

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	\$0.00	10/1/2017
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	\$0.00	10/1/2017
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL	\$0.00	10/1/2013
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR ILIAC	\$0.00	10/1/2012
0190T	PLACEMENT OF INTRAOCULAR RADIATION SRC APPLICATOR (LIST SEP IN ADD TO PRIM PROC)	\$0.00	10/1/2014
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$2,170.48	10/1/2017
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$280.28	10/1/2017
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/1/2014
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/1/2014
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$280.28	10/1/2017
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/1/2014
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/1/2014
0235T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$3,388.81	10/1/2014
0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$9,612.30	10/1/2017
0249T	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE	\$906.34	10/1/2017
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$1,833.23	10/1/2017
0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	\$86.62	10/1/2017
0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY	\$312.80	10/1/2017
0412T	REMOVAL OF PULSE GENERATOR FOR HEART CONTRACTILITY MODULATOR SYSTEM	\$1,241.61	10/1/2017
0413T	REMOVAL OF ELECTRODE FOR HEART CONTRACTILITY MODULATOR SYSTEM	\$1,241.61	10/1/2017
0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GE	\$1,265.63	10/1/2017
0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING	\$1,265.63	10/1/2017
0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULAT	\$1,265.63	10/1/2017
0437T	IMPLANTATION OF NON-BIOLOGIC OR SYNTHETIC IMPLANT (EG, POLYPROPYLENE) FOR FASCIA	\$0.00	10/1/2017
0439T	MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY; AT REST OR WITH STRESS, FOR ASSE	\$0.00	10/1/2017
0440T	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; UPPER EXTREMITY	\$1,701.50	10/1/2017
0441T	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; LOVER EXTREMITY	\$1,701.50	10/1/2017
0442T	ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; NERVE PLEXUS OR	\$1,701.50	10/1/2017
0443T	REAL TIME SPECTRAL ANALYSIS OF PROSTATE TISSUE BY FLUORESCENCE SPECTROSCOPY	\$0.00	10/1/2017
0444T	INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, IN	\$0.00	10/1/2017
0445T	SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS I	\$0.00	10/1/2017
0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	\$1,993.76	10/1/2017
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT INTRAOCULAR RESERVOIR, INTERNAL AP	\$0.00	1/1/2017
0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF ME	\$137.34	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
0474T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOUCU	\$2,082.06	2/1/2018
0479T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONA	\$127.44	2/1/2018
0480T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONA	\$0.00	2/1/2018
0487T	BIOMECHANICAL MAPPING, TRANSVAGINAL, WITH REPORT	\$0.00	2/1/2018
0491T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN	\$127.44	2/1/2018
0492T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN	\$0.00	2/1/2018
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	\$57.05	10/1/2017
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	\$73.07	10/1/2017
10030	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$230.83	10/1/2017
10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE	\$0.00	10/1/2016
10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLETT, WIRE	\$0.00	10/1/2016
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$55.65	10/1/2017
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	\$87.40	10/1/2017
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	\$103.42	10/1/2017
10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	\$134.34	10/1/2017
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	\$83.19	10/1/2017
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	\$421.01	10/1/2017
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	\$80.09	10/1/2017
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	\$63.80	10/1/2017
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	\$832.93	10/1/2017
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	\$25.01	10/1/2017
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE	\$0.00	10/1/2014
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$230.83	10/1/2017
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$230.83	10/1/2017
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTUR	\$832.93	10/1/2017
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$124.28	10/1/2017
11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$197.73	10/1/2017
11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	\$421.01	10/1/2017
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$0.00	10/1/2014
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$0.00	10/1/2014
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	\$0.00	10/1/2014
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	\$0.00	10/1/2015
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO	\$0.00	10/1/2016
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	\$32.60	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLO	\$56.49	10/1/2017
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	\$0.00	10/1/2014
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDIN	\$0.00	10/1/2015
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10	\$0.00	10/1/2014
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$0.00	10/1/2016
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$0.00	10/1/2016
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$0.00	10/1/2016
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	\$0.00	10/1/2016
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$0.00	10/1/2015
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$0.00	10/1/2016
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$65.58	10/1/2017
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$0.00	10/1/2016
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$65.58	10/1/2017
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$53.40	10/1/2017
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$86.56	10/1/2017
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	\$94.70	10/1/2017
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWH	\$69.98	10/1/2017
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$77.56	10/1/2017
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$85.15	10/1/2017
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$92.46	10/1/2017
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$421.01	10/1/2017
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$421.01	10/1/2017
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$65.20	10/1/2017
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$77.85	10/1/2017
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$85.72	10/1/2017
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$93.59	10/1/2017
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$421.01	10/1/2017
11426	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	\$832.93	10/1/2017
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$73.91	10/1/2017
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$84.59	10/1/2017
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$92.46	10/1/2017
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$102.57	10/1/2017
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$421.01	10/1/2017
11446	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS (UNLESS LISTED ELSEWHERE),	\$832.93	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	\$832.93	10/1/2017
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH	\$832.93	10/1/2017
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	\$832.93	10/1/2017
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH	\$832.93	10/1/2017
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	\$832.93	10/1/2017
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL,	\$832.93	10/1/2017
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAM	\$101.17	10/1/2017
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$115.79	10/1/2017
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$124.28	10/1/2017
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$134.90	10/1/2017
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$230.83	10/1/2017
11606	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	\$421.01	10/1/2017
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$101.74	10/1/2017
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$116.35	10/1/2017
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$126.75	10/1/2017
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$139.11	10/1/2017
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$421.01	10/1/2017
11626	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	\$832.93	10/1/2017
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$105.95	10/1/2017
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$119.72	10/1/2017
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$131.81	10/1/2017
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$144.45	10/1/2017
11644	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$421.01	10/1/2017
11646	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	\$832.93	10/1/2017
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$0.00	10/1/2015
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	\$0.00	10/1/2015
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	\$0.00	10/1/2015
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	\$0.00	10/1/2016
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	\$0.00	10/1/2014
11740	EVACUATION OF SUBUNGUAL HEMATOMA	\$0.00	10/1/2015
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	\$74.20	10/1/2017
11755	BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIIUM, PROXIMAL AND LATERAL	\$66.33	10/1/2017
11760	REPAIR OF NAIL BED	\$197.73	10/1/2017
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	\$132.09	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	\$0.00	10/1/2016
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	\$832.93	10/1/2017
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	\$832.93	10/1/2017
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	\$832.93	10/1/2017
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	\$0.00	10/1/2015
11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	\$0.00	10/1/2015
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	\$83.19	10/1/2017
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT	\$94.70	10/1/2017
11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT	\$1,119.47	10/1/2017
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	\$2,374.64	10/1/2017
11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	\$832.93	10/1/2017
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$57.89	10/1/2017
11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR	\$0.00	10/1/2015
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$0.00	10/1/2015
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$0.00	10/1/2015
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$0.00	10/1/2015
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA,	\$0.00	10/1/2015
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$0.00	10/1/2015
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$0.00	10/1/2015
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$124.28	10/1/2017
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$124.28	10/1/2017
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	\$65.58	10/1/2017
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$0.00	10/1/2015
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$0.00	10/1/2015
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$0.00	10/1/2015
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$65.58	10/1/2017
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$65.58	10/1/2017
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$124.28	10/1/2017
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	\$65.58	10/1/2017
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	\$197.73	10/1/2017
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	\$124.28	10/1/2017
12031	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$124.28	10/1/2017
12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, A	\$124.28	10/1/2017
12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$124.28	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$124.28	10/1/2017
12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS,	\$197.73	10/1/2017
12037	REPAIR OF WOUND (OVER 30.0 CENTIMETERS) OF THE SCALP, UNDERARMS, TRUNK, ARMS, AN	\$1,119.47	10/1/2017
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5	\$121.41	10/1/2017
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6	\$124.28	10/1/2017
12044	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6	\$197.73	10/1/2017
12045	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.	\$197.73	10/1/2017
12046	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.	\$124.28	10/1/2017
12047	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVE	\$730.90	10/1/2017
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$65.58	10/1/2017
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$124.28	10/1/2017
12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$124.28	10/1/2017
12054	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$124.28	10/1/2017
12055	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$124.28	10/1/2017
12056	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$124.28	10/1/2017
12057	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS ME	\$65.58	10/1/2017
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	\$197.73	10/1/2017
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	\$197.73	10/1/2017
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN	\$0.00	10/1/2014
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	\$197.73	10/1/2017
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	\$197.73	10/1/2017
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST	\$0.00	10/1/2014
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$124.28	10/1/2017
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$197.73	10/1/2017
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$0.00	10/1/2014
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	\$197.73	10/1/2017
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	\$197.73	10/1/2017
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS	\$0.00	10/1/2014
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	\$730.90	10/1/2017
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	\$730.90	10/1/2017
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ	\$730.90	10/1/2017
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10	\$730.90	10/1/2017
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1	\$730.90	10/1/2017
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$730.90	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$730.90	10/1/2017
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	\$730.90	10/1/2017
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS;	\$730.90	10/1/2017
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA: DEFECT 30.1 SQ CM TO 60.0 S	\$1,119.47	10/1/2017
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM	\$0.00	10/1/2014
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	\$1,119.47	10/1/2017
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$730.90	10/1/2017
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$0.00	10/1/2014
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$197.73	10/1/2017
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$0.00	10/1/2014
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$730.90	10/1/2017
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER	\$197.73	10/1/2017
15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PE	\$730.90	10/1/2017
15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL	\$0.00	10/1/2014
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT	\$730.90	10/1/2017
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDIT	\$0.00	10/1/2014
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$730.90	10/1/2017
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$0.00	10/1/2014
15120	SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENI	\$1,119.47	10/1/2017
15121	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS,	\$0.00	10/1/2014
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF	\$1,119.47	10/1/2017
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	\$0.00	10/1/2014
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$1,119.47	10/1/2017
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$0.00	10/1/2014
15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	\$1,119.47	10/1/2017
15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ C	\$0.00	10/1/2014
15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR	\$0.00	10/1/2014
15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$1,119.47	10/1/2017
15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$0.00	10/1/2014
15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS,	\$0.00	10/1/2014
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20	\$1,119.47	10/1/2017
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH	\$0.00	10/1/2014
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP,	\$730.90	10/1/2017
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS,	\$0.00	10/1/2014

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD,	\$730.90	10/1/2017
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CH	\$0.00	10/1/2014
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	\$730.90	10/1/2017
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS,	\$0.00	10/1/2014
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$730.90	10/1/2017
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$0.00	10/1/2014
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$1,119.47	10/1/2017
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$0.00	10/1/2014
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$730.90	10/1/2017
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$0.00	10/1/2014
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$730.90	10/1/2017
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$0.00	10/1/2014
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	\$730.90	10/1/2017
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR	\$1,119.47	10/1/2017
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD,	\$730.90	10/1/2017
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE,	\$730.90	10/1/2017
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	\$1,119.47	10/1/2017
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR	\$1,119.47	10/1/2017
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS,	\$730.90	10/1/2017
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE,	\$730.90	10/1/2017
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING	\$730.90	10/1/2017
15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S	\$1,171.73	2/1/2018
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PAR	\$1,119.47	10/1/2017
15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR	\$1,171.73	2/1/2018
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	\$1,119.47	10/1/2017
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	\$1,119.47	10/1/2017
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	\$1,119.47	10/1/2017
15740	FLAP; ISLAND PEDICLE REQUIRING IDENTIFICATION AND DISSECTION OF AN ANATOMICALLY	\$730.90	10/1/2017
15750	FLAP; NEUROVASCULAR PEDICLE	\$1,119.47	10/1/2017
15760	GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING	\$730.90	10/1/2017
15770	"CREATION OF SKIN, FAT AND MUSCLE GRAFT"	\$1,119.47	10/1/2017
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R	\$0.00	10/1/2014
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	\$0.00	10/1/2015
15789	CHEMICAL PEEL, FACIAL; DERMAL	\$197.73	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	\$0.00	10/1/2015
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	\$0.00	10/1/2015
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	\$730.90	10/1/2017
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN,	\$1,612.08	10/1/2017
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	\$1,119.47	10/1/2017
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	\$1,119.47	10/1/2017
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE	\$730.90	10/1/2017
15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	\$1,119.47	10/1/2017
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (	\$0.00	10/1/2014
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	\$197.73	10/1/2017
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	\$51.99	10/1/2017
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	\$0.00	10/1/2015
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST VASCULAR FLOW IN FLAP	\$0.00	10/1/2015
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	\$832.93	10/1/2017
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	\$1,119.47	10/1/2017
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$421.01	10/1/2017
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$832.93	10/1/2017
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$1,119.47	10/1/2017
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$1,119.47	10/1/2017
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	\$730.90	10/1/2017
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP	\$730.90	10/1/2017
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$832.93	10/1/2017
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$832.93	10/1/2017
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$1,119.47	10/1/2017
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$1,119.47	10/1/2017
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR	\$1,119.47	10/1/2017
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	\$421.01	10/1/2017
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	\$832.93	10/1/2017
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	\$1,119.47	10/1/2017
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	\$1,119.47	10/1/2017
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	\$730.90	10/1/2017
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR	\$1,119.47	10/1/2017
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUI	\$0.00	10/1/2015
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$0.00	10/1/2016

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$65.58	10/1/2017
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	\$124.28	10/1/2017
16035	ESCHAROTOMY; INITIAL INCISION	\$124.28	10/1/2017
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$0.00	10/1/2016
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$0.00	10/1/2014
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$75.88	10/1/2017
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$124.28	10/1/2017
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$197.73	10/1/2017
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE);	\$272.60	10/1/2017
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGI	\$0.00	10/1/2015
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	\$0.00	10/1/2016
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	\$0.00	10/1/2016
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, C	\$0.00	10/1/2016
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$0.00	10/1/2016
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$0.00	10/1/2016
17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$0.00	10/1/2016
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$98.93	10/1/2017
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$108.76	10/1/2017
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$65.58	10/1/2017
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$65.58	10/1/2017
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$0.00	10/1/2016
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$98.36	10/1/2017
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$111.29	10/1/2017
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$122.53	10/1/2017
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$0.00	10/1/2016
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$84.87	10/1/2017
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$95.83	10/1/2017
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$108.76	10/1/2017
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$120.28	10/1/2017
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	\$141.36	10/1/2017
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$197.73	10/1/2017
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$0.00	10/1/2014
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$197.73	10/1/2017
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$0.00	10/1/2014

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$0.00	10/1/2014
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE	\$0.00	10/1/2015
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	\$63.23	10/1/2017
19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST (LIST SEPARATELY IN	\$0.00	10/1/2014
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	\$421.01	10/1/2017
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	\$0.00	10/1/2012
19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$421.01	10/1/2017
19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$0.00	1/1/2014
19083	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$421.01	10/1/2017
19084	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$0.00	1/1/2014
19085	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$421.01	10/1/2017
19086	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METAL	\$0.00	1/1/2014
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE (SEPARAT	\$421.01	10/1/2017
19101	BIOPSY OF BREAST; OPEN, INCISIONAL	\$816.67	10/1/2017
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIB	\$816.67	10/1/2017
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR	\$816.67	10/1/2017
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	\$816.67	10/1/2017
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BRE	\$816.67	10/1/2017
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL	\$816.67	10/1/2017
19126	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL	\$0.00	10/1/2014
19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$0.00	1/1/2014
19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$0.00	1/1/2014
19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$0.00	1/1/2014
19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$0.00	1/1/2014
19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$0.00	1/1/2014
19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$0.00	1/1/2014
19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$0.00	1/1/2014
19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEED	\$0.00	1/1/2014
19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FO	\$0.00	2/1/2018
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	\$3,188.08	10/1/2017
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING EXPANDABLE CATHETER (SINGLE OR MULTICHANN	\$0.00	10/1/2015
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE	\$1,612.08	10/1/2017
19300	MASTECTOMY FOR GYNECOMASTIA	\$816.67	10/1/2017
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$816.67	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$1,612.08	10/1/2017
19303	MASTECTOMY, SIMPLE, COMPLETE	\$1,612.08	10/1/2017
19304	MASTECTOMY, SUBCUTANEOUS	\$816.67	10/1/2017
19316	MASTOPEXY	\$1,612.08	10/1/2017
19318	REDUCTION MAMMAPLASTY	\$1,612.08	10/1/2017
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	\$2,249.11	10/1/2017
19328	REMOVAL OF INTACT MAMMARY IMPLANT	\$816.67	10/1/2017
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	\$816.67	10/1/2017
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN	\$1,612.08	10/1/2017
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN	\$2,249.11	10/1/2017
19350	NIPPLE/AREOLA RECONSTRUCTION	\$816.67	10/1/2017
19355	CORRECTION OF INVERTED NIPPLES	\$816.67	10/1/2017
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING	\$2,770.56	10/1/2017
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	\$1,612.08	10/1/2017
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	\$816.67	10/1/2017
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	\$816.67	10/1/2017
19380	REVISION OF RECONSTRUCTED BREAST	\$1,612.08	10/1/2017
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	\$816.67	10/1/2017
20005	INCISION AND DRAINAGE OF SOFT TISSUE ABSCESS, SUBFASCIAL (IE, INVOLVES THE SOFT	\$421.01	10/1/2017
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$230.83	10/1/2017
20150	EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH	\$1,002.27	10/1/2017
20200	BIOPSY, MUSCLE; SUPERFICIAL	\$421.01	10/1/2017
20205	BIOPSY, MUSCLE; DEEP	\$832.93	10/1/2017
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	\$421.01	10/1/2017
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS	\$421.01	10/1/2017
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	\$421.01	10/1/2017
20240	BIOPSY, BONE, OPEN; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS,	\$832.93	10/1/2017
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	\$832.93	10/1/2017
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	\$1,002.27	10/1/2017
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	\$2,374.64	10/1/2017
20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	\$43.00	10/1/2017
20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	\$0.00	10/1/2012
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	\$102.02	10/1/2017
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	\$832.93	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	\$30.92	10/1/2017
20527	INJECTION OF ENZYME IN PALM TISSUE	\$34.28	10/1/2017
20550	INJECTIONS OF TENDON SHEATH, LIGAMENT, OR MUSCLE MEMBRANE	\$18.55	10/1/2017
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	\$25.01	10/1/2017
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	\$23.61	10/1/2017
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	\$27.54	10/1/2017
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT	\$1,002.27	10/1/2017
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	\$17.71	10/1/2017
20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA (EG, FINGERS,	\$30.07	10/1/2017
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	\$18.83	10/1/2017
20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA (EG, TE	\$32.60	10/1/2017
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,	\$22.76	10/1/2017
20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT, OR BURSA (EG, SHOULDER	\$37.38	10/1/2017
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$26.14	10/1/2017
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$118.88	10/1/2017
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING	\$1,002.27	10/1/2017
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	\$555.48	10/1/2017
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	\$1,002.27	10/1/2017
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER INDIVIDUAL	\$121.07	10/1/2017
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE	\$421.01	10/1/2017
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR	\$832.93	10/1/2017
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIX	\$2,374.64	10/1/2017
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL,	\$6,559.31	10/1/2017
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG,	\$2,374.64	10/1/2017
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	\$555.48	10/1/2017
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$7,781.55	10/1/2017
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$555.48	10/1/2017
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON	\$1,002.27	10/1/2017
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	\$2,374.64	10/1/2017
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	\$2,374.64	10/1/2017
20910	CARTILAGE GRAFT; COSTOCHONDRAL	\$197.73	10/1/2017
20912	CARTILAGE GRAFT; NASAL SEPTUM	\$1,119.47	10/1/2017
20920	FASCIA LATA GRAFT; BY STRIPPER	\$730.90	10/1/2017
20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	\$1,119.47	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	\$2,374.64	10/1/2017
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	\$1,119.47	10/1/2017
20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGER	\$0.00	10/1/2013
20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CO	\$0.00	10/1/2013
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB	\$0.00	10/1/2017
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (TH	\$0.00	10/1/2017
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI	\$0.00	10/1/2017
20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE S	\$0.00	2/1/2018
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WIC	\$230.83	10/1/2017
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	\$2,374.64	10/1/2017
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB	\$2,374.64	10/1/2017
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	\$0.00	10/1/2012
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE	\$0.00	10/1/2015
20982	DESTRUCTION OF 1 OR MORE BONE GROWTHS ACCESSED THROUGH THE SKIN	\$2,374.64	10/1/2017
20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, META	\$2,374.64	10/1/2017
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$765.69	10/1/2017
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	\$179.58	10/1/2017
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	\$421.01	10/1/2017
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA	\$237.47	10/1/2017
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAM	\$832.93	10/1/2017
21015	REMOVAL OF (LESS THAN 2 CENTIMETERS) SOFT TISSUE GROWTH OF FACE OR SCALP	\$832.93	10/1/2017
21016	REMOVAL OF (2 CENTIMETERS OR GREATER) SOFT TISSUE GROWTH OF FACE OR SCALP	\$832.93	10/1/2017
21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	\$1,670.49	10/1/2017
21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	\$1,670.49	10/1/2017
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	\$765.69	10/1/2017
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND	\$259.39	10/1/2017
21031	EXCISION OF TORUS MANDIBULARIS	\$211.90	10/1/2017
21032	EXCISION OF MAXILLARY TORUS PALATINUS	\$214.43	10/1/2017
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA	\$1,670.49	10/1/2017
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE	\$765.69	10/1/2017
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	\$1,670.49	10/1/2017
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY	\$1,670.49	10/1/2017
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY	\$1,670.49	10/1/2017
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY	\$1,670.49	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$1,670.49	10/1/2017
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$1,670.49	10/1/2017
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	\$1,670.49	10/1/2017
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES	\$208.25	10/1/2017
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$367.87	10/1/2017
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	\$933.31	10/1/2017
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	\$638.79	10/1/2017
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	\$718.88	10/1/2017
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	\$670.27	10/1/2017
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	\$655.10	10/1/2017
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	\$645.25	10/1/2017
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	\$726.75	10/1/2017
21085	IMPRESSION AND CUSTOM PREPARATION OF ORAL SURGICAL SPLINT	\$188.45	10/1/2017
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	\$694.72	10/1/2017
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	\$688.25	10/1/2017
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	\$765.69	10/1/2017
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL	\$1,670.49	10/1/2017
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE	\$458.63	10/1/2017
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	\$0.00	10/1/2012
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	\$2,278.29	10/1/2017
21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	\$765.69	10/1/2017
21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION	\$1,670.49	10/1/2017
21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES	\$765.69	10/1/2017
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	\$1,670.49	10/1/2017
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR	\$1,670.49	10/1/2017
21137	REDUCTION FOREHEAD; CONTOURING ONLY	\$765.69	10/1/2017
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE	\$1,670.49	10/1/2017
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	\$1,670.49	10/1/2017
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS	\$1,670.49	10/1/2017
21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS	\$1,670.49	10/1/2017
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL;	\$1,670.49	10/1/2017
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	\$1,670.49	10/1/2017
21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	\$1,670.49	10/1/2017
21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC	\$1,670.49	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	\$1,670.49	10/1/2017
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	\$1,670.49	10/1/2017
21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	\$1,670.49	10/1/2017
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES	\$1,670.49	10/1/2017
21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	\$1,670.49	10/1/2017
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES	\$1,670.49	10/1/2017
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	\$1,670.49	10/1/2017
21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	\$10,942.34	10/1/2017
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG,	\$1,670.49	10/1/2017
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	\$1,670.49	10/1/2017
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	\$1,670.49	10/1/2017
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	\$1,670.49	10/1/2017
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER);	\$1,670.49	10/1/2017
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS;	\$1,670.49	10/1/2017
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS;	\$1,670.49	10/1/2017
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	\$1,670.49	10/1/2017
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	\$1,773.59	10/1/2017
21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	\$765.69	10/1/2017
21282	LATERAL CANTHOPEXY	\$765.69	10/1/2017
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	\$458.63	10/1/2017
21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC	\$765.69	10/1/2017
21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	\$84.92	10/1/2017
21315	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITHOUT STABILIZATION	\$458.63	10/1/2017
21320	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION	\$765.69	10/1/2017
21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	\$765.69	10/1/2017
21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL	\$1,670.49	10/1/2017
21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED	\$765.69	10/1/2017
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$1,002.27	10/1/2017
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$765.69	10/1/2017
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	\$1,670.49	10/1/2017
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	\$1,670.49	10/1/2017
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR	\$765.69	10/1/2017
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH	\$458.63	10/1/2017
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND	\$765.69	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPROACH)	\$1,670.49	10/1/2017
21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR	\$1,670.49	10/1/2017
21390	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH	\$1,670.49	10/1/2017
