POWER WHEELCHAIR, GRP 3 VERY HVY DUTY SLING/SOLID SEAT/BACK WT CAP. 451	$4,647.14
K0853	POWER WHEELCHAIR GRP 3 VERY HVY DUTY CAPTAINS CHAIR PT WT CAP 451	$4,774.22
K0854	POWER WHEELCHAIR, GRP 3 EX. HVY DUTY SLING/SOLID SEAR/BACK PT WT. 601# OR MORE	$6,272.30
K0855	POWER WHEELCHAIR, GRP 3 EX. HVY DUTY CAPTAINS CHAIR PT WT CAP 601# OR MORE	$5,913.17
K0856	POWER WHEELCHAIR, GRP 3 STD. SINGLE POWER OPTION SLING/SOLIDSEAT/BACK	$3,718.79
K0857	POWER WHEELCHAIR, GRP 3 STD SINGLE POWER OPTION CAPTAINS CHAIR WT CAP 300 LBS.	$3,725.26
K0858	POWER WHEELCHAIR GRP 3 HVY DTY SINGLE POWER OPT. SLING/SOLIDSEAT/BACK	$4,617.65
K0859	POWER WHEELCHAIR, GRP 3 HVY DUTY SINGLE POWER OPTION CAPTAINS CHAIR WT 301	$4,418.24
K0860	POWER WHEELCHAIR, GRP 3 VRY HVY DUTY SINGLE POWER OPTION	$6,574.31
K0861	POWER WHEELCHAIR, GRP 3 STD. MULTI POWER OPT. SLING'SOLID SEAT;BACK	$4,021.97
K0862	POWER WHEELCHAIR, GRP 3 HVY DUTY MULTIPLE POWER OPTION SLING/SOLID	$4,617.66
K0863	POWR ER WHEELCHAIR, GRP 3 VRY HVY DUTY MULTI POWER OPTION	$6,574.36
K0864	POWER WHEELCHAIR GRP 3 EX. HVY DUTY MULTI POWER OPTION	$7,823.47
K0884	POWER WHEELCHAIR, GRP 4 STD. MULTIPLE POWER OPTION PT WT CAP UP TO 300 LBS.	$10,916.46
K0890	POWER WHEELCHAIR GRP 5 PED. SINGLE POWER OPTION SLING/SOLID SEAT/BACK	$8,117.10

L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION	$272.16
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	$33.33
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	$33.33
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	$34.36
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	$31.44
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	$35.28
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	$35.89
L3208	SURGICAL BOOT, EACH, INFANT	$18.60
L3209	SURGICAL BOOT, EACH, CHILD	$38.63
L3211	SURGICAL BOOT, EACH, JUNIOR	$35.29
L3212	BENESCH BOOT, PAIR, INFANT	$36.04
L3213	BENESCH BOOT, PAIR, CHILD	$44.59
L3214	BENESCH BOOT, PAIR, JUNIOR	$48.50
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	$52.66
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	$57.82
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	$59.51
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	$66.13
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	$82.34
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE,	$148.43
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	$71.94
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED,	$124.86
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	$35.92
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	$16.05
L3260	SURGICAL BOOT/SHOE, EACH	$16.29
L3265	PLASTAZOTE SANDAL, EACH	$16.16
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	$69.55
L3485	HEEL, PAD, REMOVABLE FOR SPUR	$13.76
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	$21.65
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	$20.72
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINT	$3,234.11
V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION	$258.65
V2781	PROGRESSIVE LENS, PER LENS	$33.19
V5010	ASSESSMENT FOR HEARING AID	$48.84
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	$66.27
V5014	REPAIR/MODIFICATION OF A HEARING AID	$44.40
V5020	V5020 - CONFORMITY EVALUATION	$74.83
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	$561.04
V5040	V5040 - HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	$617.62
V5050	HEARING AID, MONAURAL, IN THE EAR	$539.67
V5060	V5060 - HEARING AID, MONAURAL, BEHIND THE EAR	$560.69
V5130	BINAURAL, IN THE EAR	$924.44
V5140	BINAURAL, BEHIND THE EAR	$1,084.99
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	$802.85
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	$1,158.87
V5240	DISPENSING FEE, CONTRALATERAL ROUTING SYSTEM, BINAURAL	$205.04