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION	\$188.45	10/1/2017
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATION	\$458.63	10/1/2017
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT	\$1,670.49	10/1/2017
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT	\$1,670.49	10/1/2017
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH	\$765.69	10/1/2017
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	\$354.39	10/1/2017
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE	\$1,670.49	10/1/2017
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	\$188.45	10/1/2017
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	\$458.63	10/1/2017
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	\$1,670.49	10/1/2017
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	\$1,670.49	10/1/2017
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	\$1,670.49	10/1/2017
21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	\$1,670.49	10/1/2017
21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	\$1,670.49	10/1/2017
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	\$1,670.49	10/1/2017
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT	\$84.92	10/1/2017
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT	\$458.63	10/1/2017
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	\$765.69	10/1/2017
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	\$458.63	10/1/2017
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	\$832.93	10/1/2017
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR	\$1,002.27	10/1/2017
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	\$421.01	10/1/2017
21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR G	\$832.93	10/1/2017
21554	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUS	\$832.93	10/1/2017
21555	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; LESS THAN	\$421.01	10/1/2017
21556	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMU	\$832.93	10/1/2017
21557	REMOVAL OF (LESS THAN 5 CENTIMETERS) GROWTH OF NECK OR FRONT OF CHEST	\$832.93	10/1/2017
21558	REMOVAL OF (5 CENTIMETERS OR GREATER) GROWTH OF NECK OR FRONT OF CHEST	\$832.93	10/1/2017
21600	EXCISION OF RIB, PARTIAL	\$2,374.64	10/1/2017
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	\$1,002.27	10/1/2017
21685	HYOID MYOTOMY AND SUSPENSION	\$1,670.49	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	\$1,002.27	10/1/2017
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST	\$1,002.27	10/1/2017
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST	\$230.83	10/1/2017
21820	CLOSED TREATMENT OF STERNUM FRACTURE	\$84.92	10/1/2017
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	\$137.99	10/1/2017
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	\$421.01	10/1/2017
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; LESS THAN 3 CM	\$421.01	10/1/2017
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	\$421.01	10/1/2017
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$832.93	10/1/2017
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	\$832.93	10/1/2017
21935	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF BACK OR FLANK	\$832.93	10/1/2017
21936	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF BACK OR FLANK	\$832.93	10/1/2017
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERV	\$711.68	10/1/2014
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$2,374.64	10/1/2017
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA	\$0.00	10/1/2014
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING	\$84.92	10/1/2017
22315	CLOSED TREATMENT OF BROKEN AND/OR DISLOCATED SPINE BONES WITH CASTING AND/OR BRA	\$555.48	10/1/2017
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	\$555.48	10/1/2017
22510	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$1,002.27	10/1/2017
22511	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$1,002.27	10/1/2017
22512	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL B	\$0.00	1/1/2015
22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$2,374.64	10/1/2017
22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$2,374.64	10/1/2017
22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$0.00	1/1/2015
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	\$6,423.77	10/1/2017
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	\$0.00	10/1/2017
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO	\$6,370.42	10/1/2017
22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO	\$0.00	10/1/2017
22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH L	\$4,836.17	10/1/2017
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH	\$0.00	10/1/2015
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE F	\$0.00	10/1/2017
22842	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	\$0.00	10/1/2017
22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION	\$0.00	10/1/2017
22849	REINSERTION OF SPINAL FIXATION DEVICE	\$988.01	10/1/2014

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	\$546.36	10/1/2014
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	\$522.14	10/1/2014
22853	INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH I	\$0.00	1/1/2017
22854	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) W	\$0.00	1/1/2017
22859	INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, M	\$0.00	1/1/2017
22867	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$10,309.54	10/1/2017
22868	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$0.00	1/1/2017
22869	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$10,309.54	10/1/2017
22870	INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE,	\$0.00	1/1/2017
22900	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	\$832.93	10/1/2017
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG,INTRAMUSCULAR); 5	\$832.93	10/1/2017
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	\$421.01	10/1/2017
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	\$832.93	10/1/2017
22904	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH IN ABDOMINAL WALL	\$832.93	10/1/2017
22905	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH IN ABDOMINAL WALL	\$832.93	10/1/2017
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	\$832.93	10/1/2017
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	\$1,002.27	10/1/2017
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	\$832.93	10/1/2017
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	\$421.01	10/1/2017
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	\$555.48	10/1/2017
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF	\$1,002.27	10/1/2017
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION,	\$1,002.27	10/1/2017
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	\$99.76	10/1/2017
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	\$832.93	10/1/2017
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$421.01	10/1/2017
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5	\$832.93	10/1/2017
23075	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$421.01	10/1/2017
23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$832.93	10/1/2017
23077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF SHOULDER AREA	\$832.93	10/1/2017
23078	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF SHOULDER AREA	\$832.93	10/1/2017
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	\$555.48	10/1/2017
23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY	\$1,002.27	10/1/2017
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$2,374.64	10/1/2017
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	\$1,002.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL	\$2,374.64	10/1/2017
23120	CLAVICULECTOMY; PARTIAL	\$1,002.27	10/1/2017
23125	CLAVICULECTOMY; TOTAL	\$1,002.27	10/1/2017
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL	\$1,002.27	10/1/2017
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	\$1,002.27	10/1/2017
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	\$1,002.27	10/1/2017
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH	\$2,374.64	10/1/2017
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	\$1,002.27	10/1/2017
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	\$2,374.64	10/1/2017
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	\$2,374.64	10/1/2017
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	\$555.48	10/1/2017
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	\$1,002.27	10/1/2017
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO	\$1,002.27	10/1/2017
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,002.27	10/1/2017
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,002.27	10/1/2017
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$2,374.64	10/1/2017
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	\$1,002.27	10/1/2017
23195	RESECTION, HUMERAL HEAD	\$2,374.64	10/1/2017
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	\$230.83	10/1/2017
23333	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$421.01	10/1/2017
23334	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUME	\$832.93	10/1/2017
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER	\$0.00	10/1/2012
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	\$2,374.64	10/1/2017
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE	\$2,374.64	10/1/2017
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	\$2,374.64	10/1/2017
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	\$2,374.64	10/1/2017
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	\$1,544.19	10/1/2017
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	\$2,374.64	10/1/2017
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	\$2,374.64	10/1/2017
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	\$2,374.64	10/1/2017
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES	\$2,374.64	10/1/2017
23430	TENODESIS OF LONG TENDON OF BICEPS	\$2,374.64	10/1/2017
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	\$1,002.27	10/1/2017
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	\$2,374.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	\$2,374.64	10/1/2017
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	\$2,374.64	10/1/2017
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	\$2,374.64	10/1/2017
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	\$2,374.64	10/1/2017
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	\$2,374.64	10/1/2017
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	\$2,374.64	10/1/2017
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR	\$6,283.27	10/1/2017
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$2,374.64	10/1/2017
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$4,836.17	10/1/2017
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	\$555.48	10/1/2017
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	\$2,374.64	10/1/2017
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$555.48	10/1/2017
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$84.92	10/1/2017
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$2,374.64	10/1/2017
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	\$2,374.64	10/1/2017
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	\$84.92	10/1/2017
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	\$84.92	10/1/2017
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	\$2,374.64	10/1/2017
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL	\$2,374.64	10/1/2017
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$555.48	10/1/2017
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) INCLUDES INTERNA	\$2,374.64	10/1/2017
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	\$84.92	10/1/2017
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	\$555.48	10/1/2017
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	\$6,287.25	10/1/2017
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLU	\$10,964.15	10/1/2017
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION	\$555.48	10/1/2017
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATIO	\$2,374.64	10/1/2017
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	\$84.92	10/1/2017
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING	\$555.48	10/1/2017
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	\$2,374.64	10/1/2017
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL	\$555.48	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROS	\$2,374.64	10/1/2017
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK	\$555.48	10/1/2017
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTUR	\$4,836.17	10/1/2017
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION	\$555.48	10/1/2017
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	\$2,374.64	10/1/2017
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING	\$4,836.17	10/1/2017
23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	\$730.90	10/1/2017
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	\$421.01	10/1/2017
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	\$421.01	10/1/2017
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE	\$1,002.27	10/1/2017
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$1,002.27	10/1/2017
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE	\$1,002.27	10/1/2017
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	\$136.02	10/1/2017
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	\$832.93	10/1/2017
24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR G	\$832.93	10/1/2017
24073	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUS	\$832.93	10/1/2017
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; LESS THAN	\$421.01	10/1/2017
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMU	\$832.93	10/1/2017
24077	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF UPPER ARM OR ELBOW	\$832.93	10/1/2017
24079	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF UPPER ARM OR ELBOW	\$832.93	10/1/2017
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	\$1,002.27	10/1/2017
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR	\$1,002.27	10/1/2017
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	\$1,002.27	10/1/2017
24105	EXCISION, OLECRANON BURSA	\$1,002.27	10/1/2017
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	\$1,002.27	10/1/2017
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	\$2,374.64	10/1/2017
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	\$2,374.64	10/1/2017
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$1,002.27	10/1/2017
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$1,002.27	10/1/2017
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR	\$2,374.64	10/1/2017
24130	EXCISION, RADIAL HEAD	\$1,002.27	10/1/2017
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	\$2,374.64	10/1/2017
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	\$1,002.27	10/1/2017
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	\$2,374.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,002.27	10/1/2017
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$2,374.64	10/1/2017
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,002.27	10/1/2017
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH	\$2,374.64	10/1/2017
24152	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	\$2,374.64	10/1/2017
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$1,002.27	10/1/2017
24160	REMOVAL OF ELBOW JOINT HARDWARE	\$1,002.27	10/1/2017
24164	REMOVAL OF HARDWARE OF FOREARM BONE AT ELBOW JOINT	\$1,002.27	10/1/2017
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	\$106.51	10/1/2017
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR	\$832.93	10/1/2017
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$0.00	10/1/2012
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	\$555.48	10/1/2017
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING	\$2,374.64	10/1/2017
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	\$1,002.27	10/1/2017
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	\$1,002.27	10/1/2017
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO	\$2,374.64	10/1/2017
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	\$1,002.27	10/1/2017
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	\$2,374.64	10/1/2017
24332	TENOLYSIS, TRICEPS	\$1,002.27	10/1/2017
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	\$2,374.64	10/1/2017
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR	\$2,374.64	10/1/2017
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT	\$2,374.64	10/1/2017
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$1,002.27	10/1/2017
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	\$2,374.64	10/1/2017
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$2,374.64	10/1/2017
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES	\$4,836.17	10/1/2017
24357	INCISION OF TENDON TO REPAIR ELBOW JOINT, ACCESSED THROUGH THE SKIN	\$1,002.27	10/1/2017
24358	REMOVAL OF TISSUE AND/OR BONE AT ELBOW, OPEN PROCEDURE	\$1,002.27	10/1/2017
24359	REMOVAL OF TISSUE AND/OR BONE AT ELBOW WITH TENDON REPAIR, OPEN PROCEDURE	\$1,002.27	10/1/2017
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	\$2,374.64	10/1/2017
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	\$11,869.99	10/1/2017
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	\$6,525.50	10/1/2017
24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC	\$11,563.19	10/1/2017
24365	ARTHROPLASTY, RADIAL HEAD;	\$6,631.22	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	\$6,780.66	10/1/2017
24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	\$6,328.67	10/1/2017
24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERA	\$11,219.55	10/1/2017
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$2,374.64	10/1/2017
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT	\$4,836.17	10/1/2017
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$2,374.64	10/1/2017
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION	\$6,298.85	10/1/2017
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT	\$6,271.67	10/1/2017
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	\$1,002.27	10/1/2017
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	\$2,374.64	10/1/2017
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT	\$4,836.17	10/1/2017
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT	\$555.48	10/1/2017
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	\$4,836.17	10/1/2017
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT,	\$4,836.17	10/1/2017
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	\$84.92	10/1/2017
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	\$555.48	10/1/2017
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL	\$2,374.64	10/1/2017
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	\$6,409.86	10/1/2017
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTE	\$10,600.77	10/1/2017
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	\$84.92	10/1/2017
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$555.48	10/1/2017
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR	\$1,002.27	10/1/2017
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTE	\$4,836.17	10/1/2017
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	\$84.92	10/1/2017
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH	\$555.48	10/1/2017
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNA	\$4,836.17	10/1/2017
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL,	\$1,002.27	10/1/2017
24586	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW	\$4,836.17	10/1/2017
24587	OPEN TREATMENT OF BROKEN AND/OR DISLOCATED UPPER OR LOWER ARM BONES AT ELBOW WIT	\$6,541.41	10/1/2017
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	\$84.92	10/1/2017
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	\$555.48	10/1/2017
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	\$2,374.64	10/1/2017
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE	\$555.48	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	\$2,374.64	10/1/2017
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH	\$53.96	10/1/2017
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	\$555.48	10/1/2017
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	\$2,374.64	10/1/2017
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RA	\$6,713.06	10/1/2017
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	\$84.92	10/1/2017
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROC	\$555.48	10/1/2017
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCES	\$2,374.64	10/1/2017
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	\$2,374.64	10/1/2017
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$4,836.17	10/1/2017
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	\$1,002.27	10/1/2017
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	\$555.48	10/1/2017
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	\$555.48	10/1/2017
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	\$555.48	10/1/2017
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT;	\$1,002.27	10/1/2017
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$1,002.27	10/1/2017
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR	\$1,002.27	10/1/2017
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	\$1,002.27	10/1/2017
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	\$555.48	10/1/2017
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE	\$2,374.64	10/1/2017
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR	\$1,002.27	10/1/2017
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	\$136.87	10/1/2017
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$832.93	10/1/2017
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR	\$421.01	10/1/2017
25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	\$832.93	10/1/2017
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; LESS TH	\$421.01	10/1/2017
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRA	\$421.01	10/1/2017
25077	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH AT FOREARM AND/OR WRIST	\$421.01	10/1/2017
25078	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH AT FOREARM AND/OR WRIST	\$832.93	10/1/2017
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	\$1,002.27	10/1/2017
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	\$1,002.27	10/1/2017
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH	\$1,002.27	10/1/2017
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	\$1,002.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE,	\$1,002.27	10/1/2017
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	\$1,002.27	10/1/2017
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$555.48	10/1/2017
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	\$555.48	10/1/2017
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	\$1,002.27	10/1/2017
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	\$555.48	10/1/2017
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG,	\$1,002.27	10/1/2017
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	\$1,002.27	10/1/2017
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION	\$1,002.27	10/1/2017
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$1,002.27	10/1/2017
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$1,002.27	10/1/2017
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING	\$1,002.27	10/1/2017
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	\$1,002.27	10/1/2017
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	\$1,002.27	10/1/2017
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH	\$2,374.64	10/1/2017
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	\$1,002.27	10/1/2017
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	\$1,002.27	10/1/2017
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG,	\$1,002.27	10/1/2017
25210	CARPECTOMY; ONE BONE	\$1,002.27	10/1/2017
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	\$1,002.27	10/1/2017
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$1,002.27	10/1/2017
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)	\$1,002.27	10/1/2017
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	\$0.00	10/1/2012
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$1,002.27	10/1/2017
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	\$555.48	10/1/2017
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST	\$1,002.27	10/1/2017
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	\$555.48	10/1/2017
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TE	\$1,002.27	10/1/2017
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH	\$1,002.27	10/1/2017
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$1,002.27	10/1/2017
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH	\$1,002.27	10/1/2017
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	\$1,002.27	10/1/2017
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE	\$1,002.27	10/1/2017
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT	\$1,002.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	\$1,002.27	10/1/2017
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH	\$1,002.27	10/1/2017
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	\$1,002.27	10/1/2017
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	\$1,002.27	10/1/2017
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	\$1,002.27	10/1/2017
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	\$1,002.27	10/1/2017
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST,	\$1,002.27	10/1/2017
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	\$2,374.64	10/1/2017
25316	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM	\$2,374.64	10/1/2017
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT	\$2,374.64	10/1/2017
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR	\$1,002.27	10/1/2017
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	\$1,002.27	10/1/2017
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR	\$2,374.64	10/1/2017
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	\$3,211.09	10/1/2017
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	\$1,002.27	10/1/2017
25360	OSTEOTOMY; ULNA	\$2,374.64	10/1/2017
25365	OSTEOTOMY; RADIUS AND ULNA	\$4,836.17	10/1/2017
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	\$1,002.27	10/1/2017
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	\$1,002.27	10/1/2017
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	\$2,374.64	10/1/2017
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	\$6,287.91	10/1/2017
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	\$1,002.27	10/1/2017
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	\$1,002.27	10/1/2017
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	\$1,002.27	10/1/2017
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION	\$2,374.64	10/1/2017
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES	\$2,374.64	10/1/2017
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION	\$2,374.64	10/1/2017
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT (INCLUDES	\$3,177.76	10/1/2017
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	\$2,935.09	10/1/2017
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	\$1,340.48	10/1/2017
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)	\$1,002.27	10/1/2017
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))	\$2,374.64	10/1/2017
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL	\$2,374.64	10/1/2017
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	\$6,981.47	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	\$11,550.74	10/1/2017
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	\$3,287.80	10/1/2017
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	\$6,867.48	10/1/2017
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	\$3,124.85	10/1/2017
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE	\$11,712.18	10/1/2017
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	\$1,002.27	10/1/2017
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	\$2,374.64	10/1/2017
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	\$1,002.27	10/1/2017
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	\$1,002.27	10/1/2017
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$2,374.64	10/1/2017
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$4,836.17	10/1/2017
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$1,002.27	10/1/2017
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	\$555.48	10/1/2017
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$2,374.64	10/1/2017
25520	CLOSED TREATMENT OF BROKEN FOREARM AND DISLOCATED WRIST BONES	\$555.48	10/1/2017
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$2,374.64	10/1/2017
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFOR	\$2,374.64	10/1/2017
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	\$84.92	10/1/2017
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORM	\$2,374.64	10/1/2017
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	\$84.92	10/1/2017
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	\$555.48	10/1/2017
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	\$2,374.64	10/1/2017
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN	\$2,374.64	10/1/2017
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYS	\$84.92	10/1/2017
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	\$555.48	10/1/2017
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATIO	\$1,002.27	10/1/2017
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$3,159.59	10/1/2017
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$3,146.19	10/1/2017
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$3,180.05	10/1/2017
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	\$555.48	10/1/2017
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INCLUDES INTERNAL FIXATI	\$2,374.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$84.92	10/1/2017
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	\$555.48	10/1/2017
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID	\$1,002.27	10/1/2017
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	\$84.92	10/1/2017
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	\$1,002.27	10/1/2017
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$2,374.64	10/1/2017
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES,	\$84.92	10/1/2017
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	\$1,002.27	10/1/2017
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	\$1,002.27	10/1/2017
25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	\$84.92	10/1/2017
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	\$2,374.64	10/1/2017
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH	\$84.92	10/1/2017
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	\$1,002.27	10/1/2017
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$555.48	10/1/2017
25695	OPEN TREATMENT OF LUNATE DISLOCATION	\$2,374.64	10/1/2017
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/ OR I	\$3,191.69	10/1/2017
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	\$2,374.64	10/1/2017
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$4,836.17	10/1/2017
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	\$2,374.64	10/1/2017
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	\$2,374.64	10/1/2017
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR	\$2,374.64	10/1/2017
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	\$1,002.27	10/1/2017
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	\$555.48	10/1/2017
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	\$730.90	10/1/2017
25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	\$1,002.27	10/1/2017
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	\$65.58	10/1/2017
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	\$421.01	10/1/2017
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	\$1,002.27	10/1/2017
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	\$1,002.27	10/1/2017
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	\$1,002.27	10/1/2017
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	\$555.48	10/1/2017
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	\$1,002.27	10/1/2017
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	\$1,002.27	10/1/2017
26040	RELEASE OF TISSUES OF PALM, ACCESSED THROUGH THE SKIN	\$555.48	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
26045	PARTIAL RELEASE OF TISSUES OF PALM, OPEN PROCEDURE	\$1,002.27	10/1/2017
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	\$555.48	10/1/2017
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	\$555.48	10/1/2017
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$555.48	10/1/2017
26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$1,002.27	10/1/2017
26080	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	\$555.48	10/1/2017
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	\$1,002.27	10/1/2017
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	\$1,002.27	10/1/2017
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	\$555.48	10/1/2017
26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER,SUBCUTAN	\$421.01	10/1/2017
26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	\$421.01	10/1/2017
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTA	\$421.01	10/1/2017
26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFA	\$421.01	10/1/2017
26117	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF HAND OR FINGER	\$832.93	10/1/2017
26118	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF HAND OR FINGER	\$832.93	10/1/2017
26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE	\$1,002.27	10/1/2017
26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	\$1,002.27	10/1/2017
26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL	\$0.00	10/1/2014
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	\$1,002.27	10/1/2017
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR	\$1,002.27	10/1/2017
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION,	\$555.48	10/1/2017
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM	\$555.48	10/1/2017
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR	\$555.48	10/1/2017
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	\$555.48	10/1/2017
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	\$555.48	10/1/2017
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	\$555.48	10/1/2017
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	\$1,002.27	10/1/2017
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH	\$2,374.64	10/1/2017
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	\$555.48	10/1/2017
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR	\$1,002.27	10/1/2017
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$1,002.27	10/1/2017
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$555.48	10/1/2017
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG,	\$555.48	10/1/2017
26250	RADICAL RESECTION OF TUMOR, METACARPAL	\$1,002.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
26260	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	\$1,002.27	10/1/2017
26262	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	\$1,002.27	10/1/2017
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	\$421.01	10/1/2017
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$555.48	10/1/2017
26341	MANIPULATION OF PALM PRETENDINOUS CORD FOLLOWING ENZYME INJECTION	\$48.62	10/1/2017
26350	REPAIR OF FINGER TENDON	\$1,002.27	10/1/2017
26352	REPAIR OF FINGER TENDON WITH GRAFT	\$1,002.27	10/1/2017
26356	REPAIR OF FINGER TENDON	\$1,002.27	10/1/2017
26357	REPAIR OF FINGER TENDON	\$1,002.27	10/1/2017
26358	REPAIR OF FINGER TENDON WITH GRAFT	\$1,002.27	10/1/2017
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$1,002.27	10/1/2017
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$2,374.64	10/1/2017
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	\$1,002.27	10/1/2017
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON	\$2,374.64	10/1/2017
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER	\$2,374.64	10/1/2017
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	\$1,002.27	10/1/2017
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES	\$1,002.27	10/1/2017
26415	EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED	\$555.48	10/1/2017
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	\$1,002.27	10/1/2017
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH	\$1,002.27	10/1/2017
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT	\$1,002.27	10/1/2017
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	\$1,002.27	10/1/2017
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY);	\$1,002.27	10/1/2017
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT	\$555.48	10/1/2017
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT	\$1,002.27	10/1/2017
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE	\$1,002.27	10/1/2017
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	\$1,002.27	10/1/2017
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	\$555.48	10/1/2017
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	\$1,002.27	10/1/2017
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	\$1,002.27	10/1/2017
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	\$1,002.27	10/1/2017
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	\$1,002.27	10/1/2017
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	\$555.48	10/1/2017
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	\$555.48	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	\$1,002.27	10/1/2017
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	\$1,002.27	10/1/2017
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$1,002.27	10/1/2017
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	\$1,002.27	10/1/2017
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$1,002.27	10/1/2017
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	\$555.48	10/1/2017
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND;	\$1,002.27	10/1/2017
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH	\$1,002.27	10/1/2017
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	\$1,002.27	10/1/2017
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES	\$1,002.27	10/1/2017
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	\$1,002.27	10/1/2017
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH	\$1,002.27	10/1/2017
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	\$1,002.27	10/1/2017
26496	OPPONENSPLASTY; OTHER METHODS	\$1,002.27	10/1/2017
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	\$1,002.27	10/1/2017
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	\$1,002.27	10/1/2017
26499	CORRECTION CLAW FINGER, OTHER METHODS	\$1,002.27	10/1/2017
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE	\$2,374.64	10/1/2017
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT	\$1,002.27	10/1/2017
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	\$1,002.27	10/1/2017
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	\$1,002.27	10/1/2017
26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	\$1,002.27	10/1/2017
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS	\$1,002.27	10/1/2017
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS	\$1,002.27	10/1/2017
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	\$1,002.27	10/1/2017
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	\$1,002.27	10/1/2017
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	\$1,002.27	10/1/2017
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$3,183.40	10/1/2017
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	\$1,002.27	10/1/2017
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	\$2,374.64	10/1/2017
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	\$1,002.27	10/1/2017
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	\$1,002.27	10/1/2017
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH	\$1,002.27	10/1/2017
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING	\$1,002.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR	\$2,374.64	10/1/2017
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	\$1,002.27	10/1/2017
26550	POLLICIZATION OF A DIGIT	\$1,002.27	10/1/2017
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	\$2,374.64	10/1/2017
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	\$555.48	10/1/2017
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	\$1,002.27	10/1/2017
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE,	\$1,002.27	10/1/2017
26565	OSTEOTOMY; METACARPAL, EACH	\$1,002.27	10/1/2017
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	\$1,002.27	10/1/2017
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	\$3,271.58	10/1/2017
26580	REPAIR CLEFT HAND	\$1,002.27	10/1/2017
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	\$1,002.27	10/1/2017
26590	REPAIR MACRODACTYLIA, EACH DIGIT	\$555.48	10/1/2017
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$1,002.27	10/1/2017
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	\$1,002.27	10/1/2017
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	\$1,002.27	10/1/2017
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	\$84.92	10/1/2017
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	\$84.92	10/1/2017
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL	\$1,002.27	10/1/2017
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	\$1,002.27	10/1/2017
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN	\$1,002.27	10/1/2017
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	\$84.92	10/1/2017
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT	\$555.48	10/1/2017
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (B	\$1,002.27	10/1/2017
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	\$1,002.27	10/1/2017
26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	\$84.92	10/1/2017
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	\$555.48	10/1/2017
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN	\$1,002.27	10/1/2017
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERN	\$1,002.27	10/1/2017
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX,	\$1,002.27	10/1/2017
26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	\$84.92	10/1/2017
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	\$555.48	10/1/2017
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH	\$1,002.27	10/1/2017
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIX	\$1,002.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	\$84.92	10/1/2017
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	\$84.92	10/1/2017
26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL	\$1,002.27	10/1/2017
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	\$1,002.27	10/1/2017
26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$84.92	10/1/2017
26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR	\$555.48	10/1/2017
26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHAL	\$1,002.27	10/1/2017
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT	\$84.92	10/1/2017
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH	\$84.92	10/1/2017
26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB,	\$1,002.27	10/1/2017
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL	\$1,002.27	10/1/2017
26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$84.92	10/1/2017
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH	\$93.57	10/1/2017
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE,	\$1,002.27	10/1/2017
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$1,002.27	10/1/2017
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	\$2,374.64	10/1/2017
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$2,374.64	10/1/2017
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	\$2,374.64	10/1/2017
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	\$2,374.64	10/1/2017
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH	\$2,374.64	10/1/2017
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$2,374.64	10/1/2017
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$2,374.64	10/1/2017
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	\$1,002.27	10/1/2017
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH	\$0.00	10/1/2014
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$1,002.27	10/1/2017
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH	\$0.00	10/1/2014
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR W	\$1,002.27	10/1/2017
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	\$1,002.27	10/1/2017
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX,	\$1,002.27	10/1/2017
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	\$1,002.27	10/1/2017
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	\$1,002.27	10/1/2017
27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	\$1,002.27	10/1/2017
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	\$1,002.27	10/1/2017
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	\$2,374.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	\$1,200.84	10/1/2015
27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	\$1,220.32	10/1/2014
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	\$1,002.27	10/1/2017
27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF	\$1,002.27	10/1/2017
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	\$421.01	10/1/2017
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	\$421.01	10/1/2017
27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREAT	\$832.93	10/1/2017
27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	\$832.93	10/1/2017
27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; LESS THAN 3 C	\$832.93	10/1/2017
27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCUL	\$832.93	10/1/2017
27049	REMOVAL OF (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF PELVIS OR HIP	\$832.93	10/1/2017
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	\$555.48	10/1/2017
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	\$555.48	10/1/2017
27059	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF PELVIS OR HIP	\$832.93	10/1/2017
27060	EXCISION; ISCHIAL BURSA	\$1,002.27	10/1/2017
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	\$1,002.27	10/1/2017
27065	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$1,002.27	10/1/2017
27066	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$1,002.27	10/1/2017
27067	EXCISION OF BONE CYST OR BENIGN TUMOR, WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATE	\$2,374.64	10/1/2017
27080	COCCYGECTOMY, PRIMARY	\$1,002.27	10/1/2017
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	\$421.01	10/1/2017
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$1,002.27	10/1/2017
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	\$0.00	10/1/2012
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	\$0.00	10/1/2012
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANC	\$61.86	10/1/2014
27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	\$1,002.27	10/1/2017
27098	TRANSFER, ADDUCTOR TO ISCHIUM	\$1,002.27	10/1/2017
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR	\$2,374.64	10/1/2017
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	\$1,002.27	10/1/2017
27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER OF FEMUR	\$2,374.64	10/1/2017
27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	\$1,002.27	10/1/2017
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL	\$1,036.05	10/1/2014
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	\$689.33	10/1/2014
27197	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	\$114.39	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS	\$114.39	10/1/2017
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	\$81.50	10/1/2017
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	\$1,002.27	10/1/2017
27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	\$84.92	10/1/2017
27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	\$84.92	10/1/2017
27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC	\$555.48	10/1/2017
27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	\$84.92	10/1/2017
27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	\$84.92	10/1/2017
27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	\$555.48	10/1/2017
27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	\$84.92	10/1/2017
27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL	\$555.48	10/1/2017
27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	\$84.92	10/1/2017
27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR	\$555.48	10/1/2017
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	\$1,002.27	10/1/2017
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$555.48	10/1/2017
27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISU	\$11,936.95	10/1/2017
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	\$832.93	10/1/2017
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	\$1,002.27	10/1/2017
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE	\$555.48	10/1/2017
27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	\$1,002.27	10/1/2017
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG,	\$1,002.27	10/1/2017
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	\$421.01	10/1/2017
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$832.93	10/1/2017
27325	NEURECTOMY, HAMSTRING MUSCLE	\$631.55	10/1/2017
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$631.55	10/1/2017
27327	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$421.01	10/1/2017
27328	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULA	\$832.93	10/1/2017
27329	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF THIGH OR KNEE	\$832.93	10/1/2017
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	\$1,002.27	10/1/2017
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR	\$1,002.27	10/1/2017
27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR	\$1,002.27	10/1/2017
27333	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL	\$1,002.27	10/1/2017
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	\$1,002.27	10/1/2017
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL	\$2,374.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER	\$832.93	10/1/2017
27339	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR)	\$832.93	10/1/2017
27340	EXCISION, PREPATELLAR BURSA	\$1,002.27	10/1/2017
27345	REMOVAL OF CYST OF MEMBRANE COVERING BEHIND KNEE JOINT	\$1,002.27	10/1/2017
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	\$1,002.27	10/1/2017
27350	PATELLECTOMY OR HEMIPATELLECTOMY	\$1,002.27	10/1/2017
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	\$1,002.27	10/1/2017
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	\$6,909.90	10/1/2017
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT	\$2,374.64	10/1/2017
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL	\$0.00	10/1/2014
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR,	\$1,002.27	10/1/2017
27364	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF THIGH OR KNEE	\$832.93	10/1/2017
27370	INJECTION OF CONTRAST FOR X-RAY IMAGING OF KNEE	\$0.00	10/1/2012
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$832.93	10/1/2017
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	\$2,374.64	10/1/2017
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR	\$2,374.64	10/1/2017
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	\$2,374.64	10/1/2017
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION,	\$2,374.64	10/1/2017
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	\$1,002.27	10/1/2017
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	\$1,002.27	10/1/2017
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	\$1,002.27	10/1/2017
27393	LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON	\$1,002.27	10/1/2017
27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	\$2,374.64	10/1/2017
27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	\$1,002.27	10/1/2017
27396	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	\$2,374.64	10/1/2017
27397	TRANSPLANT OR TRANSFER (WITH MUSCLE REDIRECTION OR REROUTING), THIGH (EG, EXTENS	\$3,543.16	10/1/2017
27400	TRANSFER OF TENDON OR MUSCLE IN HAMSTRING	\$2,374.64	10/1/2017
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	\$1,002.27	10/1/2017
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	\$2,374.64	10/1/2017
27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	\$3,482.85	10/1/2017
27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE	\$2,374.64	10/1/2017
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	\$6,978.16	10/1/2017
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING O	\$3,267.70	10/1/2017
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	\$2,374.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	\$2,374.64	10/1/2017
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE	\$2,374.64	10/1/2017
27424	RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY	\$2,374.64	10/1/2017
27425	LATERAL RETINACULAR RELEASE, OPEN	\$1,002.27	10/1/2017
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	\$2,374.64	10/1/2017
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	\$4,836.17	10/1/2017
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND	\$4,836.17	10/1/2017
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	\$2,374.64	10/1/2017
27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	\$1,002.27	10/1/2017
27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	\$2,374.64	10/1/2017
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	\$6,302.16	10/1/2017
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	\$6,420.79	10/1/2017
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	\$4,836.17	10/1/2017
27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;	\$6,508.60	10/1/2017
27443	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND	\$4,836.17	10/1/2017
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	\$6,539.42	10/1/2017
27475	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR	\$2,374.64	10/1/2017
27479	ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR,	\$3,244.24	10/1/2017
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU	\$503.25	10/1/2014
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	\$1,002.27	10/1/2017
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR	\$1,002.27	10/1/2017
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	\$555.48	10/1/2017
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH	\$1,002.27	10/1/2017
27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	\$84.92	10/1/2017
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	\$84.92	10/1/2017
27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT	\$555.48	10/1/2017
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR	\$555.48	10/1/2017
27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	\$84.92	10/1/2017
27509	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR	\$2,982.18	10/1/2017
27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE,	\$555.48	10/1/2017
27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	\$84.92	10/1/2017
27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION,	\$555.48	10/1/2017
27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	\$84.92	10/1/2017
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR	\$2,374.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	\$84.92	10/1/2017
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT	\$1,002.27	10/1/2017
27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF	\$84.92	10/1/2017
27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	\$84.92	10/1/2017
27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	\$555.48	10/1/2017
27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	\$84.92	10/1/2017
27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	\$84.92	10/1/2017
27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL	\$2,374.64	10/1/2017
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRA	\$555.48	10/1/2017
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	\$1,002.27	10/1/2017
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	\$1,002.27	10/1/2017
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	\$1,002.27	10/1/2017
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	\$1,002.27	10/1/2017
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	\$832.93	10/1/2017
27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	\$1,002.27	10/1/2017
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA	\$555.48	10/1/2017
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA	\$1,002.27	10/1/2017
27607	INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	\$1,002.27	10/1/2017
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	\$1,002.27	10/1/2017
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON	\$1,002.27	10/1/2017
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	\$131.81	10/1/2017
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	\$832.93	10/1/2017
27615	REMOVAL (LESS THAN 5 CENTIMETERS) TISSUE GROWTH OF LEG OR ANKLE	\$832.93	10/1/2017
27616	REMOVAL (5 CENTIMETERS OR GREATER) TISSUE GROWTH OF LEG OR ANKLE	\$832.93	10/1/2017
27618	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; LESS THAN 3 CM	\$421.01	10/1/2017
27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$832.93	10/1/2017
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHO	\$1,002.27	10/1/2017
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	\$1,002.27	10/1/2017
27626	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY	\$1,002.27	10/1/2017
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG	\$1,002.27	10/1/2017
27632	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH BENEATH THE SKIN OF LEG OR ANKL	\$832.93	10/1/2017
27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR	\$832.93	10/1/2017
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	\$1,002.27	10/1/2017
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	\$2,374.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH	\$2,374.64	10/1/2017
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	\$1,002.27	10/1/2017
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY), BONE (EG, OST	\$1,002.27	10/1/2017
27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	\$1,002.27	10/1/2017
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$0.00	10/1/2012
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	\$1,002.27	10/1/2017
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT	\$2,374.64	10/1/2017
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	\$2,374.64	10/1/2017
27656	REPAIR, FASCIAL DEFECT OF LEG	\$1,002.27	10/1/2017
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$1,002.27	10/1/2017
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$2,374.64	10/1/2017
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	\$2,374.64	10/1/2017
27665	REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	\$2,374.64	10/1/2017
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	\$1,002.27	10/1/2017
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	\$2,374.64	10/1/2017
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON	\$1,002.27	10/1/2017
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS	\$1,002.27	10/1/2017
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE	\$1,002.27	10/1/2017
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH	\$1,002.27	10/1/2017
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	\$1,002.27	10/1/2017
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$2,374.64	10/1/2017
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$2,374.64	10/1/2017
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING);	\$0.00	10/1/2014
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	\$2,374.64	10/1/2017
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	\$2,374.64	10/1/2017
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES	\$2,374.64	10/1/2017
27700	ARTHROPLASTY, ANKLE;	\$2,374.64	10/1/2017
27704	REMOVAL OF ANKLE IMPLANT	\$1,002.27	10/1/2017
27705	OSTEOTOMY; TIBIA	\$2,374.64	10/1/2017
27707	OSTEOTOMY; FIBULA	\$1,002.27	10/1/2017
27709	OSTEOTOMY; TIBIA AND FIBULA	\$6,228.93	10/1/2017
27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION	\$2,374.64	10/1/2017
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	\$2,374.64	10/1/2017
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	\$768.89	10/1/2014

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
27730	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA	\$1,002.27	10/1/2017
27732	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA	\$1,002.27	10/1/2017
27734	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA	\$1,002.27	10/1/2017
27740	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$1,348.76	10/1/2017
27742	ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL	\$1,002.27	10/1/2017
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT	\$2,663.33	10/1/2017
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WI	\$84.92	10/1/2017
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	\$555.48	10/1/2017
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT	\$2,374.64	10/1/2017
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE)	\$4,836.17	10/1/2017
27759	TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY	\$4,836.17	10/1/2017
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR	\$555.48	10/1/2017
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PE	\$2,374.64	10/1/2017
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	\$555.48	10/1/2017
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$2,374.64	10/1/2017
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	\$555.48	10/1/2017
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION,	\$2,374.64	10/1/2017
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT	\$84.92	10/1/2017
27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH	\$84.92	10/1/2017
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL	\$2,374.64	10/1/2017
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	\$84.92	10/1/2017
27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI,	\$555.48	10/1/2017
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, O	\$2,374.64	10/1/2017
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	\$555.48	10/1/2017
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$2,374.64	10/1/2017
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$2,374.64	10/1/2017
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	\$84.92	10/1/2017
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL	\$555.48	10/1/2017
27826	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF FIBULA (SMALLER LOWE	\$2,374.64	10/1/2017
27827	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF SHIN BONE	\$4,836.17	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
27828	OPEN TREATMENT OF FRACTURE OF LOWER WEIGHT BEARING JOINT OF BOTH LOWER LEG BONES	\$4,836.17	10/1/2017
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES I	\$2,374.64	10/1/2017
27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	\$84.92	10/1/2017
27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING	\$1,002.27	10/1/2017
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIX	\$2,374.64	10/1/2017
27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	\$84.92	10/1/2017
27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT	\$555.48	10/1/2017
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	\$2,374.64	10/1/2017
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL	\$2,374.64	10/1/2017
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION	\$1,002.27	10/1/2017
27870	ARTHRODESIS, ANKLE, OPEN	\$6,168.29	10/1/2017
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	\$6,098.04	10/1/2017
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	\$1,002.27	10/1/2017
27889	ANKLE DISARTICULATION	\$2,374.64	10/1/2017
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH D	\$1,002.27	10/1/2017
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT	\$2,374.64	10/1/2017
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR	\$555.48	10/1/2017
28001	INCISION AND DRAINAGE, BURSA, FOOT	\$139.39	10/1/2017
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$1,002.27	10/1/2017
28003	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT,	\$1,002.27	10/1/2017
28005	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT	\$1,002.27	10/1/2017
28008	FASCIOTOMY, FOOT AND/OR TOE	\$1,002.27	10/1/2017
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	\$96.96	10/1/2017
28011	TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS	\$555.48	10/1/2017
28020	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$1,002.27	10/1/2017
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$1,002.27	10/1/2017
28024	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN	\$1,002.27	10/1/2017
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$631.55	10/1/2017
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	\$832.93	10/1/2017
28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5	\$832.93	10/1/2017
28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	\$421.01	10/1/2017
28045	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); LES	\$832.93	10/1/2017
28046	REMOVAL (LESS THAN 3 CENTIMETERS) TISSUE GROWTH OF FOOT OR TOE	\$832.93	10/1/2017
28047	REMOVAL (3 CENTIMETERS OR GREATER) TISSUE GROWTH OF FOOT OR TOE	\$832.93	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
28050	ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	\$1,002.27	10/1/2017
28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	\$1,002.27	10/1/2017
28054	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT	\$1,002.27	10/1/2017
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$631.55	10/1/2017
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	\$1,002.27	10/1/2017
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	\$1,002.27	10/1/2017
28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	\$1,002.27	10/1/2017
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	\$1,002.27	10/1/2017
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$555.48	10/1/2017
28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	\$1,002.27	10/1/2017
28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	\$555.48	10/1/2017
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$1,002.27	10/1/2017
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY)	\$555.48	10/1/2017
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	\$1,002.27	10/1/2017
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	\$2,374.64	10/1/2017
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH	\$2,374.64	10/1/2017
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$1,002.27	10/1/2017
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$2,374.64	10/1/2017
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL,	\$2,374.64	10/1/2017
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	\$555.48	10/1/2017
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE	\$1,002.27	10/1/2017
28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	\$1,002.27	10/1/2017
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	\$1,002.27	10/1/2017
28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	\$1,002.27	10/1/2017
28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL	\$1,002.27	10/1/2017
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	\$1,002.27	10/1/2017
28118	OSTECTOMY, CALCANEUS;	\$1,002.27	10/1/2017
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	\$1,002.27	10/1/2017
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$1,002.27	10/1/2017
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$1,002.27	10/1/2017
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR	\$235.79	10/1/2017
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	\$1,002.27	10/1/2017
28130	TALECTOMY (ASTRAGALECTOMY)	\$1,002.27	10/1/2017
28140	METATARSECTOMY	\$1,002.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
28150	PHALANGECTOMY, TOE, EACH TOE	\$1,002.27	10/1/2017
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	\$555.48	10/1/2017
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF	\$1,002.27	10/1/2017
28171	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	\$1,002.27	10/1/2017
28173	RADICAL RESECTION OF TUMOR; METATARSAL	\$1,002.27	10/1/2017
28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	\$555.48	10/1/2017
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	\$146.98	10/1/2017
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	\$421.01	10/1/2017
28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	\$421.01	10/1/2017
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TEN	\$1,002.27	10/1/2017
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES	\$2,374.64	10/1/2017
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	\$1,002.27	10/1/2017
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON	\$2,374.64	10/1/2017
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	\$224.83	10/1/2017
28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS	\$1,002.27	10/1/2017
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	\$1,002.27	10/1/2017
28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS	\$555.48	10/1/2017
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE	\$220.62	10/1/2017
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	\$207.69	10/1/2017
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	\$555.48	10/1/2017
28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF	\$2,374.64	10/1/2017
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$1,002.27	10/1/2017
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE	\$1,002.27	10/1/2017
28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	\$555.48	10/1/2017
28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	\$1,002.27	10/1/2017
28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND	\$2,374.64	10/1/2017
28264	CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)	\$555.48	10/1/2017
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT	\$1,002.27	10/1/2017
28272	CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)	\$202.06	10/1/2017
28280	SYNDACTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)	\$1,002.27	10/1/2017
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL	\$1,002.27	10/1/2017
28286	CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE	\$1,002.27	10/1/2017
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH	\$1,002.27	10/1/2017
28289	CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE	\$1,002.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$3,097.69	10/1/2017
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER,	\$1,002.27	10/1/2017
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED, W	\$1,334.89	10/1/2017
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH	\$1,002.27	10/1/2017
28297	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS	\$2,374.64	10/1/2017
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX	\$2,374.64	10/1/2017
28299	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE	\$1,002.27	10/1/2017
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT	\$2,374.64	10/1/2017
28302	OSTEOTOMY; TALUS	\$2,374.64	10/1/2017
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	\$2,374.64	10/1/2017
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT	\$3,114.27	10/1/2017
28306	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$2,374.64	10/1/2017
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$1,002.27	10/1/2017
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$1,002.27	10/1/2017
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	\$2,374.64	10/1/2017
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,	\$1,002.27	10/1/2017
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY	\$1,002.27	10/1/2017
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,	\$1,002.27	10/1/2017
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$1,002.27	10/1/2017
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES	\$4,836.17	10/1/2017
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES	\$2,374.64	10/1/2017
28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	\$1,002.27	10/1/2017
28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	\$1,002.27	10/1/2017
28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	\$1,002.27	10/1/2017
28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	\$1,002.27	10/1/2017
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	\$84.92	10/1/2017
28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	\$2,374.64	10/1/2017
28415	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$2,374.64	10/1/2017
28420	OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$6,186.85	10/1/2017
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	\$84.92	10/1/2017
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	\$555.48	10/1/2017
28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	\$3,215.49	10/1/2017
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	\$2,374.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	\$2,374.64	10/1/2017
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT	\$84.92	10/1/2017
28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH	\$129.84	10/1/2017
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND	\$2,374.64	10/1/2017
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES IN	\$2,374.64	10/1/2017
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	\$84.92	10/1/2017
28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	\$84.92	10/1/2017
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	\$1,002.27	10/1/2017
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORME	\$2,374.64	10/1/2017
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	\$79.81	10/1/2017
28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	\$84.92	10/1/2017
28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES,	\$1,002.27	10/1/2017
28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL F	\$1,002.27	10/1/2017
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	\$62.95	10/1/2017
28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH	\$81.78	10/1/2017
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES	\$1,002.27	10/1/2017
28530	CLOSED TREATMENT OF SESAMOID FRACTURE	\$58.74	10/1/2017
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$2,374.64	10/1/2017
28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT	\$84.92	10/1/2017
28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING	\$1,359.14	10/1/2017
28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN	\$555.48	10/1/2017
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERF	\$2,374.64	10/1/2017
28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$84.92	10/1/2017
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$1,002.27	10/1/2017
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH	\$555.48	10/1/2017
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN	\$3,119.56	10/1/2017
28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$84.92	10/1/2017
28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$84.92	10/1/2017
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH	\$1,002.27	10/1/2017
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$2,374.64	10/1/2017
28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$72.50	10/1/2017
28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$555.48	10/1/2017
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH	\$1,002.27	10/1/2017
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXAT	\$1,002.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	\$53.40	10/1/2017
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	\$93.57	10/1/2017
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH	\$1,002.27	10/1/2017
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	\$1,002.27	10/1/2017
28705	ARTHRODESIS; PANTALAR	\$10,725.87	10/1/2017
28715	ARTHRODESIS; TRIPLE	\$6,377.38	10/1/2017
28725	ARTHRODESIS; SUBTALAR	\$4,836.17	10/1/2017
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	\$6,466.52	10/1/2017
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH	\$6,366.78	10/1/2017
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL	\$6,523.51	10/1/2017
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$3,112.86	10/1/2017
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	\$3,128.38	10/1/2017
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	\$2,374.64	10/1/2017
28760	ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK,	\$2,374.64	10/1/2017
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$1,002.27	10/1/2017
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	\$1,002.27	10/1/2017
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	\$1,002.27	10/1/2017
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN OR OTHER QUALIF	\$156.82	10/1/2017
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	\$93.57	10/1/2017
29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	\$93.57	10/1/2017
29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	\$93.57	10/1/2017
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	\$93.57	10/1/2017
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	\$93.57	10/1/2017
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	\$53.08	10/1/2017
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	\$93.57	10/1/2017
29049	APPLICATION, CAST; FIGURE-OF-EIGHT	\$30.35	10/1/2017
29055	APPLICATION, CAST; SHOULDER SPICA	\$93.57	10/1/2017
29058	APPLICATION, CAST; PLASTER VELPEAU	\$54.24	10/1/2017
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	\$48.34	10/1/2017
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	\$44.40	10/1/2017
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	\$48.06	10/1/2017
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$41.31	10/1/2017
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$42.43	10/1/2017
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	\$0.00	10/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	\$0.00	10/1/2015
29130	APPLICATION OF FINGER SPLINT; STATIC	\$0.00	10/1/2015
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	\$0.00	10/1/2015
29200	STRAPPING; THORAX	\$12.36	10/1/2017
29240	STRAPPING; SHOULDER (EG, VELPEAU)	\$0.00	10/1/2015
29260	STRAPPING; ELBOW OR WRIST	\$0.00	10/1/2015
29280	STRAPPING; HAND OR FINGER	\$0.00	10/1/2015
29305	APPLICATION OF HIP SPICA CAST; ONE LEG	\$93.57	10/1/2017
29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	\$93.57	10/1/2017
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	\$62.95	10/1/2017
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	\$62.39	10/1/2017
29358	APPLICATION OF LONG LEG CAST BRACE	\$80.66	10/1/2017
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$59.30	10/1/2017
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	\$39.91	10/1/2017
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	\$37.66	10/1/2017
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$55.65	10/1/2017
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$17.99	10/1/2017
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$52.27	10/1/2017
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	\$52.55	10/1/2017
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$45.25	10/1/2017
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$34.85	10/1/2017
29520	STRAPPING; HIP	\$0.00	10/1/2015
29530	STRAPPING; KNEE	\$0.00	10/1/2015
29540	STRAPPING; ANKLE AND/OR FOOT	\$8.99	10/1/2017
29550	STRAPPING; TOES	\$0.00	10/1/2015
29580	STRAPPING; UNNA BOOT	\$24.45	10/1/2017
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE	\$42.43	10/1/2017
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FI	\$46.09	10/1/2017
29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	\$32.04	10/1/2017
29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	\$28.67	10/1/2017
29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET, ETC.	\$52.55	10/1/2017
29720	REPAIR OF SPICA, BODY CAST OR JACKET	\$45.25	10/1/2017
29730	WINDOWING OF CAST	\$27.26	10/1/2017
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$42.15	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
29750	WEDGING OF CLUBFOOT CAST	\$34.56	10/1/2017
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPS	\$1,002.27	10/1/2017
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	\$1,002.27	10/1/2017
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$1,002.27	10/1/2017
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	\$2,374.64	10/1/2017
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	\$2,374.64	10/1/2017
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$1,002.27	10/1/2017
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	\$2,374.64	10/1/2017
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	\$1,002.27	10/1/2017
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	\$1,002.27	10/1/2017