V5254	HEARING AID, DIGITAL, MONAURAL, CIC	$1,054.10
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	$1,101.92
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	$854.43
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	$887.70
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	$1,501.00
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	$1,357.66
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	$1,414.36
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	$1,869.79
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	$51.64
V5266	BATTERY FOR USE IN HEARING DEVICE	$5.96
V5275	EAR IMPRESSION, EACH	$26.57

Arizona Health Care Cost Containment System
FFS Program Capped Fee Schedule
Final Physician Fee Schedule Rates for Currently Priced By Report Codes
Effective 10/01/2026

Rates for Home Infusion have been withdrawn

Code	Description	Rate 10/1/2026
15011	HARVEST OF SKIN FOR SKIN CELL SUSPENSION SELF SKIN GRAFT, FIRST 25 SQ CM OR LESS	$182.47
15012	HARVEST OF SKIN FOR SKIN CELL SUSPENSION SELF SKIN GRAFT, EACH ADDITIONAL 25 SQ	$127.86
15013	PREPARATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT, FIRST 25 SQ CM OR LESS OF H	$116.53
15014	PREPARATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT, EACH ADDITIONAL 25 SQ CM OR	$104.94
15015	APPLICATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT TO WOUND AND DONOR SITES TO	$573.99
15016	APPLICATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT TO WOUND AND DONOR SITES TO	$127.86
15017	APPLICATION OF SKIN CELL SUSPENSION SELF SKIN GRAFT TO WOUND AND DONOR SITES TO	$563.80
20930	PLACEMENT OF FRAGMENTED BONE GRAFT OR MATERIAL TO SPINE TO PROMOTE BONE GROWTH	$85.56
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB	$157.81
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	$1,406.72
36468	INJECTION OF CHEMICAL AGENT INTO SPIDER VEIN OF ARM, LEG, OR TRUNK	$49.31
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	$128.76
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	$66.16

41870	GRAFT OF MOUTH TISSUE LINING TO GUM SURFACE	$376.49
43882	REMOVAL OR REVISION OF STIMULATOR ELECTRODES IN UPPER STOMACH	$956.30
53454	ADJUSTMENT OF FLUID VOLUME IN ADJUSTABLE BALLOON CONTINENCE DEVICE BESIDE URETHR	$92.57
62380	RELEASE OF LOWER SPINAL CORD AND/OR NERVE ROOT USING ENDOSCOPE	$548.63
64596	INSERTION OR REPLACEMENT OF A PERIPHERAL INTEGRATED NEUROSTIMULATOR INITIAL ELEC	$1,974.73
64597	INSERTION OR REPLACEMENT OF A PERIPHERAL INTEGRATED NEUROSTIMULATOR EACH ADDITIO	$371.16
64598	REVISION OR REMOVAL OF A ELECTRODE ARRAY WITH AN INTEGRATED NEUROSTIMULATOR	$598.08
66987	COMPLEX REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS AND LASER TREATMEN	$1,734.58
66988	REMOVAL OF CATARACT WITH INSERTION OF PROSTHETIC LENS AND LASER TREATMENT TO DEC	$687.94
93318	ULTRASOUND OF HEART WITH PROBE IN ESOPHAGUS TO ASSESS HEART PUMP FUNCTION	$226.49
93593	INSERTION OF CATHETER INTO RIGHT SIDE OF HEART FOR EVALUATION OF CONGENITAL HEAR	$126.67
93594	INSERTION OF CATHETER INTO RIGHT SIDE OF HEART FOR EVALUATION OF CONGENITAL HEAR	$229.22
93595	INSERTION OF CATHETER INTO LEFT SIDE OF HEART FOR EVALUATION OF CONGENITAL HEART	$212.98
93596	INSERTION OF CATHETER INTO RIGHT AND LEFT SIDES OF HEART FOR EVALUATION OF CONGE-normal connections	$332.92
93597	INSERTION OF CATHETER INTO RIGHT AND LEFT SIDES OF HEART FOR EVALUATION OF CONGE-abnormal connections	$382.30
94772	TEST TO RECORD INFANT BREATHING PATTERN OVER 12	$78.35
94777	TEST TO MONITOR PEDIATRIC BREATHING AND HEART RATE AT HOME INCLUDING RECORDING A	$29.21
95130	PROFESSIONAL SERVICE FOR INJECTION OF 1 STINGING INSECT VENOM	$12.69
95700	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), CONTINUOUS	$224.23
95705	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2	$128.81
95706	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2	$409.57
95707	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 2	$436.32
95708	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12	$232.98
95709	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12	$476.84
95710	MEASUREMENT OF BRAIN WAVE ACTIVITY (EEG), 12	$465.15
95711	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2-12 hours unmonitored	$194.39