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$1,002.27	10/1/2017
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL	\$1,002.27	10/1/2017
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR	\$1,002.27	10/1/2017
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL	\$0.00	10/1/2014
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$2,374.64	10/1/2017
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	\$2,374.64	10/1/2017
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$1,002.27	10/1/2017
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$1,002.27	10/1/2017
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	\$1,002.27	10/1/2017
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	\$2,374.64	10/1/2017
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	\$1,002.27	10/1/2017
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	\$1,002.27	10/1/2017
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$1,002.27	10/1/2017
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$1,002.27	10/1/2017
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	\$1,002.27	10/1/2017
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	\$1,002.27	10/1/2017
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR	\$1,002.27	10/1/2017
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	\$2,374.64	10/1/2017
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$555.48	10/1/2017
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	\$555.48	10/1/2017
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY	\$555.48	10/1/2017
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICOND	\$2,832.27	10/1/2017
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDY	\$6,448.96	10/1/2017
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$2,374.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$1,002.27	10/1/2017
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$2,374.64	10/1/2017
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	\$1,002.27	10/1/2017
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCL	\$2,374.64	10/1/2017
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$1,002.27	10/1/2017
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	\$1,002.27	10/1/2017
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$1,002.27	10/1/2017
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG,	\$1,002.27	10/1/2017
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF	\$1,002.27	10/1/2017
29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG,	\$1,002.27	10/1/2017
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	\$1,002.27	10/1/2017
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	\$1,002.27	10/1/2017
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING AN	\$1,002.27	10/1/2017
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY	\$1,002.27	10/1/2017
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	\$1,002.27	10/1/2017
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	\$1,002.27	10/1/2017
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT	\$1,002.27	10/1/2017
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE	\$2,374.64	10/1/2017
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	\$1,002.27	10/1/2017
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS	\$2,374.64	10/1/2017
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR	\$2,374.64	10/1/2017
29889	REPAIR OF POSTERIOR CRUCIATE LIGAMENT OF KNEE WITH ASSISTANCE OF AN ENDOSCOPE	\$4,836.17	10/1/2017
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR	\$1,002.27	10/1/2017
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION, TALAR	\$2,374.64	10/1/2017
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	\$1,002.27	10/1/2017
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL	\$1,002.27	10/1/2017
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY,	\$1,002.27	10/1/2017
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	\$1,002.27	10/1/2017
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT,	\$1,002.27	10/1/2017
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE	\$2,374.64	10/1/2017
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	\$1,002.27	10/1/2017
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	\$1,002.27	10/1/2017
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED	\$555.48	10/1/2017
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BOD	\$1,002.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$1,002.27	10/1/2017
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$1,002.27	10/1/2017
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$4,836.17	10/1/2017
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	\$2,374.64	10/1/2017
29915	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PI	\$2,374.64	10/1/2017
29916	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH LABRAL REPAIR	\$2,374.64	10/1/2017
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	\$75.79	10/1/2017
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	\$137.15	10/1/2017
30100	BIOPSY, INTRANASAL	\$81.78	10/1/2017
30110	EXCISION, NASAL POLYP(S), SIMPLE	\$129.00	10/1/2017
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	\$765.69	10/1/2017
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH	\$765.69	10/1/2017
30118	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPROACH	\$765.69	10/1/2017
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	\$765.69	10/1/2017
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	\$458.63	10/1/2017
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	\$1,670.49	10/1/2017
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	\$765.69	10/1/2017
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD	\$765.69	10/1/2017
30150	RHINECTOMY; PARTIAL	\$1,670.49	10/1/2017
30160	RHINECTOMY; TOTAL	\$1,670.49	10/1/2017
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	\$64.63	10/1/2017
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	\$82.62	10/1/2017
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	\$458.63	10/1/2017
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	\$0.00	10/1/2015
30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	\$765.69	10/1/2017
30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	\$458.63	10/1/2017
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	\$1,670.49	10/1/2017
30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL	\$1,670.49	10/1/2017
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	\$1,670.49	10/1/2017
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	\$1,670.49	10/1/2017
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	\$1,670.49	10/1/2017
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	\$1,670.49	10/1/2017
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	\$1,670.49	10/1/2017
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR	\$1,670.49	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL	\$1,670.49	10/1/2017
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING,	\$765.69	10/1/2017
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	\$1,670.49	10/1/2017
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	\$1,670.49	10/1/2017
30560	LYSIS INTRANASAL SYNECHIA	\$188.45	10/1/2017
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	\$1,670.49	10/1/2017
30600	REPAIR FISTULA; ORONASAL	\$1,670.49	10/1/2017
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	\$1,670.49	10/1/2017
30630	REPAIR NASAL SEPTAL PERFORATIONS	\$765.69	10/1/2017
30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	\$458.63	10/1/2017
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHO	\$458.63	10/1/2017
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY	\$0.00	10/1/2015
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING)	\$43.06	10/1/2017
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	\$43.06	10/1/2017
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY,	\$75.79	10/1/2017
30915	LIGATION ARTERIES; ETHMOIDAL	\$1,131.52	10/1/2017
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	\$1,131.52	10/1/2017
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC	\$765.69	10/1/2017
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	\$75.79	10/1/2017
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	\$458.63	10/1/2017
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	\$765.69	10/1/2017
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF	\$1,670.49	10/1/2017
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF	\$1,670.49	10/1/2017
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	\$1,670.49	10/1/2017
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	\$1,670.49	10/1/2017
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL	\$1,670.49	10/1/2017
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	\$1,670.49	10/1/2017
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH	\$1,670.49	10/1/2017
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION	\$1,670.49	10/1/2017
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION	\$1,670.49	10/1/2017
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$1,670.49	10/1/2017
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$1,670.49	10/1/2017
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$1,670.49	10/1/2017
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$1,670.49	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY,	\$1,670.49	10/1/2017
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	\$1,670.49	10/1/2017
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	\$765.69	10/1/2017
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	\$765.69	10/1/2017
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	\$1,417.85	10/1/2014
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$61.93	10/1/2017
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR	\$153.40	10/1/2017
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF	\$457.87	10/1/2017
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT	\$457.87	10/1/2017
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE	\$457.87	10/1/2017
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	\$909.78	10/1/2017
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	\$457.87	10/1/2017
31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO	\$1,565.25	1/1/2018
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL (ANTERIOR)	\$1,499.86	10/1/2017
31255	COMPLETE REMOVAL OF NASAL SINUS USING AN ENDOSCOPE	\$1,499.86	10/1/2017
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;	\$909.78	10/1/2017
31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO	\$1,565.25	2/1/2018
31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIO	\$1,565.25	1/1/2018
31267	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF	\$1,499.86	10/1/2017
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT	\$1,499.86	10/1/2017
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	\$1,499.86	10/1/2017
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE	\$1,499.86	10/1/2017
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BA	\$1,499.86	10/1/2017
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BAL	\$1,499.86	10/1/2017
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, B	\$1,499.86	10/1/2017
31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OST	\$1,565.25	2/1/2018
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, C	\$765.69	10/1/2017
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	\$1,670.49	10/1/2017
31420	EPIGLOTTIDECTOMY	\$1,670.49	10/1/2017
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	\$75.79	10/1/2017
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$75.79	10/1/2017
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	\$46.37	10/1/2017
31510	LARYNGOSCOPY, INDIRECT; WITH BIOPSY	\$909.78	10/1/2017
31511	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY	\$61.93	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
31512	LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION	\$909.78	10/1/2017
31513	LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION	\$153.40	10/1/2017
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	\$153.40	10/1/2017
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	\$153.40	10/1/2017
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	\$457.87	10/1/2017
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MI	\$457.87	10/1/2017
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	\$909.78	10/1/2017
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL	\$909.78	10/1/2017
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT	\$909.78	10/1/2017
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	\$457.87	10/1/2017
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICRO	\$909.78	10/1/2017
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	\$909.78	10/1/2017
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELES	\$909.78	10/1/2017
31540	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE	\$909.78	10/1/2017
31541	REMOVAL OF GROWTH OF TONGUE AND/OR VOCAL CORD STRIPPING USING AN ENDOSCOPE WITH	\$909.78	10/1/2017
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$909.78	10/1/2017
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$1,499.86	10/1/2017
31551	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	\$1,670.49	10/1/2017
31552	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLAC	\$1,670.49	10/1/2017
31553	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEME	\$1,670.49	10/1/2017
31554	LARYNGOPLASTY, FOR LARYNGEAL STENOSIS WITH GRAFT, WITH INDWELLING STENT PLACEMEN	\$1,670.49	10/1/2017
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	\$1,499.86	10/1/2017
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	\$1,499.86	10/1/2017
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	\$909.78	10/1/2017
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERA	\$909.78	10/1/2017
31572	LARYNGOSCOPY, FLEXIBLE, WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER UNI	\$1,214.80	10/1/2017
31573	LARYNGOSCOPY, FLEXIBLE WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT	\$613.20	10/1/2017
31574	LARYNGOSCOPY, FLEXIBLE WITH INJECTION(S) (EG, PERCUTANEOUS TRANSORAL), UNILATERA	\$613.20	10/1/2017
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$60.70	10/1/2017
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	\$457.87	10/1/2017
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	\$153.40	10/1/2017
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	\$909.78	10/1/2017
31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY	\$81.50	10/1/2017
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	\$1,670.49	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	\$1,670.49	10/1/2017
31591	LARYNGOPLASTY, MEDIALIZATION UNILATERAL	\$1,670.49	10/1/2017
31592	CRICOTRACHEAL RESECTION	\$1,670.49	10/1/2017
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL	\$765.69	10/1/2017
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	\$458.63	10/1/2017
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	\$188.45	10/1/2017
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN	\$765.69	10/1/2017
31612	TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION	\$765.69	10/1/2017
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	\$765.69	10/1/2017
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	\$1,670.49	10/1/2017
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$188.45	10/1/2017
31622	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$457.87	10/1/2017
31623	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$457.87	10/1/2017
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$457.87	10/1/2017
31625	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$457.87	10/1/2017
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,499.86	10/1/2017
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$0.00	10/1/2012
31628	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$909.78	10/1/2017
31629	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$909.78	10/1/2017
31630	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$909.78	10/1/2017
31631	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$1,499.86	10/1/2017
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$0.00	10/1/2014
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$0.00	10/1/2014
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,499.86	10/1/2017
31635	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$457.87	10/1/2017
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$2,028.35	10/1/2017
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH	\$0.00	10/1/2014
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$1,499.86	10/1/2017
31640	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$909.78	10/1/2017
31641	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$909.78	10/1/2017
31643	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$457.87	10/1/2017
31645	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$457.87	10/1/2017
31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$153.40	10/1/2017
31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$1,499.86	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$909.78	10/1/2017
31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$457.87	10/1/2017
31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$0.00	10/1/2014
31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$909.78	10/1/2017
31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$909.78	10/1/2017
31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$0.00	10/1/2016
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$153.40	10/1/2017
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL	\$0.00	10/1/2015
31730	INSERTION INTO WINDPIPE OF NEEDLE WIRE, DILATOR, STENT, OR TUBE FOR OXYGEN DELIV	\$457.87	10/1/2017
31750	TRACHEOPLASTY; CERVICAL	\$1,670.49	10/1/2017
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	\$1,670.49	10/1/2017
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	\$765.69	10/1/2017
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	\$765.69	10/1/2017
31830	REVISION OF TRACHEOSTOMY SCAR	\$765.69	10/1/2017
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	\$421.01	10/1/2017
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	\$421.01	10/1/2017
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$1,248.53	10/1/2017
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$308.64	10/1/2017
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$452.97	10/1/2017
32554	THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAG	\$308.64	10/1/2017
32555	THORACENTESIS, NEEDLE OR CATHERER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING	\$308.64	10/1/2017
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT I	\$511.56	10/1/2017
32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAG	\$308.64	10/1/2017
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	\$308.64	10/1/2017
32994	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S) IN	\$1,744.05	2/1/2018
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMOR(S)	\$1,684.61	10/1/2017
33010	PERICARDIOCENTESIS; INITIAL	\$308.64	10/1/2017
33011	PERICARDIOCENTESIS; SUBSEQUENT	\$308.64	10/1/2017
33206	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$7,409.34	10/1/2017
33207	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$7,313.88	10/1/2017
33208	INSERTION OF NEW OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTROD	\$7,454.48	10/1/2017
33210	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC	\$3,669.23	10/1/2017
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING	\$5,540.11	10/1/2017
33212	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD	\$5,557.69	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
33213	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	\$7,379.47	10/1/2017
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO	\$7,294.73	10/1/2017
33215	REPOSITIONING OF IMPLANTED PACEMAKER OR DEFIBRILLATOR DEVICE	\$1,131.52	10/1/2017
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER	\$5,193.89	10/1/2017
33217	INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIB	\$5,390.33	10/1/2017
33218	REPAIR OF ELECTRODE FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	\$1,241.61	10/1/2017
33220	REPAIR OF 2 ELECTRODES FOR PERMANENT PACEMAKER OR DEFIBRILLATOR DEVICE	\$1,241.61	10/1/2017
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	\$12,499.79	10/1/2017
33222	RELOCATION OF PACEMAKER GENERATOR SKIN POCKET	\$730.90	10/1/2017
33223	RELOCATION OF DEFIBRILLATOR DEVICE SKIN POCKET	\$730.90	10/1/2017
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$7,401.87	10/1/2017
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$0.00	10/1/2015
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) E	\$1,131.52	10/1/2017
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$5,538.88	10/1/2017
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$7,316.81	10/1/2017
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$12,230.71	10/1/2017
33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	\$18,886.35	10/1/2017
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXIST	\$26,176.66	10/1/2017
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR ONLY	\$3,669.23	10/1/2017
33234	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR	\$1,241.61	10/1/2017
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	\$1,241.61	10/1/2017
33240	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	\$18,807.68	10/1/2017
33241	REMOVAL OF DEFIBRILLATOR PULSE GENERATOR	\$1,241.61	10/1/2017
33249	INSERTION OR REPLACEMENT OF PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM W	\$26,135.38	10/1/2017
33262	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$18,670.59	10/1/2017
33263	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$18,820.15	10/1/2017
33264	REMOVAL AND REPLACEMENT OF DEFIBRILLATOR PULSE GENERATOR	\$26,229.60	10/1/2017
33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYS	\$26,054.92	10/1/2017
33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	\$5,755.11	10/1/2017
33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELE	\$1,241.61	10/1/2017
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$5,912.72	10/1/2017
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$230.83	10/1/2017
33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL	\$0.00	1/1/2015
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY AR	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM	\$1,131.52	10/1/2017
34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THRO	\$0.00	2/1/2018
34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCUL	\$0.00	2/1/2018
34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS	\$0.00	2/1/2018
34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY O	\$0.00	2/1/2018
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	\$1,234.32	10/1/2015
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	\$1,825.29	10/1/2017
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	\$1,234.32	10/1/2015
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	\$1,234.32	10/1/2015
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	\$1,131.52	10/1/2017
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION	\$0.00	10/1/2012
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY;	\$1,131.52	10/1/2017
35875	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	\$1,825.29	10/1/2017
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR	\$1,825.29	10/1/2017
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$0.00	10/1/2012
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY	\$308.64	10/1/2017
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE	\$0.00	10/1/2012
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	\$0.00	10/1/2012
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL	\$0.00	10/1/2012
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE,	\$0.00	10/1/2012
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	\$0.00	10/1/2012
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	\$0.00	10/1/2012
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	\$0.00	10/1/2012
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	\$0.00	10/1/2012
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	\$0.00	10/1/2012
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	\$0.00	10/1/2012
36200	INTRODUCTION OF CATHETER, AORTA	\$0.00	10/1/2012
36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR	\$0.00	10/1/2012
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR	\$0.00	10/1/2012
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE	\$0.00	10/1/2012
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD	\$0.00	10/1/2012
36221	NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRAC	\$0.00	10/1/2013
36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	\$0.00	10/1/2013
36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, A	\$0.00	10/1/2013

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	\$0.00	10/1/2013
36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH	\$0.00	10/1/2013
36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF	\$0.00	10/1/2013
36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRA	\$0.00	10/1/2013
36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID V	\$0.00	10/1/2013
36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVI	\$0.00	10/1/2012
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, P	\$0.00	10/1/2012
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	\$0.00	10/1/2012
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	\$0.00	10/1/2012
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$0.00	10/1/2012
36252	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$0.00	10/1/2012
36253	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$0.00	10/1/2012
36254	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$0.00	10/1/2012
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF	\$3,011.48	10/1/2017
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$1,843.70	10/1/2017
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$1,241.61	10/1/2017
36400	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	\$0.00	10/1/2012
36405	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	\$0.00	10/1/2012
36406	VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING THE SKILL OF A PHYSICIAN O	\$0.00	10/1/2012
36410	VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING THE SKILL OF A PHYSICIAN OR OT	\$0.00	10/1/2012
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$0.00	10/1/2016
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	\$0.00	10/1/2012
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	\$0.00	10/1/2015
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	\$0.00	10/1/2015
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$27.26	10/1/2017
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	\$153.94	10/1/2017
36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	\$153.94	10/1/2017
36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	\$153.94	10/1/2017
36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVER	\$776.48	2/1/2018
36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVER	\$776.48	2/1/2018
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS	\$0.00	10/1/2016
36470	INJECTION OF CHEMICAL AGENT INTO SINGLE INCOMPETENT VEIN	\$81.22	10/1/2017
36471	INJECTION OF CHEMICAL AGENT INTO MULTIPLE INCOMPETENT VEINS OF ONE LEG	\$84.87	10/1/2017
36473	MECHANO-CHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	\$1,131.52	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
36474	MECHANOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	\$0.00	1/1/2017
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$1,131.52	10/1/2017
36476	RADIOFREQUENCY DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH	\$0.00	10/1/2014
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$1,131.52	10/1/2017
36479	LASER DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN	\$0.00	10/1/2014
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	\$0.00	10/1/2012
36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DEL	\$1,913.92	2/1/2018
36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DEL	\$0.00	2/1/2018
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	\$0.00	10/1/2012
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	\$0.00	10/1/2012
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	\$542.99	10/1/2017
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	\$542.99	10/1/2017
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	\$153.94	10/1/2017
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	\$542.99	10/1/2017
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE	\$1,378.24	10/1/2017
36522	PHOTOPHERESIS, EXTRACORPOREAL	\$1,378.24	10/1/2017
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YE	\$308.64	10/1/2017
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5	\$308.64	10/1/2017
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	\$1,825.29	10/1/2017
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	\$1,131.52	10/1/2017
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,131.52	10/1/2017
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,131.52	10/1/2017
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH	\$1,825.29	10/1/2017
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$1,131.52	10/1/2017
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$1,825.29	10/1/2017
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	\$308.64	10/1/2017
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT	\$308.64	10/1/2017
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,131.52	10/1/2017
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH	\$1,131.52	10/1/2017
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCU	\$308.64	10/1/2017
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL	\$308.64	10/1/2017
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P	\$1,131.52	10/1/2017
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE	\$308.64	10/1/2017
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS	\$1,131.52	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	\$1,131.52	10/1/2017
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS	\$2,983.54	10/1/2017
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER	\$308.64	10/1/2017
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$1,131.52	10/1/2017
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	\$308.64	10/1/2017
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR	\$308.64	10/1/2017
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	\$0.00	10/1/2012
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, V	\$0.00	10/1/2012
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	\$24.45	10/1/2017
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	\$355.51	10/1/2017
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$308.64	10/1/2017
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	\$308.64	10/1/2017
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCES	\$65.76	10/1/2017
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$0.00	10/1/2012
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	\$0.00	10/1/2012
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION	\$0.00	10/1/2012
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	\$1,131.52	10/1/2017
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	\$0.00	10/1/2015
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN	\$1,825.29	10/1/2017
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	\$1,131.52	10/1/2017
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE);	\$1,825.29	10/1/2017
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	\$1,825.29	10/1/2017
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION	\$1,825.29	10/1/2017
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION	\$1,825.29	10/1/2017
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE	\$1,131.52	10/1/2017
36825	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$1,825.29	10/1/2017
36830	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS	\$1,825.29	10/1/2017
36831	THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR	\$1,825.29	10/1/2017
36832	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGENOUS OR	\$1,825.29	10/1/2017
36833	REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR	\$1,825.29	10/1/2017
36835	INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)	\$1,131.52	10/1/2017
36860	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER	\$308.64	10/1/2017
36861	EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER	\$1,825.29	10/1/2017
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	\$308.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
36902	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	\$2,680.93	10/1/2017
36903	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC	\$5,442.40	10/1/2017
36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	\$2,680.93	10/1/2017
36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	\$5,442.40	10/1/2017
36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR FUSION FOR THROMBOLYSIS	\$8,732.45	10/1/2017
36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIUS SEGMENT, PERFORMED THROUGH D	\$0.00	1/1/2017
36908	TRANSCATHETER PLACEMENT OF INTRAVASCULOAR STENT(S), CENTRAL DIALYSIS SEGMENT, PER	\$0.00	1/1/2017
36909	DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CI	\$0.00	1/1/2017
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$2,474.42	10/1/2017
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$0.00	10/1/2014
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNA	\$0.00	10/1/2014
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$1,825.29	10/1/2017
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$1,131.52	10/1/2017
37197	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTU	\$1,131.52	10/1/2017
37200	TRANSCATHETER BIOPSY	\$1,825.29	10/1/2017
37211	TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, A	\$1,825.29	10/1/2017
37212	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSES, ANY METHOD, INCLUDING R	\$1,131.52	10/1/2017
37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	\$2,077.44	10/1/2017
37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	\$5,639.03	10/1/2017
37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	\$0.00	10/1/2015
37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	\$0.00	10/1/2015
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$3,080.71	10/1/2017
37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$6,635.85	10/1/2017
37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$6,046.51	10/1/2017
37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY	\$10,049.39	10/1/2017
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$4,163.94	10/1/2017
37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$9,224.56	10/1/2017
37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$9,247.26	10/1/2017
37231	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY,	\$9,150.32	10/1/2017
37232	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$0.00	10/1/2015
37233	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$0.00	10/1/2015
37234	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$0.00	10/1/2015
37235	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$0.00	10/1/2015
37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CE	\$4,163.94	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CE	\$0.00	10/1/2015
37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCL	\$5,647.95	10/1/2017
37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCL	\$0.00	10/1/2015
37241	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$4,163.94	10/1/2017
37242	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$4,163.94	10/1/2017
37243	VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AN	\$4,163.94	10/1/2017
37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSI	\$2,680.93	10/1/2017
37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSI	\$0.00	1/1/2017
37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS	\$2,680.93	10/1/2017
37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS	\$0.00	1/1/2017
37252	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	\$0.00	10/1/2016
37253	INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/O	\$0.00	10/1/2016
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORA	\$1,825.29	10/1/2017
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	\$1,131.52	10/1/2017
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	\$421.01	10/1/2017
37650	LIGATION OF FEMORAL VEIN	\$1,131.52	10/1/2017
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR	\$1,131.52	10/1/2017
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	\$1,131.52	10/1/2017
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOF	\$1,131.52	10/1/2017
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	\$1,131.52	10/1/2017
37760	TYING OF VARICOSE VEINS IN ONE LEG, OPEN PROCEDURE	\$1,131.52	10/1/2017
37761	TYING OF VARICOSE VEINS IN ONE LEG, OPEN PROCEDURE	\$308.64	10/1/2017
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	\$263.89	10/1/2017
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	\$296.50	10/1/2017
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION	\$308.64	10/1/2017
37785	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG	\$1,131.52	10/1/2017
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	\$1,004.51	10/1/2017
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	\$0.00	10/1/2012
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU	\$0.00	10/1/2012
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$341.24	10/1/2014
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$542.99	10/1/2017
38220	DIAGNOSTIC BONE MARROW ASPIRATION	\$99.49	10/1/2017
38221	BONE MARROW BIOPSY	\$93.02	10/1/2017
38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	\$164.56	2/1/2018

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	\$542.99	10/1/2017
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	\$1,856.71	10/1/2017
38241	HEMATOPOIETIC PROGENITOR CELL (HPC); AUTOLOGOUS TRANSPLANTATION	\$542.99	10/1/2017
38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	\$542.99	10/1/2017
38243	TRANSPLANTATION OF DONOR BONE MARROW OR BLOOD-DERIVED STEM CELLS	\$542.99	10/1/2017
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	\$421.01	10/1/2017
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	\$421.01	10/1/2017
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	\$816.67	10/1/2017
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL	\$816.67	10/1/2017
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	\$421.01	10/1/2017
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)	\$816.67	10/1/2017
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH EXCISION	\$816.67	10/1/2017
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)	\$816.67	10/1/2017
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)	\$816.67	10/1/2017
38542	DISSECTION, DEEP JUGULAR NODE(S)	\$1,684.61	10/1/2017
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR	\$816.67	10/1/2017
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR	\$1,612.08	10/1/2017
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	\$1,684.61	10/1/2017
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$2,785.06	10/1/2017
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND	\$2,785.06	10/1/2017
38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORT	\$2,874.59	2/1/2018
38700	SUPRAHYOID LYMPHADENECTOMY	\$1,612.08	10/1/2017
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	\$0.00	10/1/2016
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	\$1,684.61	10/1/2017
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	\$1,684.61	10/1/2017
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE	\$1,612.08	10/1/2017
38790	INJECTION PROCEDURE; LYMPHANGIOGRAPHY	\$0.00	10/1/2012
38792	INJECTION PROCEDURE; RADIOACTIVE TRACER FOR IDENTIFICATION OF SENTINEL NODE	\$0.00	10/1/2012
38794	CANNULATION, THORACIC DUCT	\$0.00	10/1/2012
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES I	\$0.00	10/1/2012
40490	BIOPSY OF LIP	\$64.63	10/1/2017
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	\$765.69	10/1/2017
40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	\$765.69	10/1/2017
40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	\$765.69	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER	\$765.69	10/1/2017
40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP	\$1,670.49	10/1/2017
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	\$765.69	10/1/2017
40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	\$188.45	10/1/2017
40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	\$188.45	10/1/2017
40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	\$458.63	10/1/2017
40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE,	\$1,670.49	10/1/2017
40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE	\$1,670.49	10/1/2017
40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO	\$1,670.49	10/1/2017
40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT	\$765.69	10/1/2017
40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP	\$1,670.49	10/1/2017
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	\$132.93	10/1/2017
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	\$188.45	10/1/2017
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	\$0.00	10/1/2015
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	\$170.58	10/1/2017
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	\$74.48	10/1/2017
40808	BIOPSY, VESTIBULE OF MOUTH	\$118.60	10/1/2017
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	\$123.66	10/1/2017
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE	\$157.94	10/1/2017
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX	\$765.69	10/1/2017
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH	\$765.69	10/1/2017
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	\$188.45	10/1/2017
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	\$458.63	10/1/2017
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG,	\$172.56	10/1/2017
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	\$75.79	10/1/2017
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	\$188.45	10/1/2017
40840	VESTIBULOPLASTY; ANTERIOR	\$1,670.49	10/1/2017
40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	\$1,670.49	10/1/2017
40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	\$1,670.49	10/1/2017
40844	VESTIBULOPLASTY; ENTIRE ARCH	\$1,670.49	10/1/2017
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	\$1,670.49	10/1/2017
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR	\$87.96	10/1/2017
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$75.79	10/1/2017
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$458.63	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$458.63	10/1/2017
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$765.69	10/1/2017
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR	\$188.45	10/1/2017
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	\$458.63	10/1/2017
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$188.45	10/1/2017
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$1,670.49	10/1/2017
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$765.69	10/1/2017
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF	\$458.63	10/1/2017
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK RE	\$1,670.49	10/1/2017
41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	\$90.49	10/1/2017
41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	\$91.06	10/1/2017
41108	BIOPSY OF FLOOR OF MOUTH	\$84.59	10/1/2017
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	\$121.69	10/1/2017
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	\$765.69	10/1/2017
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	\$765.69	10/1/2017
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	\$765.69	10/1/2017
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	\$141.92	10/1/2017
41116	EXCISION, LESION OF FLOOR OF MOUTH	\$765.69	10/1/2017
41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	\$1,670.49	10/1/2017
41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS O	\$0.00	10/1/2016
41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	\$75.79	10/1/2017
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	\$188.45	10/1/2017
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	\$765.69	10/1/2017
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	\$765.69	10/1/2017
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	\$1,670.49	10/1/2017
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	\$765.69	10/1/2017
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER S	\$677.58	10/1/2017
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	\$0.00	10/1/2016
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	\$156.82	10/1/2017
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	\$197.01	10/1/2017
41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	\$765.69	10/1/2017
41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	\$458.63	10/1/2017
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$177.05	10/1/2017
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$250.40	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$126.75	10/1/2017
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$179.02	10/1/2017
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES;	\$1,670.49	10/1/2017
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)	\$148.10	10/1/2017
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	\$208.52	10/1/2017
41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	\$458.63	10/1/2017
41870	PERIODONTAL MUCOSAL GRAFTING	\$765.69	10/1/2017
41872	GINGIVOPLASTY, EACH QUADRANT (SPECIFY)	\$209.37	10/1/2017
41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)	\$205.44	10/1/2017
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	\$251.84	10/1/2014
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	\$75.79	10/1/2017
42100	BIOPSY OF PALATE, UVULA	\$77.85	10/1/2017
42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	\$120.28	10/1/2017
42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	\$153.16	10/1/2017
42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	\$1,670.49	10/1/2017
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	\$1,670.49	10/1/2017
42140	UVULECTOMY, EXCISION OF UVULA	\$765.69	10/1/2017
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	\$1,670.49	10/1/2017
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	\$128.43	10/1/2017
42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	\$188.45	10/1/2017
42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	\$1,670.49	10/1/2017
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	\$1,670.49	10/1/2017
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	\$765.69	10/1/2017
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT	\$1,670.49	10/1/2017
42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	\$1,670.49	10/1/2017
42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	\$1,670.49	10/1/2017
42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	\$1,670.49	10/1/2017
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	\$1,670.49	10/1/2017
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	\$1,670.49	10/1/2017
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	\$1,670.49	10/1/2017
42260	REPAIR OF NASOLABIAL FISTULA	\$1,670.49	10/1/2017
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	\$80.94	10/1/2017
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	\$1,670.49	10/1/2017
42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	\$458.63	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	\$765.69	10/1/2017
42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	\$188.45	10/1/2017
42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	\$188.45	10/1/2017
42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID,	\$114.94	10/1/2017
42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	\$192.51	10/1/2017
42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	\$765.69	10/1/2017
42400	BIOPSY OF SALIVARY GLAND; NEEDLE	\$60.42	10/1/2017
42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	\$765.69	10/1/2017
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$765.69	10/1/2017
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$765.69	10/1/2017
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE	\$1,670.49	10/1/2017
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND	\$1,670.49	10/1/2017
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND	\$1,670.49	10/1/2017
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH	\$1,670.49	10/1/2017
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	\$1,670.49	10/1/2017
42450	EXCISION OF SUBLINGUAL GLAND	\$1,670.49	10/1/2017
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	\$1,670.49	10/1/2017
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	\$1,670.49	10/1/2017
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	\$1,670.49	10/1/2017
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH	\$1,670.49	10/1/2017
42510	CREATION OF NEW DRAINAGE TRACTS OF MAJOR SALIVARY GLAND DUCTS ON BOTH SIDES OF M	\$765.69	10/1/2017
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	\$0.00	10/1/2012
42600	CLOSURE SALIVARY FISTULA	\$765.69	10/1/2017
42650	DILATION SALIVARY DUCT	\$42.72	10/1/2017
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	\$62.67	10/1/2017
42665	LIGATION SALIVARY DUCT, INTRAORAL	\$765.69	10/1/2017
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	\$75.79	10/1/2017
42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL	\$765.69	10/1/2017
42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL	\$1,670.49	10/1/2017
42800	BIOPSY; OROPHARYNX	\$81.50	10/1/2017
42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	\$765.69	10/1/2017
42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	\$765.69	10/1/2017
42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	\$765.69	10/1/2017
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	\$0.00	10/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS	\$765.69	10/1/2017
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH	\$1,670.49	10/1/2017
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	\$1,670.49	10/1/2017
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	\$765.69	10/1/2017
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	\$1,670.49	10/1/2017
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	\$765.69	10/1/2017
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	\$765.69	10/1/2017
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	\$765.69	10/1/2017
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	\$765.69	10/1/2017
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	\$765.69	10/1/2017
42860	EXCISION OF TONSIL TAGS	\$765.69	10/1/2017
42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	\$1,670.49	10/1/2017
42890	LIMITED PHARYNGECTOMY	\$1,670.49	10/1/2017
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY	\$1,670.49	10/1/2017
42900	SUTURE PHARYNX FOR WOUND OR INJURY	\$458.63	10/1/2017
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	\$1,670.49	10/1/2017
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	\$458.63	10/1/2017
42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$75.79	10/1/2017
42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$765.69	10/1/2017
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$75.79	10/1/2017
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG,	\$765.69	10/1/2017
43030	CRICOPHARYNGEAL MYOTOMY	\$1,670.49	10/1/2017
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL	\$1,670.49	10/1/2017
43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL	\$1,670.49	10/1/2017
43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S)	\$511.56	10/1/2017
43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBS	\$511.56	10/1/2017
43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	\$511.56	10/1/2017
43194	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43195	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER	\$978.74	10/1/2017
43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATI	\$978.74	10/1/2017
43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN	\$101.45	10/1/2017
43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	\$108.20	10/1/2017
43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$315.54	10/1/2017
43201	INJECTIONS INTO ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43204	INJECTION OF DILATED ESOPHAGEAL VEINS USING AN ENDOSCOPE	\$511.56	10/1/2017
43205	TYING OF ESOPHAGEAL VEINS USING AN ENDOSCOPE	\$511.56	10/1/2017
43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43211	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION	\$511.56	10/1/2017
43212	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES	\$2,300.24	10/1/2017
43213	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS, BY BALLOON OR DIL	\$511.56	10/1/2017
43214	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 M	\$511.56	10/1/2017
43215	REMOVAL OF FOREIGN BODIES IN ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	\$511.56	10/1/2017
43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROWTHS USING AN ENDOSCOPE	\$511.56	10/1/2017
43220	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43226	INSERTION OF GUIDE WIRE FOR DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43227	CONTROL OF ESOPHAGEAL BLEEDING USING AN ENDOSCOPE	\$511.56	10/1/2017
43229	ESOPHAGOSCOPY, FLEXIBLE TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	\$978.74	10/1/2017
43231	ULTRASOUND EXAMINATION OF ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS USING AN ENDOSCO	\$511.56	10/1/2017
43233	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGU	\$511.56	10/1/2017
43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$315.54	10/1/2017
43236	INJECTIONS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$315.54	10/1/2017
43237	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$511.56	10/1/2017
43238	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSIES OF ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	\$315.54	10/1/2017
43240	DRAINAGE OF CYST OF THE ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN EN	\$978.74	10/1/2017
43241	INSERTION OF CATHETER OR TUBE IN ESOPHAGUS STOMACH AND/OR UPPER SMALL BOWEL USIN	\$511.56	10/1/2017
43242	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF ESOPHAGUS, STOMACH, AND/OR UPPE	\$511.56	10/1/2017
43243	INJECTION OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43244	TYING OF DILATED VEINS OF STOMACH AND/OR ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43245	DILATION OF STOMACH OUTLET USING AN ENDOSCOPE	\$511.56	10/1/2017
43246	INSERTION OF STOMACH TUBE USING AN ENDOSCOPE	\$511.56	10/1/2017
43247	REMOVAL OF FOREIGN BODIES OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING	\$315.54	10/1/2017
43248	INSERTION OF GUIDE WIRE WITH DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$315.54	10/1/2017
43249	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	\$511.56	10/1/2017
43250	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	\$511.56	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
43251	REMOVAL OF POLYPS OR GROWTHS OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USI	\$511.56	10/1/2017
43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN	\$978.74	10/1/2017
43253	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTR	\$511.56	10/1/2017
43254	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL R	\$511.56	10/1/2017
43255	CONTROL OF BLEEDING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN END	\$511.56	10/1/2017
43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS AND/OR STOMACH TO TREAT GASTRIC REFLUX USIN	\$978.74	10/1/2017
43259	ULTRASOUND EXAMINATION OF ESOPHAGUS, STOMACH AND/OR UPPER SMALL BOWEL USING AN E	\$511.56	10/1/2017
43260	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USIN	\$978.74	10/1/2017
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR	\$978.74	10/1/2017
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH	\$978.74	10/1/2017
43263	PRESSURE MEASUREMENT OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	\$978.74	10/1/2017
43264	REMOVAL OF STONE FROM BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	\$978.74	10/1/2017
43265	DESTRUCTION OF STONE IN BILE OR PANCREATIC DUCT USING AN ENDOSCOPE	\$1,657.39	10/1/2017
43266	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCO	\$2,342.93	10/1/2017
43270	ESOPHAGOGASTRODUODENOSCOPY (EGD), FLEXIBLE, TRANSORAL; WITH ABLATION OF TUMOR(S)	\$511.56	10/1/2017
43273	ENDOSCOPIC CANNULATION OF PAPANILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT{	\$0.00	10/1/2014
43274	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH PLACEMENT OF ENDOSCO	\$1,657.39	10/1/2017
43275	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL OF FOREIGN B	\$978.74	10/1/2017
43276	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH REMOVAL AND EXCHANGE	\$1,657.39	10/1/2017
43277	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH TRANS-ENDOSCOPIC BAL	\$978.74	10/1/2017
43278	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP): WITH ABLATION OF TUMOR(S)	\$978.74	10/1/2017
43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF	\$3,849.01	10/1/2017
43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE	\$2,241.01	10/1/2017
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES	\$315.54	10/1/2017
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE	\$511.56	10/1/2017
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG,	\$1,684.61	10/1/2017
43752	INSERTION OF NASAL OR ORAL STOMACH TUBE USING FLUOROSCOPIC GUIDANCE	\$121.07	10/1/2017
43753	INSERTION OF STOMACH TUBE AND ASPIRATIONS OF GASTRIC CONTENTS	\$0.00	10/1/2015
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSI	\$0.00	10/1/2015
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL	\$54.08	10/1/2017
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE	\$315.54	10/1/2017
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECT	\$315.54	10/1/2017
43760	CHANGE OF GASTROSTOMY TUBE, PERCUTANEOUS, WITHOUT IMAGING OR ENDOSCOPIC GUIDANCE	\$110.13	10/1/2017
43761	REPOSITIONING OF A NASO- OR ORO-GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR E	\$110.13	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
43870	CLOSURE OF GASTROSTOMY, SURGICAL	\$978.74	10/1/2017
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONL	\$1,119.47	10/1/2017
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	\$730.90	10/1/2017
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS POR	\$1,119.47	10/1/2017
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	\$315.54	10/1/2017
44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$1,119.47	10/1/2017
44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	\$1,119.47	10/1/2017
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	\$511.56	10/1/2017
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$511.56	10/1/2017
44363	REMOVAL OF FOREIGN BODIES IN SMALL BOWEL USING AN ENDOSCOPE	\$511.56	10/1/2017
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$511.56	10/1/2017
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$511.56	10/1/2017
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$511.56	10/1/2017
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$511.56	10/1/2017
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$2,268.40	10/1/2017
44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$511.56	10/1/2017
44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT	\$511.56	10/1/2017
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$511.56	10/1/2017
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$511.56	10/1/2017
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$511.56	10/1/2017
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,	\$1,657.39	10/1/2017
44380	DIAGNOSTIC EXAMINATION OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	\$315.54	10/1/2017
44381	ILLEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	\$511.56	10/1/2017
44382	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL OPE	\$315.54	10/1/2017
44384	ILLEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDING PRE- AN	\$978.74	10/1/2017
44385	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC) POUCH;	\$288.63	10/1/2017
44386	BIOPSY OF SMALL BOWEL USING AN ENDOSCOPE	\$288.63	10/1/2017
44388	DIAGNOSTIC EXAMINATION OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROU	\$288.63	10/1/2017
44389	BIOPSIES OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH ABDOMINAL O	\$378.45	10/1/2017
44390	REMOVAL OF FOREIGN BODIES FROM LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	\$378.45	10/1/2017
44391	CONTROL OF BLEEDING IN LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED THROUGH	\$378.45	10/1/2017
44392	REMOVAL OF POLYPS OR GROWTHS OF LARGE BOWEL USING AN ENDOSCOPE WHICH IS INSERTED	\$378.45	10/1/2017
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER	\$378.45	10/1/2017
44401	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(	\$378.45	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
44402	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE- AND	\$2,741.67	10/1/2017
44403	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION	\$378.45	10/1/2017
44404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$378.45	10/1/2017
44405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	\$378.45	10/1/2017
44406	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO T	\$378.45	10/1/2017
44407	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	\$378.45	10/1/2017
44408	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG,	\$288.63	10/1/2017
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU	\$315.54	10/1/2017
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$0.00	10/1/2012
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	\$1,702.06	10/1/2015
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	\$378.45	10/1/2017
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	\$378.45	10/1/2017
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	\$906.34	10/1/2017
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	\$906.34	10/1/2017
45108	ANORECTAL MYOMECTOMY	\$906.34	10/1/2017
45150	DIVISION OF STRICTURE OF RECTUM	\$378.45	10/1/2017
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSCOCCYGEAL APPROACH	\$906.34	10/1/2017
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (	\$906.34	10/1/2017
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE,	\$906.34	10/1/2017
45190	DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESSICATION, ELECTROSURGERY, LASER ABLAT	\$906.34	10/1/2017
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S	\$72.50	10/1/2017
45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$378.45	10/1/2017
45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE	\$378.45	10/1/2017
45307	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY	\$906.34	10/1/2017
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	\$906.34	10/1/2017
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER	\$378.45	10/1/2017
45315	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER	\$378.45	10/1/2017
45317	PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	\$378.45	10/1/2017
45320	PROCTOSIGMOIDOSCOPY, RIGID; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER	\$906.34	10/1/2017
45321	PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS	\$906.34	10/1/2017
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES	\$1,657.39	10/1/2017
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	\$106.23	10/1/2017
45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE	\$288.63	10/1/2017
45332	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	\$378.45	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$288.63	10/1/2017
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR	\$378.45	10/1/2017
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$288.63	10/1/2017
45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION OF VOLVULUS, ANY METHOD	\$378.45	10/1/2017
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$378.45	10/1/2017
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	\$378.45	10/1/2017
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$378.45	10/1/2017
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	\$378.45	10/1/2017
45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$378.45	10/1/2017
45347	PLACEMENT OF STENT IN LARGE BOWEL USING AN ENDOSCOPE	\$2,407.30	10/1/2017
45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	\$378.45	10/1/2017
45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)	\$378.45	10/1/2017
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT	\$288.63	10/1/2017
45379	REMOVAL OF FOREIGN BODIES IN LARGE BOWEL USING AN ENDOSCOPE	\$378.45	10/1/2017
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR	\$378.45	10/1/2017
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL	\$378.45	10/1/2017
45382	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING	\$378.45	10/1/2017
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	\$378.45	10/1/2017
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S),	\$378.45	10/1/2017
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOON, 1	\$378.45	10/1/2017
45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (	\$378.45	10/1/2017
45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST-D	\$2,353.88	10/1/2017
45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	\$378.45	10/1/2017
45391	ULTRASOUND EXAMINATION OF LOWER LARGE BOWEL USING AN ENDOSCOPE	\$378.45	10/1/2017
45392	ULTRASOUND GUIDED NEEDLE ASPIRATION OR BIOPSY OF LOWER LARGE BOWEL USING AN ENDO	\$378.45	10/1/2017
45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVU	\$378.45	10/1/2017
45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S), (EG, HEMORRHOIDS)	\$378.45	10/1/2017
45500	PROCTOPLASTY; FOR STENOSIS	\$906.34	10/1/2017
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	\$906.34	10/1/2017
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	\$0.00	10/1/2016
45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	\$906.34	10/1/2017
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	\$906.34	10/1/2017
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$288.63	10/1/2017
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	\$378.45	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN	\$378.45	10/1/2017
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$378.45	10/1/2017
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), D	\$906.34	10/1/2017
46020	PLACEMENT OF SETON	\$906.34	10/1/2017
46030	REMOVAL OF ANAL SETON, OTHER MARKER	\$378.45	10/1/2017
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE	\$378.45	10/1/2017
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS,	\$906.34	10/1/2017
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	\$288.63	10/1/2017
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY	\$906.34	10/1/2017
46070	INCISION, ANAL SEPTUM (INFANT)	\$906.34	10/1/2017
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	\$906.34	10/1/2017
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$110.13	10/1/2017
46200	FISSURECTOMY, INCLUDING SPHINCTEROTOMY, WHEN PERFORMED	\$906.34	10/1/2017
46220	EXCISION OF SINGLE EXTERNAL PAPILLA OR TAG, ANUS	\$378.45	10/1/2017
46221	HEMORRHOIDECTOMY, INTERNAL, BY RUBBER BAND LIGATION(S)	\$138.55	10/1/2017
46230	EXCISION OF MULTIPLE EXTERNAL PAPILLAE OR TAGS, ANUS	\$906.34	10/1/2017
46250	HEMORRHOIDECTOMY, EXTERNAL, 2 OR MORE COLUMNS/GROUPS	\$906.34	10/1/2017
46255	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP;	\$906.34	10/1/2017
46257	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	\$906.34	10/1/2017
46258	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SINGLE COLUMN/GROUP; WITH FISTULECTOMY,	\$906.34	10/1/2017
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS;	\$906.34	10/1/2017
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	\$906.34	10/1/2017
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS; WITH FISTULEC	\$906.34	10/1/2017
46270	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS	\$906.34	10/1/2017
46275	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); INTERSPHINCTERIC	\$906.34	10/1/2017
46280	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); TRANSSPHINCTERIC,	\$906.34	10/1/2017
46285	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE	\$906.34	10/1/2017
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	\$906.34	10/1/2017
46320	EXCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$93.02	10/1/2017
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	\$104.27	10/1/2017
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	\$378.45	10/1/2017
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR W	\$0.00	10/1/2015
46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE,	\$0.00	1/1/2015
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	\$378.45	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
46606	ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE	\$141.64	10/1/2017
46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MI	\$378.45	10/1/2017
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	\$288.63	10/1/2017
46610	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY	\$906.34	10/1/2017
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE	\$288.63	10/1/2017
46612	ANOSCOPY; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT	\$906.34	10/1/2017
46614	ANOSCOPY; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR	\$70.26	10/1/2017
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE	\$906.34	10/1/2017
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	\$906.34	10/1/2017
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$906.34	10/1/2017
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SI	\$906.34	10/1/2017
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	\$906.34	10/1/2017
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	\$906.34	10/1/2017
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	\$906.34	10/1/2017
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	\$906.34	10/1/2017
46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION	\$906.34	10/1/2017
46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL	\$2,517.28	10/1/2017
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM,	\$124.28	10/1/2017
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$143.04	10/1/2017
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$65.58	10/1/2017
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$906.34	10/1/2017
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$906.34	10/1/2017
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM	\$906.34	10/1/2017
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATIO	\$113.54	10/1/2017
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	\$107.08	10/1/2017
46942	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER	\$106.23	10/1/2017
46945	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI	\$174.52	10/1/2017
46946	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; SINGLE HEMORRHOI	\$906.34	10/1/2017
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	\$906.34	10/1/2017
47000	"NEEDLE BIOPSY OF LIVER, ACCESSED THROUGH THE SKIN	\$421.01	10/1/2017
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR	\$0.00	10/1/2012
47382	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	\$1,684.61	10/1/2017
47383	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION	\$1,684.61	10/1/2017
47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPLETE PROCEDURE, INCLUDING IMAGING GUIDANCE, C	\$879.28	10/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
47531	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	\$0.00	10/1/2016
47532	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC PROCE	\$0.00	10/1/2016
47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLAN	\$1,248.53	10/1/2017
47534	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS INCLUDING DIAGNOSTIC CHOLAN	\$1,248.53	10/1/2017
47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DR	\$1,248.53	10/1/2017
47536	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVE	\$1,248.53	10/1/2017
47537	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDA	\$315.54	10/1/2017
47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$1,684.61	10/1/2017
47539	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$1,684.61	10/1/2017
47540	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLA	\$1,684.61	10/1/2017
47541	PLACEMENT OF ACCESS THROUGH THE BILIARY TREE AND INTO SMALL BOWEL TO ASSIST WITH	\$1,248.53	10/1/2017
47542	BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY), PERCUTANEO	\$0.00	10/1/2016
47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH,	\$0.00	10/1/2016
47544	REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND/OR GALLBLADDER, PERCUTANEOUS,	\$0.00	10/1/2016
47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS USING AN ENDOSCOPE, ACCESSED THROUGH THE SK	\$1,248.53	10/1/2017
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE	\$1,248.53	10/1/2017
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF	\$1,684.61	10/1/2017
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	\$1,248.53	10/1/2017
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF	\$2,436.43	10/1/2017
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	\$1,684.61	10/1/2017
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$1,684.61	10/1/2017
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$1,684.61	10/1/2017
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	\$421.01	10/1/2017
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	\$315.54	10/1/2017
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	\$315.54	10/1/2017
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	\$315.54	10/1/2017
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	\$421.01	10/1/2017
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	\$1,248.53	10/1/2017
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLE	\$1,684.61	10/1/2017
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	\$1,684.61	10/1/2017
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST)	\$1,684.61	10/1/2017
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF TUNNELED INTRAPERITONEAL CATHETER	\$1,684.61	10/1/2017
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNUL	\$1,684.61	10/1/2017
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT	\$0.00	10/1/2014

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION TH	\$0.00	10/1/2014
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$1,366.88	10/1/2015
49400	INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)	\$0.00	10/1/2012
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	\$1,248.53	10/1/2017
49405	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$464.64	10/1/2015
49406	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROM	\$421.01	10/1/2017
49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH V	\$421.01	10/1/2017
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$275.98	10/1/2017
49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CH	\$1,248.53	10/1/2017
49419	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER, WITH SUBCUTANEOUS PORT (IE, TOTA	\$1,825.29	10/1/2017
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	\$1,248.53	10/1/2017
49422	REMOVAL OF TUNNELED INTRAPERITONEAL CATHETER	\$1,131.52	10/1/2017
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER	\$511.56	10/1/2017
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED	\$0.00	10/1/2012
49426	REVISION OF PERITONEAL-VEIN SHUNT	\$1,248.53	10/1/2017
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED	\$0.00	10/1/2012
49429	REMOVAL OF PERITONEAL-VEIN SHUNT	\$1,131.52	10/1/2017
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH	\$0.00	10/1/2015
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITON	\$511.56	10/1/2017
49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDI	\$511.56	10/1/2017
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	\$511.56	10/1/2017
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC G	\$378.45	10/1/2017
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER F	\$511.56	10/1/2017
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, U	\$315.54	10/1/2017
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPI	\$315.54	10/1/2017
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANC	\$315.54	10/1/2017
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUN	\$315.54	10/1/2017
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODE	\$95.87	10/1/2017
49495	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	\$1,248.53	10/1/2017
49496	REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT UNDER AGE 6 MONTHS, OR	\$1,248.53	10/1/2017
49500	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	\$1,248.53	10/1/2017
49501	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT	\$1,248.53	10/1/2017
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$1,248.53	10/1/2017
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR	\$1,248.53	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE	\$1,248.53	10/1/2017
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$1,248.53	10/1/2017
49525	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	\$1,248.53	10/1/2017
49540	REPAIR LUMBAR HERNIA	\$1,684.61	10/1/2017
49550	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE	\$1,248.53	10/1/2017
49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$1,248.53	10/1/2017
49555	REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE	\$1,248.53	10/1/2017
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	\$1,248.53	10/1/2017
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$1,248.53	10/1/2017
49561	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	\$1,248.53	10/1/2017
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	\$1,684.61	10/1/2017
49566	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED	\$1,684.61	10/1/2017
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR OPEN INCISIONAL OR VENTRAL HERNIA R	\$0.00	10/1/2014
49570	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)	\$1,248.53	10/1/2017
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	\$1,248.53	10/1/2017
49580	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; REDUCIBLE	\$1,248.53	10/1/2017
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	\$1,248.53	10/1/2017
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$1,248.53	10/1/2017
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	\$1,248.53	10/1/2017
49590	REPAIR SPIGELIAN HERNIA	\$1,248.53	10/1/2017
49600	REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE	\$1,248.53	10/1/2017
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	\$1,684.61	10/1/2017
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	\$1,684.61	10/1/2017
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$1,684.61	10/1/2017
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$1,684.61	10/1/2017
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$2,785.06	10/1/2017
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$2,785.06	10/1/2017
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$2,785.06	10/1/2017
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$2,785.06	10/1/2017
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	\$3,842.16	10/1/2017
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION,	\$3,842.16	10/1/2017
50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	\$421.01	10/1/2017
50382	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$661.06	10/1/2017
50384	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEO	\$661.06	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$661.06	10/1/2017
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETH	\$454.43	10/1/2017
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG	\$661.06	10/1/2017
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN	\$235.10	10/1/2017
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	\$230.83	10/1/2017
50391	INSTILLATIONS OF DRUG INTO KIDNEY AND/OR URINARY DUCT (URETER)	\$37.66	10/1/2017
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER WITH DILATION TO	\$1,004.51	10/1/2017
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING	\$235.10	10/1/2017
50430	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	\$0.00	10/1/2016
50431	INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIA	\$0.00	10/1/2016
50432	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOG	\$661.06	10/1/2017
50433	PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROS	\$661.06	10/1/2017