95712	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2 monitored	$519.32
95713	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 2 intermitently monitored	$432.88
95714	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12	$243.91
95715	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12	$712.57
95716	MEASUREMENT OF BRAIN WAVE ACTIVITY WITH VIDEO (VEEG), 12-26 hours	$699.61
95965	MEASUREMENT OF BRAIN MAGNETIC FIELD FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY	$717.31
95966	MEASUREMENT OF BRAIN EXTERNALLY EVOKED MAGNETIC FIELD, SINGLE LOCALIZATION	$349.24
95967	MEASUREMENT OF BRAIN EXTERNALLY EVOKED MAGNETIC FIELD, EACH ADDITIONAL LOCALIZAT	$279.36
96376	INJECTION OF ADDITIONAL DRUG OR SUBSTANCE INTO VEIN PROVIDED IN A FACILITY	$16.31
97602	REMOVAL OF TISSUE FROM WOUND GRADUALLY	$22.97
98978	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF COG	$41.13
99051	SERVICE PROVIDED IN AN OFFICE DURING REGULARLY SCHEDULED OFFICE HOURS, EVENING, WEEKEND, OR HOLIDAY	$16.54
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL	$232.79
0413T	REMOVAL OF ELECTRODE FOR HEART CONTRACTILITY MODULATOR SYSTEM	$1,287.17
C9600	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WIT	$3,206.78
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	$136.65
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	$77.20
P9032	PLATELETS, IRRADIATED, EACH UNIT	$69.25
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	$49.50
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	$141.21
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	$266.34
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	$185.37
P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	$36.11
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV	$117.66
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV	$137.47
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	$89.57
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED,	$143.60
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV	$172.69

P9059	FRESH FROZEN PLASMA BETWEEN 8	$50.62
P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	$60.47
P9071	PLASMA (SINGLE DONOR), PATHOGEN REDUCED, FROZEN, EACH UNIT	$0.76
P9073	PLATELETS, PHERESIS, PATHOGEN	$471.77
P9100	PATHOGEN(S) TEST FOR PLATELETS	$33.95
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT; PRORATED MILES ACTUALLY TRAVELLED	$0.84
P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME BOUND OR NURSING HOME BOUND PATIENT; PRORATED MILES ACTUALLY TRAVELLED PRORATED TRIP CHARGE	$4.02
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	$28.45
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUST	$1,298.92
S2083	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR	$138.84
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE	$19.27
S8270	ENURESIS ALARM, USING AUDITORY BUZZER AND/OR VIBRATION DEVICE	$54.00
S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMINISTRATIVE	$18.93
S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN);	$13.80
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	$55.43

a. Individual FFS rates reflecting the changes to reimbursement described above can be obtained from the AHCCCS website at: https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/

b. Many public libraries offer access to the internet. In addition, the information can be obtained at the Offices of the AHCCCS Administration, 150 N. 18th Avenue, Phoenix, AZ 85007.