50434	CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING	\$235.10	10/1/2017
50435	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM	\$235.10	10/1/2017
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	\$1,425.06	10/1/2017
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$1,425.06	10/1/2017
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$1,425.06	10/1/2017
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$3,842.16	10/1/2017
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$1,425.06	10/1/2017
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT	\$3,842.16	10/1/2017
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$661.06	10/1/2017
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$235.10	10/1/2017
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$235.10	10/1/2017
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$1,425.06	10/1/2017
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$1,425.06	10/1/2017
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION,	\$1,425.06	10/1/2017
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$1,425.06	10/1/2017
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	\$1,684.61	10/1/2017
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	\$2,785.06	10/1/2017
50606	ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAG	\$0.00	10/1/2016
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY	\$0.00	10/1/2012
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	\$54.08	10/1/2017
50688	CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CO	\$661.06	10/1/2017
50690	INJECTION OF BLADDER AND URINARY DUCT (URETER) FOR X-RAY IMAGING	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
50693	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$1,004.51	10/1/2017
50694	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$1,004.51	10/1/2017
50695	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AN	\$1,004.51	10/1/2017
50705	URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND A	\$0.00	10/1/2016
50706	BALLOON DILATION, URETERAL STRICTURE, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND	\$0.00	10/1/2016
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	\$1,004.51	10/1/2017
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT	\$1,684.61	10/1/2017
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL	\$2,785.06	10/1/2017
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	\$661.06	10/1/2017
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$1,425.06	10/1/2017
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$1,425.06	10/1/2017
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$1,425.06	10/1/2017
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT	\$1,425.06	10/1/2017
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$235.10	10/1/2017
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$235.10	10/1/2017
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$1,425.06	10/1/2017
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$1,425.06	10/1/2017
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$1,425.06	10/1/2017
51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE	\$1,004.51	10/1/2017
51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	\$1,004.51	10/1/2017
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	\$661.06	10/1/2017
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	\$661.06	10/1/2017
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK	\$1,425.06	10/1/2017
51065	CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR	\$1,425.06	10/1/2017
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	\$832.93	10/1/2017
51100	ASPIRATION OF BLADDER; BY NEEDLE	\$25.01	10/1/2017
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	\$67.16	10/1/2017
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	\$661.06	10/1/2017
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	\$1,684.61	10/1/2017
51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	\$661.06	10/1/2017
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	\$661.06	10/1/2017
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	\$0.00	10/1/2012
51605	INJECTION PROCEDURE FOR X-RAY IMAGING OF THE BLADDER AND BLADDER CANAL (URETHRA)	\$0.00	10/1/2012
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	\$39.62	10/1/2017
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR	\$0.00	10/1/2015
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	\$0.00	10/1/2015
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED	\$54.08	10/1/2017
51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	\$44.68	10/1/2017
51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	\$235.10	10/1/2017
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE	\$1,004.51	10/1/2017
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)	\$43.56	10/1/2017
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	\$87.40	10/1/2017
51726	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT);	\$235.10	10/1/2017
51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRES	\$161.31	10/1/2017
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$166.09	10/1/2017
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$168.62	10/1/2017
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	\$0.00	10/1/2015
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$0.00	10/1/2016
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN	\$24.73	10/1/2017
51785	NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY	\$110.13	10/1/2017
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY	\$0.00	10/1/2016
51797	51797 VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERIT	\$0.00	10/1/2014
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY	\$0.00	10/1/2015
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	\$1,004.51	10/1/2017
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	\$1,684.61	10/1/2017
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	\$235.10	10/1/2017
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS	\$1,004.51	10/1/2017
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	\$661.06	10/1/2017
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION,	\$1,004.51	10/1/2017
52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT	\$235.10	10/1/2017
52204	CYSTOURETHROSCOPY, WITH BIOPSY(S)	\$661.06	10/1/2017
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF	\$661.06	10/1/2017
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR	\$661.06	10/1/2017
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$1,004.51	10/1/2017
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$1,004.51	10/1/2017
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY)	\$1,425.06	10/1/2017
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT	\$1,425.06	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL	\$661.06	10/1/2017
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL	\$200.38	10/1/2017
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	\$661.06	10/1/2017
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	\$661.06	10/1/2017
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	\$661.06	10/1/2017
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	\$1,004.51	10/1/2017
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR	\$661.06	10/1/2017
52282	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT URETHRAL STENT	\$1,004.51	10/1/2017
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	\$661.06	10/1/2017
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL	\$661.06	10/1/2017
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	\$661.06	10/1/2017
52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	\$661.06	10/1/2017
52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S),	\$1,004.51	10/1/2017
52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S),	\$1,004.51	10/1/2017
52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER	\$1,425.06	10/1/2017
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT	\$661.06	10/1/2017
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT	\$661.06	10/1/2017
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND	\$1,004.51	10/1/2017
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND	\$1,425.06	10/1/2017
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL	\$1,425.06	10/1/2017
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF	\$1,425.06	10/1/2017
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC	\$1,425.06	10/1/2017
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION,	\$1,004.51	10/1/2017
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR	\$1,004.51	10/1/2017
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO	\$1,004.51	10/1/2017
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION,	\$661.06	10/1/2017
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG,	\$1,425.06	10/1/2017
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON	\$661.06	10/1/2017
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG,	\$1,004.51	10/1/2017
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION	\$1,425.06	10/1/2017
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE	\$1,425.06	10/1/2017
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	\$661.06	10/1/2017
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR	\$1,425.06	10/1/2017
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY	\$1,425.06	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR	\$1,425.06	10/1/2017
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF	\$1,425.06	10/1/2017
52356	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDI	\$1,425.06	10/1/2017
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERI	\$661.06	10/1/2017
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	\$1,004.51	10/1/2017
52450	TRANSURETHRAL INCISION OF PROSTATE	\$1,004.51	10/1/2017
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	\$1,004.51	10/1/2017
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF	\$1,425.06	10/1/2017
52630	TRANSURETHRAL RESECTION; RESIDUAL OR REGROWTH OF OBSTRUCTIVE PROSTATE TISSUE INC	\$1,425.06	10/1/2017
52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	\$1,004.51	10/1/2017
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMP	\$1,425.06	10/1/2017
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COM	\$1,425.06	10/1/2017
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOP	\$1,425.06	10/1/2017
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	\$1,425.06	10/1/2017
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	\$661.06	10/1/2017
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA,	\$1,425.06	10/1/2017
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	\$661.06	10/1/2017
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	\$661.06	10/1/2017
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	\$1,425.06	10/1/2017
53060	DRAINAGE OF ABSCESS OR CYST OF SKENE'S GLANDS, MALE	\$63.80	10/1/2017
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	\$661.06	10/1/2017
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	\$661.06	10/1/2017
53200	BIOPSY OF URETHRA	\$1,004.51	10/1/2017
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	\$1,425.06	10/1/2017
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	\$1,425.06	10/1/2017
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	\$1,425.06	10/1/2017
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	\$1,425.06	10/1/2017
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	\$1,425.06	10/1/2017
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	\$1,425.06	10/1/2017
53250	REMOVAL OF SEMINAL FLUID GLAND	\$661.06	10/1/2017
53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	\$661.06	10/1/2017
53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	\$661.06	10/1/2017
53270	REMOVAL OR DESTRUCTION OF BLADDER CANAL (URETHRA) MUCOUS GLANDS	\$1,004.51	10/1/2017
53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	\$661.06	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNS	\$1,425.06	10/1/2017
53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	\$1,425.06	10/1/2017
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	\$1,425.06	10/1/2017
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	\$1,425.06	10/1/2017
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS	\$1,425.06	10/1/2017
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	\$1,425.06	10/1/2017
53431	REPAIR OF BLADDER CANAL (URETHRA) AND/OR LOWER BLADDER FOR INCONTINENCE	\$1,425.06	10/1/2017
53440	SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR	\$5,526.92	10/1/2017
53442	REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR	\$1,425.06	10/1/2017
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	\$11,351.65	10/1/2017
53445	INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF	\$11,908.60	10/1/2017
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$1,425.06	10/1/2017
53447	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	\$11,642.94	10/1/2017
53449	REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP,	\$1,425.06	10/1/2017
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	\$661.06	10/1/2017
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT	\$1,425.06	10/1/2017
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	\$1,004.51	10/1/2017
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	\$1,425.06	10/1/2017
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	\$1,425.06	10/1/2017
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	\$1,425.06	10/1/2017
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	\$1,425.06	10/1/2017
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; IN	\$29.22	10/1/2017
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE;	\$0.00	10/1/2016
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL	\$661.06	10/1/2017
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE;	\$43.00	10/1/2017
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE;	\$45.53	10/1/2017
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	\$34.28	10/1/2017
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	\$0.00	10/1/2016
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	\$661.06	10/1/2017
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	\$1,004.51	10/1/2017
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	\$1,190.47	10/1/2017
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMEN	\$569.65	10/1/2017
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	\$661.06	10/1/2017
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	\$661.06	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
54015	INCISION AND DRAINAGE OF PENIS, DEEP	\$421.01	10/1/2017
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM)	\$0.00	10/1/2016
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM)	\$55.65	10/1/2017
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM)	\$0.00	10/1/2015
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM)	\$730.90	10/1/2017
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM)	\$730.90	10/1/2017
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM)	\$730.90	10/1/2017
54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	\$421.01	10/1/2017
54105	BIOPSY OF PENIS; DEEP STRUCTURES	\$832.93	10/1/2017
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	\$1,425.06	10/1/2017
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	\$1,425.06	10/1/2017
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN	\$3,842.16	10/1/2017
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	\$832.93	10/1/2017
54120	AMPUTATION OF PENIS; PARTIAL	\$1,425.06	10/1/2017
54161	OLDER THAN 28 DAYS OF AGE	\$661.06	10/1/2017
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	\$661.06	10/1/2017
54163	REPAIR INCOMPLETE CIRCUMCISION	\$661.06	10/1/2017
54164	FRENULOTOMY OF PENIS	\$661.06	10/1/2017
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	\$51.43	10/1/2017
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	\$1,425.06	10/1/2017
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	\$110.13	10/1/2017
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	\$0.00	10/1/2012
54231	DYNAMIC CAVERNOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS	\$49.18	10/1/2017
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE,	\$35.69	10/1/2017
54240	PENILE PLETHYSMOGRAPHY	\$27.54	10/1/2017
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	\$8.43	10/1/2017
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH	\$1,004.51	10/1/2017
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE	\$661.06	10/1/2017
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	\$1,425.06	10/1/2017
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY	\$1,004.51	10/1/2017
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION)	\$1,425.06	10/1/2017
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM	\$1,004.51	10/1/2017
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$661.06	10/1/2017
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$1,425.06	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$1,425.06	10/1/2017
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION);	\$1,004.51	10/1/2017
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY	\$1,004.51	10/1/2017
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	\$1,425.06	10/1/2017
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA);	\$1,425.06	10/1/2017
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF	\$3,842.16	10/1/2017
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	\$1,004.51	10/1/2017
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	\$1,004.51	10/1/2017
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH	\$661.06	10/1/2017
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$1,004.51	10/1/2017
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$1,425.06	10/1/2017
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE	\$11,829.10	10/1/2017
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE	\$1,004.51	10/1/2017
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	\$11,718.77	10/1/2017
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR	\$661.06	10/1/2017
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER	\$661.06	10/1/2017
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	\$661.06	10/1/2017
54440	PLASTIC OPERATION OF PENIS FOR INJURY	\$1,425.06	10/1/2017
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	\$110.13	10/1/2017
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	\$832.93	10/1/2017
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	\$1,004.51	10/1/2017
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	\$661.06	10/1/2017
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR	\$1,004.51	10/1/2017
54522	ORCHIECTOMY, PARTIAL	\$1,004.51	10/1/2017
54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	\$1,248.53	10/1/2017
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	\$1,248.53	10/1/2017
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	\$661.06	10/1/2017
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATE	\$1,004.51	10/1/2017
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	\$1,004.51	10/1/2017
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR	\$1,248.53	10/1/2017
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	\$1,425.06	10/1/2017
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	\$661.06	10/1/2017
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	\$661.06	10/1/2017
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	\$1,684.61	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	\$1,684.61	10/1/2017
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR	\$661.06	10/1/2017
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	\$421.01	10/1/2017
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	\$661.06	10/1/2017
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	\$661.06	10/1/2017
54860	EPIDIDYMECTOMY; UNILATERAL	\$661.06	10/1/2017
54861	EPIDIDYMECTOMY; BILATERAL	\$1,004.51	10/1/2017
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	\$1,004.51	10/1/2017
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	\$661.06	10/1/2017
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	\$1,004.51	10/1/2017
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF	\$49.18	10/1/2017
55040	EXCISION OF HYDROCELE; UNILATERAL	\$1,248.53	10/1/2017
55041	EXCISION OF HYDROCELE; BILATERAL	\$1,248.53	10/1/2017
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	\$661.06	10/1/2017
55100	DRAINAGE OF SCROTAL WALL ABSCESS	\$421.01	10/1/2017
55110	SCROTAL EXPLORATION	\$661.06	10/1/2017
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	\$661.06	10/1/2017
55150	RESECTION OF SCROTUM	\$1,004.51	10/1/2017
55175	SCROTOPLASTY; SIMPLE	\$1,004.51	10/1/2017
55180	SCROTOPLASTY; COMPLICATED	\$1,425.06	10/1/2017
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL	\$661.06	10/1/2017
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE	\$661.06	10/1/2017
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR	\$0.00	10/1/2012
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	\$1,004.51	10/1/2017
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	\$1,004.51	10/1/2017
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE	\$1,004.51	10/1/2017
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL	\$1,248.53	10/1/2017
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH	\$1,248.53	10/1/2017
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	\$1,684.61	10/1/2017
55600	VESICULOTOMY;	\$661.06	10/1/2017
55680	EXCISION OF MULLERIAN DUCT CYST	\$661.06	10/1/2017
55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	\$661.06	10/1/2017
55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	\$661.06	10/1/2017
55706	BIOPSY, PROSTATE; NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION	\$1,004.51	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	\$661.06	10/1/2017
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	\$661.06	10/1/2017
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	\$1,425.06	10/1/2017
55870	ELECTROEJACULATION	\$60.99	10/1/2017
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORI	\$5,381.45	10/1/2017
55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MUL	\$1,448.44	2/1/2018
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R	\$1,004.51	10/1/2017
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$55.36	10/1/2017
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT P	\$1,248.53	10/1/2017
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	\$40.19	10/1/2017
56420	INCISION AND DRAINAGE OF FEMALE GENITAL GLAND ABSCESS	\$51.15	10/1/2017
56440	CREATION OF DRAINAGE TRACT FOR FEMALE GENITAL GLAND OR CYST	\$856.46	10/1/2017
56441	LYSIS OF LABIAL ADHESIONS	\$856.46	10/1/2017
56442	HYMENOTOMY, SIMPLE INCISION	\$856.46	10/1/2017
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYO	\$54.52	10/1/2017
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	\$1,119.47	10/1/2017
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	\$30.92	10/1/2017
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL	\$0.00	10/1/2014
56620	VULVECTOMY SIMPLE; PARTIAL	\$856.46	10/1/2017
56625	VULVECTOMY SIMPLE; COMPLETE	\$856.46	10/1/2017
56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	\$856.46	10/1/2017
56740	REMOVAL OF FEMALE GENITAL GLAND OR CYST	\$856.46	10/1/2017
56800	PLASTIC REPAIR OF INTROITUS	\$856.46	10/1/2017
56805	CLITOROPLASTY FOR INTERSEX STATE	\$856.46	10/1/2017
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	\$856.46	10/1/2017
56820	COLPOSCOPY OF THE VULVA;	\$41.03	10/1/2017
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	\$52.27	10/1/2017
57000	COLPOTOMY; WITH EXPLORATION	\$856.46	10/1/2017
57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	\$856.46	10/1/2017
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	\$856.46	10/1/2017
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM	\$421.01	10/1/2017
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA,	\$832.93	10/1/2017
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRY	\$49.18	10/1/2017
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	\$856.46	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	\$32.60	10/1/2017
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	\$856.46	10/1/2017
57120	COLPOCLEISIS (LE FORT TYPE)	\$1,586.92	10/1/2017
57130	EXCISION OF VAGINAL SEPTUM	\$856.46	10/1/2017
57135	EXCISION OF VAGINAL CYST OR TUMOR	\$856.46	10/1/2017
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL	\$0.00	10/1/2016
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	\$856.46	10/1/2017
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERA	\$117.13	10/1/2017
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	\$33.16	10/1/2017
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	\$19.95	10/1/2017
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC	\$64.62	10/1/2017
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	\$856.46	10/1/2017
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	\$856.46	10/1/2017
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL	\$1,586.92	10/1/2017
57230	PLASTIC REPAIR OF URETHROCELE	\$856.46	10/1/2017
57240	REPAIR OF HERNIATION OF BLADDER INTO VAGINAL WALL	\$1,586.92	10/1/2017
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	\$1,586.92	10/1/2017
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	\$1,586.92	10/1/2017
57265	REPAIR OF HERNIATION OF RECTUM AND BLADDER INTO VAGINAL WALL	\$1,586.92	10/1/2017
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH	\$0.00	10/1/2014
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	\$856.46	10/1/2017
57282	COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, ILIOCOCCYGEUS)	\$1,624.30	10/1/2015
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$856.46	10/1/2017
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$1,586.92	10/1/2017
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	\$2,409.83	10/1/2017
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	\$856.46	10/1/2017
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	\$856.46	10/1/2017
57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	\$856.46	10/1/2017
57310	CLOSURE OF URETHROVAGINAL FISTULA;	\$2,409.83	10/1/2017
57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	\$1,586.92	10/1/2017
57400	DILATION OF VAGINA UNDER ANESTHESIA (OTHER THAN LOCAL)	\$856.46	10/1/2017
57410	PELVIC EXAMINATION UNDER ANESTHESIA (OTHER THAN LOCAL)	\$856.46	10/1/2017
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA (	\$856.46	10/1/2017
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$42.43	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGIN	\$54.80	10/1/2017
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	\$2,409.83	10/1/2017
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	\$39.34	10/1/2017
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$48.62	10/1/2017
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$50.87	10/1/2017
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL	\$48.90	10/1/2017
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	\$135.74	10/1/2017
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	\$146.14	10/1/2017
57500	BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHO	\$63.80	10/1/2017
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	\$43.56	10/1/2017
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	\$44.68	10/1/2017
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	\$54.24	10/1/2017
57513	CAUTERY OF CERVIX; LASER ABLATION	\$856.46	10/1/2017
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$856.46	10/1/2017
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$856.46	10/1/2017
57530	TRACHELECTOMY (CERVICETOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	\$856.46	10/1/2017
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	\$856.46	10/1/2017
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	\$1,586.92	10/1/2017
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	\$856.46	10/1/2017
57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	\$856.46	10/1/2017
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	\$856.46	10/1/2017
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	\$23.89	10/1/2017
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WI	\$38.79	10/1/2017
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP	\$0.00	10/1/2012
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	\$856.46	10/1/2017
58145	VAGINAL REMOVAL OF FIBROID TUMORS (250 GRAMS OR LESS) OF UTERUS	\$856.46	10/1/2017
58150	TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF	\$0.00	10/1/2016
58260	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$1,586.92	10/1/2017
58262	VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S),	\$1,586.92	10/1/2017
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	\$35.69	10/1/2017
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE	\$0.00	10/1/2012
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	\$856.46	10/1/2017
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	\$1,586.92	10/1/2017
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	\$1,293.61	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$1,684.61	10/1/2017
58542	PARTIAL REMOVAL OF UTERUS (250 GRAMS OR LESS), TUBES AND/OR OVARIES WITH RETENTI	\$2,785.06	10/1/2017
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$2,785.06	10/1/2017
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$2,785.06	10/1/2017
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL	\$1,684.61	10/1/2017
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR	\$2,785.06	10/1/2017
58550	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$1,684.61	10/1/2017
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS;	\$2,785.06	10/1/2017
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	\$2,785.06	10/1/2017
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250	\$2,785.06	10/1/2017
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$856.46	10/1/2017
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR	\$856.46	10/1/2017
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	\$1,586.92	10/1/2017
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY	\$1,586.92	10/1/2017
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	\$1,586.92	10/1/2017
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	\$856.46	10/1/2017
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (EG, ENDOMETRIAL RESECTION,	\$1,586.92	10/1/2017
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	\$1,586.92	10/1/2017
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$2,785.06	10/1/2017
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH R	\$2,785.06	10/1/2017
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	\$1,702.06	10/1/2015
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; W	\$2,785.06	10/1/2017
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	\$1,366.88	10/1/2015
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNI	\$856.46	10/1/2017
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL	\$856.46	10/1/2017
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP	\$1,684.61	10/1/2017
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL	\$1,684.61	10/1/2017
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY,	\$1,684.61	10/1/2017
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT	\$1,684.61	10/1/2017
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	\$1,684.61	10/1/2017
58674	LAPAROSCOPY, SURGICAL, ABLATION OF UTERINE FIBROID(S) INCLUDING INTRAOPERATIVE U	\$3,678.95	10/1/2017
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGI	\$856.46	10/1/2017
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE);	\$856.46	10/1/2017
58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	\$856.46	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$856.46	10/1/2017
59000	AMNIOCENTESIS; DIAGNOSTIC	\$55.36	10/1/2017
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND	\$117.13	10/1/2017
59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	\$117.13	10/1/2017
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	\$48.34	10/1/2017
59020	FETAL CONTRACTION STRESS TEST	\$26.69	10/1/2017
59025	FETAL NON-STRESS TEST	\$14.33	10/1/2017
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	\$117.13	10/1/2017
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	\$117.13	10/1/2017
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS),	\$117.13	10/1/2017
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	\$117.13	10/1/2017
59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	\$856.46	10/1/2017
59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR	\$1,684.61	10/1/2017
59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR	\$1,684.61	10/1/2017
59160	CURETTAGE, POSTPARTUM	\$856.46	10/1/2017
59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE	\$30.35	10/1/2017
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING	\$71.38	10/1/2017
59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	\$856.46	10/1/2017
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS	\$856.46	10/1/2017
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	\$856.46	10/1/2017
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	\$856.46	10/1/2017
59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	\$856.46	10/1/2017
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	\$856.46	10/1/2017
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	\$856.46	10/1/2017
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	\$856.46	10/1/2017
59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	\$856.46	10/1/2017
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	\$856.46	10/1/2017
60000	INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED	\$458.63	10/1/2017
60100	BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE	\$42.43	10/1/2017
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	\$1,684.61	10/1/2017
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$1,684.61	10/1/2017
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	\$1,684.61	10/1/2017
60220	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$1,684.61	10/1/2017
60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY,	\$1,684.61	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
60240	THYROIDECTOMY, TOTAL OR COMPLETE	\$1,684.61	10/1/2017
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	\$0.00	10/1/2016
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	\$1,684.61	10/1/2017
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	\$1,684.61	10/1/2017
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	\$64.08	10/1/2017
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	\$1,670.49	10/1/2017
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	\$1,672.53	10/1/2015
60512	PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR	\$0.00	10/1/2016
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INI	\$260.10	10/1/2017
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL;	\$260.10	10/1/2017
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR	\$280.28	10/1/2017
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR	\$260.10	10/1/2017
61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE	\$117.27	10/1/2017
61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR	\$117.27	10/1/2017
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	\$260.10	10/1/2017
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR	\$1,701.50	10/1/2017
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	\$765.69	10/1/2017
61770	STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF	\$1,701.50	10/1/2017
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LI	\$0.00	10/1/2012
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LI	\$0.00	10/1/2012
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY	\$0.00	10/1/2012
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT	\$631.55	10/1/2017
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT	\$631.55	10/1/2017
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	\$1,265.63	10/1/2017
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$15,812.95	10/1/2017
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR	\$22,480.03	10/1/2017
61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	\$4,430.85	10/1/2017
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHET	\$0.00	10/1/2012
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	\$631.55	10/1/2017
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	\$1,701.50	10/1/2017
62230	REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBSTRUCTED VALVE, OR	\$1,701.50	10/1/2017
62252	REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT	\$30.35	10/1/2017
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	\$280.28	10/1/2017
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG,	\$280.28	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PAR	\$230.83	10/1/2017
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	\$280.28	10/1/2017
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	\$421.01	10/1/2017
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	\$260.10	10/1/2017
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	\$260.10	10/1/2017
62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	\$260.10	10/1/2017
62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$280.28	10/1/2017
62281	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$280.28	10/1/2017
62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	\$280.28	10/1/2017
62284	INJECTION OF DYE FOR X-RAY IMAGING AND/OR CT OF LOWER SPINAL CANAL	\$0.00	10/1/2012
62287	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DIS	\$1,701.50	10/1/2017
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	\$0.00	10/1/2012
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	\$0.00	10/1/2012
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL	\$631.55	10/1/2017
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION,	\$280.28	10/1/2017
62302	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00	1/1/2015
62303	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00	1/1/2015
62304	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00	1/1/2015
62305	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPR	\$0.00	1/1/2015
62320	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$260.10	10/1/2017
62321	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$260.10	10/1/2017
62322	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM	\$260.10	10/1/2017
62323	INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPAS	\$260.10	10/1/2017
62324	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	\$280.28	10/1/2017
62325	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	\$280.28	10/1/2017
62326	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CAN	\$280.28	10/1/2017
62327	INJECTION(S), INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INERMITTENT B	\$280.28	10/1/2017
62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATH	\$1,701.50	10/1/2017
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	\$631.55	10/1/2017
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	\$12,069.13	10/1/2017
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$12,234.76	10/1/2017
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG	\$12,762.80	10/1/2017
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL	\$1,701.50	10/1/2017
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$17.99	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$24.17	10/1/2017
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$73.63	10/1/2017
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$72.22	10/1/2017
62380	ENDOSCOPIC DECOMPRESSION OF SPINAL CORD, NERVE ROOT(S), INCLUDING LMINOTOMY, PAR	\$3,097.69	10/1/2017
63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQ	\$2,374.64	10/1/2017
63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$2,374.64	10/1/2017
63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA	\$2,374.64	10/1/2017
63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$2,374.64	10/1/2017
63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PAR	\$2,374.64	10/1/2017
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$2,374.64	10/1/2017
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$0.00	10/1/2015
63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$2,374.64	10/1/2017
63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$2,374.64	10/1/2017
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH	\$2,374.64	10/1/2017
63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE R	\$2,374.64	10/1/2017
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	\$2,374.64	10/1/2017
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODA	\$631.55	10/1/2017
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT	\$631.55	10/1/2017
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION, SPINAL CORD	\$631.55	10/1/2017
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	\$4,165.44	10/1/2017
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE,	\$14,527.69	10/1/2017
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLU	\$631.55	10/1/2017
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOM	\$1,265.63	10/1/2017
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$4,024.03	10/1/2017
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$12,284.88	10/1/2017
63685	INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER,	\$22,199.66	10/1/2017
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR	\$1,265.63	10/1/2017
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	\$1,701.50	10/1/2017
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	\$631.55	10/1/2017
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	\$64.36	10/1/2017
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE	\$0.00	10/1/2015
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	\$48.62	10/1/2017
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	\$50.02	10/1/2017
64410	INJECTION, ANESTHETIC AGENT; PHRENIC NERVE	\$280.28	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS	\$56.77	10/1/2017
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	\$280.28	10/1/2017
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (I	\$280.28	10/1/2017
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	\$280.28	10/1/2017
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	\$74.75	10/1/2017
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	\$260.10	10/1/2017
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	\$280.28	10/1/2017
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	\$51.15	10/1/2017
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	\$280.28	10/1/2017
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	\$62.39	10/1/2017
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	\$62.11	10/1/2017
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INC	\$280.28	10/1/2017
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	\$49.46	10/1/2017
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INC	\$280.28	10/1/2017
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUS	\$280.28	10/1/2017
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$40.75	10/1/2017
64455	INJECTIONS OF ANESTHETIC AND/OR STEROID DRUG INTO NERVE OF FOOT	\$15.46	10/1/2017
64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (	\$64.36	10/1/2017
64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SECOND AND ANY ADDITION	\$0.00	10/1/2016
64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSION BY	\$73.91	10/1/2017
64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$280.28	10/1/2017
64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$0.00	10/1/2014
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$280.28	10/1/2017
64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMA	\$0.00	10/1/2014
64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$0.00	1/1/2015
64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$0.00	1/1/2015
64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$0.00	1/1/2015
64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BL	\$0.00	1/1/2015
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$280.28	10/1/2017
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/1/2014
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/1/2014
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$280.28	10/1/2017
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/1/2014
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00	10/1/2014

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	\$41.60	10/1/2017
64508	INJECTION, ANESTHETIC AGENT; CAROTID SINUS (SEPARATE PROCEDURE)	\$12.36	10/1/2017
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	\$280.28	10/1/2017
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	\$280.28	10/1/2017
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	\$280.28	10/1/2017
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC	\$280.28	10/1/2017
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE	\$4,282.22	10/1/2017
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	\$4,291.04	10/1/2017
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	\$4,210.52	10/1/2017
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATME	\$82.90	10/1/2017
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELE	\$22,509.61	10/1/2017
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECT	\$4,495.96	10/1/2017
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P	\$1,701.50	10/1/2017
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (	\$14,312.41	10/1/2017
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; NEUROMUSCULAR	\$14,753.93	10/1/2017
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRAN	\$4,390.39	10/1/2017
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY	\$1,265.63	10/1/2017
64590	INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATO	\$15,833.18	10/1/2017
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR	\$1,265.63	10/1/2017
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, M	\$280.28	10/1/2017
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$631.55	10/1/2017
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION	\$631.55	10/1/2017
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	\$54.52	10/1/2017
64612	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL NERVE, UNILATERAL	\$57.05	10/1/2017
64615	CHEMODENERVATION OF MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL, CERVICAL SPINE A	\$46.93	10/1/2017
64616	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE LARYNX,	\$44.96	10/1/2017
64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR SPASMOD	\$77.56	10/1/2017
64620	DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE	\$280.28	10/1/2017
64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	\$280.28	10/1/2017
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	\$31.48	10/1/2017
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$631.55	10/1/2017
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$0.00	10/1/2014
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$631.55	10/1/2017
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$0.00	10/1/2014

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	\$68.01	10/1/2017
64642	CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)	\$56.77	10/1/2017
64643	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) (LIS	\$0.00	1/1/2014
64644	CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLE(S)	\$68.29	10/1/2017
64645	CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLE(S)	\$0.00	1/1/2014
64646	CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)	\$56.77	10/1/2017
64647	CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLE(S)	\$67.16	10/1/2017
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	\$38.79	10/1/2017
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D	\$44.40	10/1/2017
64680	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC P	\$280.28	10/1/2017
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING;	\$280.28	10/1/2017
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	\$631.55	10/1/2017
64704	NEUROPLASTY; NERVE OF HAND OR FOOT	\$631.55	10/1/2017
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	\$631.55	10/1/2017
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE	\$631.55	10/1/2017
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; BRACHIAL PLEXUS	\$631.55	10/1/2017
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; LUMBAR PLEXUS	\$631.55	10/1/2017
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	\$631.55	10/1/2017
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	\$631.55	10/1/2017
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	\$631.55	10/1/2017
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	\$631.55	10/1/2017
64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	\$631.55	10/1/2017
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	\$631.55	10/1/2017
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN	\$0.00	10/1/2014
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	\$631.55	10/1/2017
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	\$631.55	10/1/2017
64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	\$631.55	10/1/2017
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOATOMY	\$631.55	10/1/2017
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	\$631.55	10/1/2017
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	\$631.55	10/1/2017
64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	\$631.55	10/1/2017
64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	\$631.55	10/1/2017
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT	\$631.55	10/1/2017
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT	\$2,215.61	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	\$631.55	10/1/2017
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	\$631.55	10/1/2017
64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	\$631.55	10/1/2017
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	\$631.55	10/1/2017
64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN	\$0.00	10/1/2014
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	\$631.55	10/1/2017
64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT	\$0.00	10/1/2014
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	\$631.55	10/1/2017
64786	EXCISION OF NEUROMA; SCIATIC NERVE	\$1,701.50	10/1/2017
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO	\$0.00	10/1/2014
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	\$631.55	10/1/2017
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	\$631.55	10/1/2017
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	\$1,701.50	10/1/2017
64795	BIOPSY OF NERVE	\$631.55	10/1/2017
64802	SYMPATHECTOMY, CERVICAL	\$631.55	10/1/2017
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	\$631.55	10/1/2017
64821	SYMPATHECTOMY; RADIAL ARTERY	\$1,002.27	10/1/2017
64822	SYMPATHECTOMY; ULNAR ARTERY	\$1,002.27	10/1/2017
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$555.48	10/1/2017
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	\$1,701.50	10/1/2017
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST	\$0.00	10/1/2014
64834	SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE	\$1,701.50	10/1/2017
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	\$1,701.50	10/1/2017
64836	SUTURE OF ONE NERVE; ULNAR MOTOR	\$1,701.50	10/1/2017
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO	\$0.00	10/1/2014
64840	SUTURE OF POSTERIOR TIBIAL NERVE	\$1,701.50	10/1/2017
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING	\$1,701.50	10/1/2017
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT	\$1,701.50	10/1/2017
64858	SUTURE OF SCIATIC NERVE	\$1,701.50	10/1/2017
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION	\$0.00	10/1/2014
64861	SUTURE OF; BRACHIAL PLEXUS	\$1,701.50	10/1/2017
64862	SUTURE OF; LUMBAR PLEXUS	\$1,701.50	10/1/2017
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	\$1,701.50	10/1/2017
64865	SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING	\$1,701.50	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN	\$0.00	10/1/2014
64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE	\$0.00	10/1/2014
64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN	\$0.00	10/1/2014
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	\$1,701.50	10/1/2017
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH	\$1,701.50	10/1/2017
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM	\$2,333.27	10/1/2017
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN	\$2,379.48	10/1/2017
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM	\$1,701.50	10/1/2017
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4	\$2,209.71	10/1/2017
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	\$1,701.50	10/1/2017
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT;	\$1,701.50	10/1/2017
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	\$2,646.08	10/1/2017
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG;	\$1,701.50	10/1/2017
64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDITION	\$0.00	10/1/2014
64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY	\$0.00	10/1/2014
64905	NERVE PEDICLE TRANSFER; FIRST STAGE	\$1,701.50	10/1/2017
64907	NERVE PEDICLE TRANSFER; SECOND STAGE	\$1,701.50	10/1/2017
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE	\$1,701.50	10/1/2017
64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	\$1,873.87	2/1/2018
64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN A	\$0.00	2/1/2018
65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	\$1,101.02	10/1/2017
65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	\$1,101.02	10/1/2017
65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	\$1,101.02	10/1/2017
65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	\$1,101.02	10/1/2017
65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	\$1,101.02	10/1/2017
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$1,101.02	10/1/2017
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$1,101.02	10/1/2017
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL	\$1,101.02	10/1/2017
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLI	\$649.44	10/1/2017
65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	\$1,101.02	10/1/2017
65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED	\$1,101.02	10/1/2017
65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO	\$1,101.02	10/1/2017
65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	\$1,101.02	10/1/2017
65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT	\$1,101.02	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
65175	REMOVAL OF OCULAR IMPLANT	\$1,101.02	10/1/2017
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	\$0.00	10/1/2015
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES	\$0.00	10/1/2015
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	\$0.00	10/1/2015
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	\$0.00	10/1/2015
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS	\$864.76	10/1/2017
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC	\$864.76	10/1/2017
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC	\$864.76	10/1/2017
65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCL	\$649.44	10/1/2017
65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT	\$649.44	10/1/2017
65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN	\$1,101.02	10/1/2017
65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL	\$1,516.46	10/1/2017
65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR	\$1,516.46	10/1/2017
65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	\$359.45	10/1/2017
65290	REPAIR OF INJURED EYE MUSCLE OR TENDON	\$1,101.02	10/1/2017
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	\$336.80	10/1/2017
65410	BIOPSY OF CORNEA	\$649.44	10/1/2017
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	\$649.44	10/1/2017
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	\$649.44	10/1/2017
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	\$0.00	10/1/2015
65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION,	\$35.97	10/1/2017
65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	\$163.00	10/1/2017
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR	\$115.56	10/1/2017
65600	MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)	\$187.17	10/1/2017
65710	KERATOPLASTY (CORNEAL TRANSPLANT); ANTERIOR LAMELLAR	\$1,516.46	10/1/2017
65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA OR PSEUDOPHAKI	\$1,516.46	10/1/2017
65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	\$1,516.46	10/1/2017
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	\$1,516.46	10/1/2017
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	\$1,516.46	10/1/2017
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	\$0.00	10/1/2012
65770	KERATOPROSTHESIS	\$6,052.80	10/1/2017
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$336.80	10/1/2017
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	\$649.44	10/1/2017
65778	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
65779	INSERTION OF AMNIOTIC MEMBRANE TO EYE SURFACE WITH SUTURES	\$0.00	10/1/2013
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION, MULTIPLE LAYER	\$1,101.02	10/1/2017
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR	\$1,516.46	10/1/2017
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES	\$1,101.02	10/1/2017
65785	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	\$1,516.46	10/1/2017
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF AQ	\$864.76	10/1/2017
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	\$864.76	10/1/2017
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF	\$864.76	10/1/2017
65820	GONIOTOMY	\$1,516.46	10/1/2017
65850	TRABECULOTOMY AB EXTERNO	\$864.76	10/1/2017
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT	\$103.98	10/1/2017
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	\$137.15	10/1/2017
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WIT	\$864.76	10/1/2017
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$864.76	10/1/2017
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$864.76	10/1/2017
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR	\$1,516.46	10/1/2017
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE	\$864.76	10/1/2017
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE	\$864.76	10/1/2017
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE	\$864.76	10/1/2017
66020	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID	\$864.76	10/1/2017
66030	INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION	\$864.76	10/1/2017
66130	EXCISION OF LESION, SCLERA	\$649.44	10/1/2017
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	\$1,516.46	10/1/2017
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	\$1,516.46	10/1/2017
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH	\$864.76	10/1/2017
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF	\$864.76	10/1/2017
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING	\$864.76	10/1/2017
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR S	\$1,516.46	10/1/2017
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STEN	\$1,516.46	10/1/2017
66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH	\$1,516.46	10/1/2017
66180	CREATION OF SHUNT TO IMPROVE EYE FLUID FLOW WITH GRAFT	\$1,516.46	10/1/2017
66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$1,516.46	10/1/2017
66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRA	\$864.76	10/1/2017
66185	REVISION OF EYE FLUID DRAINAGE SHUNT WITH GRAFT	\$864.76	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
66220	REPAIR OF SCLERAL STAPHYLOMA; WITHOUT GRAFT	\$864.76	10/1/2017
66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	\$1,516.46	10/1/2017
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR	\$649.44	10/1/2017
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	\$864.76	10/1/2017
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS	\$864.76	10/1/2017
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	\$1,516.46	10/1/2017
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	\$864.76	10/1/2017
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA	\$864.76	10/1/2017
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA	\$864.76	10/1/2017
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)	\$864.76	10/1/2017
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	\$864.76	10/1/2017
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE	\$864.76	10/1/2017
66700	CILIARY BODY DESTRUCTION; DIATHERMY	\$864.76	10/1/2017
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, TRANSSCLERAL	\$649.44	10/1/2017
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	\$864.76	10/1/2017
66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	\$649.44	10/1/2017
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	\$649.44	10/1/2017
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PER SESSION)	\$144.74	10/1/2017
66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF	\$204.68	10/1/2017
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	\$204.68	10/1/2017
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AN	\$864.76	10/1/2017
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	\$204.68	10/1/2017
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE	\$864.76	10/1/2017
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/O	\$864.76	10/1/2017
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	\$864.76	10/1/2017
66850	REMOVAL OF LENS MATERIAL; PHACOFAGMENTATION TECHNIQUE (MECHANICAL OR	\$864.76	10/1/2017
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	\$1,516.46	10/1/2017
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	\$864.76	10/1/2017
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	\$1,516.46	10/1/2017
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	\$864.76	10/1/2017
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$864.76	10/1/2017
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$864.76	10/1/2017
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS	\$864.76	10/1/2017
66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED	\$864.76	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
66986	EXCHANGE OF INTRAOCULAR LENS	\$864.76	10/1/2017
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$0.00	10/1/2012
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	\$864.76	10/1/2017
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION);	\$864.76	10/1/2017
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA	\$864.76	10/1/2017
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS	\$864.76	10/1/2017
67027	IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT),	\$1,082.79	10/1/2017
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	\$37.66	10/1/2017
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	\$864.76	10/1/2017
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR	\$204.68	10/1/2017
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	\$1,516.46	10/1/2017
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER	\$1,516.46	10/1/2017
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL	\$1,516.46	10/1/2017
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR	\$1,516.46	10/1/2017
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING M	\$1,516.46	10/1/2017
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE	\$1,516.46	10/1/2017
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WI	\$155.41	10/1/2017
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR	\$133.77	10/1/2017
67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL	\$1,516.46	10/1/2017
67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR	\$1,516.46	10/1/2017
67110	REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC	\$388.67	10/1/2017
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE	\$1,516.46	10/1/2017
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	\$1,516.46	10/1/2017
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	\$864.76	10/1/2017
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	\$864.76	10/1/2017
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITH	\$115.56	10/1/2017
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION)	\$204.68	10/1/2017
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MO	\$115.56	10/1/2017
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR	\$204.68	10/1/2017
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR	\$1,101.02	10/1/2017
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$204.68	10/1/2017
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$124.22	10/1/2017
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION);	\$0.00	10/1/2014
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY),	\$1,101.02	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
67228	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; (EG, DI	\$138.83	10/1/2017
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; PRETERM	\$204.68	10/1/2017
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	\$649.44	10/1/2017
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	\$864.76	10/1/2017
67311	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE	\$649.44	10/1/2017
67312	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES	\$1,101.02	10/1/2017
67314	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE	\$649.44	10/1/2017
67316	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE; TWO OR MORE VERTICAL	\$649.44	10/1/2017
67318	STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE	\$649.44	10/1/2017
67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR	\$0.00	10/1/2014
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT	\$0.00	10/1/2014
67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR	\$0.00	10/1/2014
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT	\$0.00	10/1/2014
67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING	\$0.00	10/1/2014
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR	\$0.00	10/1/2014
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE	\$649.44	10/1/2017
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	\$97.52	10/1/2017
67346	BIOPSY OF EXTRAOCULAR MUSCLE	\$1,101.02	10/1/2017
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLOR	\$1,101.02	10/1/2017
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$649.44	10/1/2017
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$649.44	10/1/2017
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$649.44	10/1/2017
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH	\$1,101.02	10/1/2017
67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	\$649.44	10/1/2017
67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,101.02	10/1/2017
67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,101.02	10/1/2017
67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,101.02	10/1/2017
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH	\$1,101.02	10/1/2017
67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR	\$1,101.02	10/1/2017
67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY O	\$115.56	10/1/2017
67505	RETROBULBAR INJECTION; ALCOHOL	\$32.32	10/1/2017
67515	INJECTION OF MEDICATION OR SUBSTANCE INTO MEMBRANE COVERING EYEBALL	\$35.13	10/1/2017
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	\$1,101.02	10/1/2017
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	\$1,101.02	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	\$1,101.02	10/1/2017
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	\$115.56	10/1/2017
67710	SEVERING OF TARSORRHAPHY	\$144.45	10/1/2017
67715	CANTHOTOMY (SEPARATE PROCEDURE)	\$649.44	10/1/2017
67800	EXCISION OF CHALAZION; SINGLE	\$58.17	10/1/2017
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	\$71.10	10/1/2017
67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	\$91.34	10/1/2017
67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING	\$649.44	10/1/2017
67810	INCISIONAL BIOPSY OF EYELID SKIN INCLUDING LID MARGIN	\$99.49	10/1/2017
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	\$0.00	10/1/2015
67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY	\$59.02	10/1/2017
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	\$336.80	10/1/2017
67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE	\$649.44	10/1/2017
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE	\$154.85	10/1/2017
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	\$116.63	10/1/2017
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	\$336.80	10/1/2017
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$649.44	10/1/2017
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	\$649.44	10/1/2017
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	\$649.44	10/1/2017
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERI	\$649.44	10/1/2017
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLI	\$1,101.02	10/1/2017
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL	\$649.44	10/1/2017
67904	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL	\$649.44	10/1/2017
67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING	\$1,101.02	10/1/2017
67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBRANE TO CORRECT EYELID DROOPING OR PARALYSIS	\$649.44	10/1/2017
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	\$649.44	10/1/2017
67911	CORRECTION OF LID RETRACTION	\$649.44	10/1/2017
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG,	\$649.44	10/1/2017
67914	REPAIR OF ECTROPION; SUTURE	\$649.44	10/1/2017
67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	\$170.31	10/1/2017
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE	\$649.44	10/1/2017
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)	\$649.44	10/1/2017
67921	REPAIR OF ENTROPION; SUTURE	\$649.44	10/1/2017
67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	\$168.34	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
67923	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	\$649.44	10/1/2017
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA	\$649.44	10/1/2017
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL C	\$178.74	10/1/2017
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL	\$649.44	10/1/2017
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	\$115.56	10/1/2017
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	\$649.44	10/1/2017
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	\$649.44	10/1/2017
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA,	\$649.44	10/1/2017
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$649.44	10/1/2017
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$649.44	10/1/2017
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$1,101.02	10/1/2017
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP	\$649.44	10/1/2017
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	\$52.27	10/1/2017
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)	\$23.89	10/1/2017
68100	BIOPSY OF CONJUNCTIVA	\$93.87	10/1/2017
68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	\$123.94	10/1/2017
68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	\$649.44	10/1/2017
68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	\$649.44	10/1/2017
68135	DESTRUCTION OF LESION, CONJUNCTIVA	\$67.45	10/1/2017
68200	SUBCONJUNCTIVAL INJECTION	\$0.00	10/1/2015
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	\$649.44	10/1/2017
68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	\$1,101.02	10/1/2017
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR	\$1,101.02	10/1/2017
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT	\$649.44	10/1/2017
68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	\$864.76	10/1/2017
68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE	\$1,101.02	10/1/2017
68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF	\$649.44	10/1/2017
68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	\$1,101.02	10/1/2017
68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	\$649.44	10/1/2017
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	\$649.44	10/1/2017
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	\$172.28	10/1/2017
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	\$182.96	10/1/2017
68440	SNIP INCISION OF LACRIMAL PUNCTUM	\$51.15	10/1/2017
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	\$1,101.02	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	\$1,101.02	10/1/2017
68510	BIOPSY OF LACRIMAL GLAND	\$649.44	10/1/2017
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	\$1,101.02	10/1/2017
68525	BIOPSY OF LACRIMAL SAC	\$649.44	10/1/2017
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	\$115.56	10/1/2017
68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	\$649.44	10/1/2017
68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	\$1,101.02	10/1/2017
68700	PLASTIC REPAIR OF CANALICULI	\$649.44	10/1/2017
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	\$115.56	10/1/2017
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	\$1,101.02	10/1/2017
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT	\$1,101.02	10/1/2017
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH	\$1,101.02	10/1/2017
68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER	\$105.95	10/1/2017
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$75.03	10/1/2017
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	\$649.44	10/1/2017
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	\$0.00	10/1/2015
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	\$115.56	10/1/2017
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL	\$649.44	10/1/2017
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF	\$649.44	10/1/2017
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALL	\$649.44	10/1/2017
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$62.39	10/1/2017
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	\$0.00	10/1/2012
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	\$102.02	10/1/2017
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	\$102.02	10/1/2017
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	\$135.74	10/1/2017
69100	BIOPSY EXTERNAL EAR	\$54.52	10/1/2017
69105	BIOPSY EXTERNAL AUDITORY CANAL	\$84.31	10/1/2017
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	\$832.93	10/1/2017
69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	\$1,670.49	10/1/2017
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	\$1,670.49	10/1/2017
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	\$832.93	10/1/2017
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	\$1,670.49	10/1/2017
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	\$0.00	10/1/2015
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	\$421.01	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
69209	REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL	\$0.00	10/1/2016
69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	\$0.00	10/1/2015
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	\$0.00	10/1/2015
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN	\$128.15	10/1/2017
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	\$765.69	10/1/2017
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE	\$1,670.49	10/1/2017
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	\$1,670.49	10/1/2017
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	\$75.79	10/1/2017
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING	\$765.69	10/1/2017
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	\$74.20	10/1/2017
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL	\$110.73	10/1/2017
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	\$458.63	10/1/2017
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	\$765.69	10/1/2017
69450	TYMPANOLYSIS, TRANSCANAL	\$765.69	10/1/2017
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	\$1,670.49	10/1/2017
69502	MASTOIDECTOMY; COMPLETE	\$1,670.49	10/1/2017
69505	MASTOIDECTOMY; MODIFIED RADICAL	\$1,670.49	10/1/2017
69511	MASTOIDECTOMY; RADICAL	\$1,670.49	10/1/2017
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	\$1,670.49	10/1/2017
69540	EXCISION AURAL POLYP	\$126.18	10/1/2017
69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	\$1,670.49	10/1/2017
69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	\$1,670.49	10/1/2017
69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	\$1,670.49	10/1/2017
69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	\$1,670.49	10/1/2017
69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	\$1,670.49	10/1/2017
69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	\$1,670.49	10/1/2017
69605	REVISION MASTOIDECTOMY; WITH APICECTOMY	\$1,670.49	10/1/2017
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR	\$163.28	10/1/2017
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	\$765.69	10/1/2017
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$1,670.49	10/1/2017
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$1,670.49	10/1/2017
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR	\$1,670.49	10/1/2017
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$1,670.49	10/1/2017
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$1,670.49	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY,	\$1,670.49	10/1/2017
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,670.49	10/1/2017
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,670.49	10/1/2017
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,670.49	10/1/2017
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,670.49	10/1/2017
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,670.49	10/1/2017
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY,	\$1,670.49	10/1/2017
69650	STAPES MOBILIZATION	\$765.69	10/1/2017
69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	\$1,670.49	10/1/2017
69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH	\$1,670.49	10/1/2017
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	\$1,670.49	10/1/2017
69666	REPAIR OVAL WINDOW FISTULA	\$765.69	10/1/2017
69667	REPAIR ROUND WINDOW FISTULA	\$765.69	10/1/2017
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	\$1,670.49	10/1/2017
69676	TYMPANIC NEURECTOMY	\$765.69	10/1/2017
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	\$458.63	10/1/2017
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL	\$765.69	10/1/2017
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS	\$7,077.24	10/1/2017
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS	\$11,366.97	10/1/2017
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	\$3,370.33	10/1/2017
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT,	\$4,836.17	10/1/2017
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	\$1,670.49	10/1/2017
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	\$1,670.49	10/1/2017
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION;	\$1,670.49	10/1/2017
69801	LABYRINTHOTOMY, WITH PERFUSION OF VESTIBULOACTIVE DRUG(S); TRANSCANAL	\$89.93	10/1/2017
69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	\$1,670.49	10/1/2017
69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	\$1,670.49	10/1/2017
69905	LABYRINTHECTOMY; TRANSCANAL	\$1,670.49	10/1/2017
69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	\$1,670.49	10/1/2017
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	\$765.69	10/1/2017
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	\$28,961.54	10/1/2017
69990	MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY	\$0.00	10/1/2012
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$0.00	10/1/2015
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$0.00	10/1/2015
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$0.00	10/1/2015
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$0.00	10/1/2015
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$0.00	10/1/2015
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$0.00	10/1/2015
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$0.00	10/1/2015
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/1/2015
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/1/2015
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$0.00	10/1/2015
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$0.00	10/1/2015
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$0.00	10/1/2015
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/1/2015
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$0.00	10/1/2015
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	\$0.00	10/1/2015
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	\$0.00	10/1/2015
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$0.00	10/1/2015
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$0.00	10/1/2015
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$0.00	10/1/2015
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$0.00	10/1/2015
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$0.00	10/1/2015
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	\$95.87	10/1/2017
70350	CEPHALOGRAM, ORTHODONTIC	\$0.00	10/1/2015
70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	\$0.00	10/1/2015
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$0.00	10/1/2015
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR	\$0.00	10/1/2016
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$0.00	10/1/2016
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$0.00	10/1/2015
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$83.19	10/1/2017
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$100.89	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$47.77	10/1/2017
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$124.29	10/1/2017
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$124.29	10/1/2017
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$87.40	10/1/2017
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$111.01	10/1/2017
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$124.29	10/1/2017
70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY	\$124.29	10/1/2017
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$124.29	10/1/2017
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$124.29	10/1/2017
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTR	\$95.87	10/1/2017
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH CONTRAST	\$192.31	10/1/2017
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT	\$192.31	10/1/2017
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$95.87	10/1/2017
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$124.29	10/1/2017
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$192.31	10/1/2017
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$95.87	10/1/2017
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$124.29	10/1/2017
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$192.31	10/1/2017
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$95.87	10/1/2017
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH	\$192.31	10/1/2017
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$192.31	10/1/2017
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	\$95.87	10/1/2017
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO	\$95.87	10/1/2017
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$95.87	10/1/2017
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$192.31	10/1/2017
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$124.29	10/1/2017
71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	\$8.39	2/1/2018
71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	\$15.44	2/1/2018
71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	\$0.00	2/1/2018
71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	\$0.00	2/1/2018
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$0.00	10/1/2015
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$0.00	10/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$0.00	10/1/2015
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$0.00	10/1/2015
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$0.00	10/1/2015
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$0.00	10/1/2015
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$124.29	10/1/2017
71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$124.29	10/1/2017
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S)	\$124.29	10/1/2017
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$95.87	10/1/2017
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$292.79	10/1/2017
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$192.31	10/1/2017
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$0.00	10/1/2015
72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	\$0.00	10/1/2015
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 4 OR 5 VIEWS	\$0.00	10/1/2015
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 6 OR MORE VIEWS	\$0.00	10/1/2015
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$0.00	10/1/2015
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$0.00	10/1/2015
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$0.00	10/1/2015
72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$0.00	10/1/2015
72081	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$0.00	10/1/2017
72082	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$0.00	10/1/2017
72083	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$39.34	10/1/2017
72084	RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERV	\$47.21	10/1/2017
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$0.00	10/1/2015
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$0.00	10/1/2015
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, M	\$0.00	10/1/2015
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS	\$0.00	10/1/2015
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$132.09	10/1/2017
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$124.29	10/1/2017
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$124.29	10/1/2017
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$124.29	10/1/2017
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$131.81	10/1/2017
72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$124.29	10/1/2017
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$95.87	10/1/2017
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$192.31	10/1/2017
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$95.87	10/1/2017
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$192.31	10/1/2017
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$95.87	10/1/2017
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$192.31	10/1/2017
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$192.31	10/1/2017
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$192.31	10/1/2017
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$192.31	10/1/2017
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$0.00	10/1/2015
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/1/2015
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING N	\$124.29	10/1/2017
72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$124.29	10/1/2017
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$124.29	10/1/2017
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$95.87	10/1/2017
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	\$192.31	10/1/2017
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),	\$192.31	10/1/2017
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$0.00	10/1/2015
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$0.00	10/1/2015
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$0.00	10/1/2015
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
72270	RADIOLOGICAL SUPERVISION AND INTERPRETATION X-RAY OF SPINAL CANAL, 2 OR MORE SPI	\$0.00	10/1/2012
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$0.00	10/1/2015
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$0.00	10/1/2015
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$0.00	10/1/2015
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$0.00	10/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT	\$0.00	10/1/2015
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$0.00	10/1/2015
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$0.00	10/1/2015
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/1/2015
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$0.00	10/1/2015
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$0.00	10/1/2015
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$0.00	10/1/2015
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/1/2015
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$0.00	10/1/2015
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$0.00	10/1/2015
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	\$0.00	10/1/2015
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$124.29	10/1/2017
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$124.29	10/1/2017
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$124.29	10/1/2017
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$95.87	10/1/2017
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$192.31	10/1/2017
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$192.31	10/1/2017
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$95.87	10/1/2017
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH	\$234.10	10/1/2017
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$192.31	10/1/2017
73501	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 1 VIEW	\$0.00	10/1/2017
73502	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; 2-3 VIEWS	\$0.00	10/1/2017
73503	RADIOLOGIC EXAMINATION, HIP, UNILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF	\$0.00	10/1/2017
73521	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 2 VIEWS	\$0.00	10/1/2017
73522	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; 3-4 VIEWS	\$0.00	10/1/2017
73523	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, WITH PELVIS WHEN PERFORMED; MINIMUM OF	\$0.00	10/1/2017
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIEW	\$0.00	10/1/2017
73552	RADIOLOGIC EXAMINATION, FEMUR; MINIMUM 2 VIEW	\$0.00	10/1/2017
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$0.00	10/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$0.00	10/1/2015
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	\$0.00	10/1/2015
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$0.00	10/1/2015
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$0.00	10/1/2015
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$0.00	10/1/2015
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$0.00	10/1/2015
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/1/2015
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$0.00	10/1/2015
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$0.00	10/1/2015
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$0.00	10/1/2015
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	\$0.00	10/1/2015
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$124.29	10/1/2017
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$124.29	10/1/2017
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$124.29	10/1/2017
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$95.87	10/1/2017
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	\$124.29	10/1/2017
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$192.31	10/1/2017
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$95.87	10/1/2017
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	\$236.63	10/1/2017
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$192.31	10/1/2017
74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$0.00	2/1/2018
74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	\$0.00	2/1/2018
74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	\$0.00	2/1/2018
74022	IMAGING OF ABDOMEN AND CHEST	\$0.00	10/1/2015
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$47.77	10/1/2017
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$124.29	10/1/2017
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$124.29	10/1/2017
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S),	\$124.29	10/1/2017
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING	\$124.29	10/1/2017
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$89.37	10/1/2017
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	\$124.29	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT	\$192.31	10/1/2017
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	\$95.87	10/1/2017
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$192.31	10/1/2017
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	\$192.31	10/1/2017
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL	\$0.00	10/1/2012
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$0.00	10/1/2016
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$0.00	10/1/2016
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	\$0.00	10/1/2016
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER,	\$0.00	10/1/2012
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$47.77	10/1/2017
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$47.77	10/1/2017
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL INTESTINE,	\$95.87	10/1/2017
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$47.77	10/1/2017
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$47.77	10/1/2017
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$95.87	10/1/2017
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS;	\$47.77	10/1/2017
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS; VIA	\$47.77	10/1/2017
74260	DUODENOGRAPHY, HYPOTONIC	\$0.00	10/1/2016
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$47.77	10/1/2017
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$124.29	10/1/2017
74270	RADIOLOGIC EXAMINATION, COLON; CONTRAST (EG, BARIUM) ENEMA, WITH OR WITHOUT KUB	\$0.00	10/1/2016
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM,	\$47.77	10/1/2017
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER	\$47.77	10/1/2017
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$0.00	10/1/2016
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	\$0.00	10/1/2012
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,	\$0.00	10/1/2012
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL	\$0.00	10/1/2012
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL	\$0.00	10/1/2012
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL	\$0.00	10/1/2012
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING	\$0.00	10/1/2012
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS),	\$0.00	10/1/2012
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	\$0.00	10/1/2012
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	\$95.87	10/1/2017

Arizona Health Care Cost Containment System  
 FFS Ambulatory Surgery Center Rates  
 Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$95.87	10/1/2017
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	\$95.87	10/1/2017
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$191.06	10/1/2017
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL	\$0.00	10/1/2012
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION,	\$0.00	10/1/2012
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$0.00	10/1/2015
74712	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL	\$47.77	10/1/2017
74713	MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL	\$0.00	10/1/2017
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$95.87	10/1/2017
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$95.87	10/1/2017
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$95.87	10/1/2017
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$192.31	10/1/2017
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$292.79	10/1/2017
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN	\$0.00	10/1/2012
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT	\$0.00	10/1/2015
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$124.29	10/1/2017
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$124.29	10/1/2017
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WH	\$124.29	10/1/2017
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	\$0.00	10/1/2012
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	\$0.00	10/1/2012
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	\$0.00	10/1/2012
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION,	\$0.00	10/1/2012
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION,	\$0.00	10/1/2012
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER	\$0.00	10/1/2012
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT	\$0.00	10/1/2012
75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$0.00	10/1/2012
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR,	\$0.00	10/1/2012
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$0.00	10/1/2012
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION,	\$0.00	10/1/2012
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$0.00	10/1/2012
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION,	\$0.00	10/1/2012
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR	\$0.00	10/1/2012
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN	\$0.00	10/1/2012
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THER	\$0.00	10/1/2012
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH)	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$0.00	10/1/2012
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G	\$0.00	10/1/2012
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY),	\$0.00	10/1/2012
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEAL	\$30.35	10/1/2017
76001	FLUOROSCOPY, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME MORE THA	\$0.00	10/1/2012
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD	\$0.00	10/1/2015
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL	\$0.00	10/1/2012
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	\$0.00	10/1/2012
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN	\$0.00	10/1/2015
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$47.77	10/1/2017
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$47.77	10/1/2017
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$0.00	10/1/2016
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST	\$0.00	10/1/2012
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$0.00	10/1/2012
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$0.00	10/1/2012
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$0.00	10/1/2015
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00	10/1/2016
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00	10/1/2015
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$25.37	10/1/2017
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	\$0.00	10/1/2015
76506	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERM	\$0.00	10/1/2016
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	\$0.00	10/1/2015
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	\$0.00	10/1/2016
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED	\$0.00	10/1/2016
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION	\$0.00	10/1/2016
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$0.00	10/1/2015
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$0.00	10/1/2015
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS	\$0.00	10/1/2015
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$0.00	10/1/2016
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), R	\$0.00	10/1/2016
76604	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION	\$0.00	10/1/2016
76641	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	\$0.00	1/1/2015
76642	ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AX	\$0.00	1/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$47.77	10/1/2017
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	\$47.77	10/1/2017
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCU	\$47.77	10/1/2017
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME	\$0.00	10/1/2016
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN	\$47.77	10/1/2017
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$0.00	10/1/2015
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$47.77	10/1/2017
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$0.00	10/1/2014
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$47.77	10/1/2017
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$0.00	10/1/2014
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$47.77	10/1/2017
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$0.00	10/1/2014
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$0.00	10/1/2016
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$0.00	10/1/2014
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG,	\$0.00	10/1/2016
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG,	\$0.00	10/1/2015
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$0.00	10/1/2016
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$47.77	10/1/2017
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$40.47	10/1/2017
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$0.00	10/1/2015
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$0.00	10/1/2015
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$154.85	10/1/2017
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$95.87	10/1/2017
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$0.00	10/1/2015
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$0.00	10/1/2015
76830	ULTRASOUND, TRANSVAGINAL	\$47.77	10/1/2017
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	\$66.04	10/1/2017
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$47.77	10/1/2017
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	\$18.27	10/1/2017
76870	ULTRASOUND, SCROTUM AND CONTENTS	\$0.00	10/1/2016
76872	ULTRASOUND, TRANSRECTAL;	\$47.77	10/1/2017
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT	\$47.77	10/1/2017
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$47.77	10/1/2017
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED,	\$0.00	10/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (REQUIRIN	\$0.00	10/1/2015
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (	\$0.00	10/1/2015
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATI	\$0.00	10/1/2012
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND	\$0.00	10/1/2012
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR	\$99.20	10/1/2017
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF	\$0.00	10/1/2012
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$0.00	10/1/2012
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS,	\$0.00	10/1/2012
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	\$0.00	10/1/2012
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND	\$0.00	10/1/2012
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$0.00	10/1/2012
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$0.00	10/1/2015
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	\$0.00	10/1/2012
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	\$3.38	10/1/2017
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$0.00	10/1/2012
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00	10/1/2015
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (C	\$0.00	10/1/2012
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	\$0.00	10/1/2012
77003	FLUOROSCOPIC GUIDANCE FOR INJECTION INTO SPINE OR MUSCLE NEXT TO SPINE	\$0.00	10/1/2012
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$0.00	10/1/2012
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC	\$0.00	10/1/2012
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA	\$0.00	10/1/2012
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$0.00	10/1/2012
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	\$0.00	10/1/2012
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$0.00	10/1/2012
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	\$0.00	10/1/2012
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	\$0.00	10/1/2012
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CA	\$0.00	10/1/2015
77072	BONE AGE STUDIES	\$0.00	10/1/2015
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$0.00	10/1/2015
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$0.00	10/1/2015
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	\$0.00	10/1/2016
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	\$0.00	10/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$0.00	10/1/2015
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$25.37	10/1/2017
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$24.17	10/1/2017
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	\$13.21	10/1/2017
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$191.06	10/1/2017
77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$0.00	1/1/2015
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	\$0.00	1/1/2015
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$49.79	10/1/2017
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$132.00	10/1/2017
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$132.00	10/1/2017
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FO	\$0.00	10/1/2017
77295	MANAGEMENT OF RADIATION THERAPY, 3D	\$213.03	10/1/2017
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	\$49.79	10/1/2017
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	\$26.98	10/1/2017
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR	\$452.97	10/1/2017
77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE A	\$60.70	10/1/2017
77307	TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, T	\$109.88	10/1/2017
77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION(S) MADE FROM 1 TO 4 SOURCES, OR	\$49.79	10/1/2017
77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION(S) MADE FROM 5 TO 10 SOURC	\$119.16	10/1/2017
77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION(S) MADE FROM OVER 10 SOURCES, O	\$132.00	10/1/2017
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	\$34.56	10/1/2017
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY	\$14.89	10/1/2017
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$34.56	10/1/2017
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS,	\$45.81	10/1/2017
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL	\$56.49	10/1/2017
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT	\$49.79	10/1/2017
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	\$132.00	10/1/2017
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$49.79	10/1/2017
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$1,550.47	10/1/2015
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$844.30	10/1/2015
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO	\$825.91	10/1/2015
77385	RADIATION THERAPY DELIVERY	\$209.50	10/1/2017
77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND T	\$209.50	10/1/2017
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT D	\$0.00	1/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES,	\$49.79	10/1/2017
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$19.39	10/1/2017
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	\$48.45	10/1/2017
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$48.45	10/1/2017
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$86.62	10/1/2017
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$0.00	10/1/2012
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH CO	\$21.36	10/1/2017
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	\$1,374.46	10/1/2017
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	\$1,374.46	10/1/2017
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE,	\$0.00	10/1/2012
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER	\$30.63	10/1/2017
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	\$209.50	10/1/2017
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$420.96	10/1/2017
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	\$420.96	10/1/2017
77525	PROTON TREATMENT DELIVERY; COMPLEX	\$420.96	10/1/2017
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM	\$86.62	10/1/2017
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4	\$312.80	10/1/2017
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL	\$209.50	10/1/2017
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL	\$209.50	10/1/2017
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$209.50	10/1/2017
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES THREE MONTHS FOLLOW-	\$86.62	10/1/2017
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	\$152.88	10/1/2017
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	\$176.77	10/1/2017
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	\$226.51	10/1/2017
77767	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCL	\$86.62	10/1/2017
77768	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCL	\$86.62	10/1/2017
77770	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$174.24	10/1/2017
77771	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$312.80	10/1/2017
77772	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BR	\$312.80	10/1/2017
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	\$290.59	10/1/2017
77789	SURFACE APPLICATION OF RADIATION SOURCE	\$47.21	10/1/2017
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	\$0.00	10/1/2012
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	\$48.45	10/1/2017
78012	THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMUL	\$149.15	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED);	\$149.15	10/1/2017
78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIP	\$149.15	10/1/2017
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$149.15	10/1/2017
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY	\$149.15	10/1/2017
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$201.72	10/1/2017
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR	\$0.00	10/1/2012
78070	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED);	\$149.15	10/1/2017
78071	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	\$149.15	10/1/2017
78072	PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRA	\$201.72	10/1/2017
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$533.94	10/1/2017
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$149.15	10/1/2017
78102	BONE MARROW IMAGING; LIMITED AREA	\$149.15	10/1/2017
78103	BONE MARROW IMAGING; MULTIPLE AREAS	\$149.15	10/1/2017
78104	BONE MARROW IMAGING; WHOLE BODY	\$149.15	10/1/2017
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$533.94	10/1/2017
78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$533.94	10/1/2017
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$149.15	10/1/2017
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$201.72	10/1/2017
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA	\$201.72	10/1/2017
78130	RED CELL SURVIVAL STUDY;	\$149.15	10/1/2017
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC	\$149.15	10/1/2017
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR	\$149.15	10/1/2017
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$149.15	10/1/2017
78191	PLATELET SURVIVAL STUDY	\$149.15	10/1/2017
78195	LYMPHATICS AND LYMPH NODES IMAGING	\$201.72	10/1/2017
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC	\$149.15	10/1/2017
78201	LIVER IMAGING; STATIC ONLY	\$533.94	10/1/2017
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$533.94	10/1/2017
78205	LIVER IMAGING (SPECT);	\$533.94	10/1/2017
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$201.72	10/1/2017
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$149.15	10/1/2017
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$149.15	10/1/2017
78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	\$149.15	10/1/2017
78227	WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREMENT(S) WHEN PERF	\$201.72	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
78230	SALIVARY GLAND IMAGING;	\$149.15	10/1/2017
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$149.15	10/1/2017
78232	SALIVARY GLAND FUNCTION STUDY	\$149.15	10/1/2017
78258	ESOPHAGEAL MOTILITY	\$149.15	10/1/2017
78261	GASTRIC MUCOSA IMAGING	\$149.15	10/1/2017
78262	GASTROESOPHAGEAL REFLUX STUDY	\$149.15	10/1/2017
78264	GASTRIC EMPTYING STUDY	\$149.15	10/1/2017
78265	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TR	\$149.15	10/1/2017
78266	GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AN	\$201.72	10/1/2017
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$149.15	10/1/2017
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$149.15	10/1/2017
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$149.15	10/1/2017
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$149.15	10/1/2017
78282	GASTROINTESTINAL PROTEIN LOSS	\$149.15	10/1/2017
78290	INTESTINE IMAGING	\$149.15	10/1/2017
78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$149.15	10/1/2017
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$149.15	10/1/2017
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$149.15	10/1/2017
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$149.15	10/1/2017
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$149.15	10/1/2017
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$149.15	10/1/2017
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$201.72	10/1/2017
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$149.15	10/1/2017
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W	\$201.72	10/1/2017
78428	CARDIAC SHUNT DETECTION	\$149.15	10/1/2017
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$149.15	10/1/2017
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$533.94	10/1/2017
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$533.94	10/1/2017
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$533.94	10/1/2017
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$533.94	10/1/2017
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$533.94	10/1/2017
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$533.94	10/1/2017
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	\$149.15	10/1/2017
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$533.94	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$149.15	10/1/2017
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS	\$201.72	10/1/2017
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT	\$533.94	10/1/2017
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR	\$149.15	10/1/2017
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION	\$149.15	10/1/2017
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT	\$201.72	10/1/2017
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES,	\$201.72	10/1/2017
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY	\$599.54	10/1/2017
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE	\$599.54	10/1/2017
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION	\$149.15	10/1/2017
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH	\$0.00	10/1/2012
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$149.15	10/1/2017
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	\$149.15	10/1/2017
78580	PULMONARY PERFUSION IMAGING (EG, PARTICULATE)	\$149.15	10/1/2017
78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	\$201.72	10/1/2017
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	\$149.15	10/1/2017
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GA	\$201.72	10/1/2017
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$149.15	10/1/2017
78600	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;	\$149.15	10/1/2017
78601	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW	\$149.15	10/1/2017
78605	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;	\$201.72	10/1/2017
78606	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW	\$201.72	10/1/2017
78607	BRAIN IMAGING, TOMOGRAPHIC (SPECT)	\$533.94	10/1/2017
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$599.54	10/1/2017
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$201.72	10/1/2017
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$201.72	10/1/2017
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$201.72	10/1/2017
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$201.72	10/1/2017
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$533.94	10/1/2017
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	\$533.94	10/1/2017
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$149.15	10/1/2017
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$149.15	10/1/2017
78700	KIDNEY IMAGING MORPHOLOGY;	\$149.15	10/1/2017
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	\$149.15	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT	\$201.72	10/1/2017
78708	NUCLEAR MEDICINE STUDY OF KIDNEY WITH ASSESSMENT OF BLOOD FLOW AND FUNCTION	\$201.72	10/1/2017
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WI	\$201.72	10/1/2017
78710	KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT)	\$201.72	10/1/2017
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	\$149.15	10/1/2017
78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$0.00	10/1/2014
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	\$149.15	10/1/2017
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	\$149.15	10/1/2017
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$149.15	10/1/2017
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL	\$149.15	10/1/2017
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$149.15	10/1/2017
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$533.94	10/1/2017
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$201.72	10/1/2017
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$533.94	10/1/2017
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	\$533.94	10/1/2017
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	\$533.94	10/1/2017
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	\$201.72	10/1/2017
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE ST	\$0.00	10/1/2012
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	\$533.94	10/1/2017
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	\$599.54	10/1/2017
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	\$599.54	10/1/2017
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$599.54	10/1/2017
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$599.54	10/1/2017
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$599.54	10/1/2017
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$149.15	10/1/2017
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$38.79	10/1/2017
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$37.94	10/1/2017
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	\$43.00	10/1/2017
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	\$106.45	10/1/2017
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS	\$64.92	10/1/2017
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	\$40.19	10/1/2017
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$106.45	10/1/2017
79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	\$106.45	10/1/2017
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	\$15.28	10/1/2014

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
85097	BONE MARROW, SMEAR INTERPRETATION	\$16.58	10/1/2014
88172	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	\$9.00	10/1/2014
88173	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT	\$16.58	10/1/2014
88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	\$5.02	10/1/2014
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$16.58	10/1/2014
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$5.02	10/1/2014
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	\$82.00	10/1/2014
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	\$16.58	10/1/2014
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$16.58	10/1/2014
90296	DIPHThERIA ANTITOXIN, EQUINE, ANY ROUTE	\$251.27	10/1/2014
90371	HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE	\$106.36	10/1/2017
90375	RABIES IMMUNE GLOBULIN FOR INJECTION BENEATH THE SKIN AND/OR INTO MUSCLE	\$281.87	10/1/2017
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR S	\$281.52	10/1/2017
90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR	\$1,850.12	10/1/2015
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE	\$0.00	10/1/2012
90393	VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	CCR	2/1/2012
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	\$1,142.13	10/1/2016
90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	\$0.00	10/1/2012
90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	\$0.00	10/1/2013
90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	\$0.00	10/1/2016
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS	\$116.74	10/1/2016
90620	MENINGOCOCCAL RECOMBINANT PROTEIN AND OUTER MEMBRANE VESICLE	\$147.92	10/1/2016
90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEIN VACCINE, SEROGROUP B,	\$116.57	10/1/2015
90630	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, FO	\$0.00	10/1/2016
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	\$0.00	10/1/2012
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCU	\$0.00	10/1/2012
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCU	\$0.00	10/1/2012
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR	\$0.00	10/1/2012
90644	VACCINE FOR MENINGOCOCCAL AND HEMOPHILUS INFLUENZA B (4 DOSE SCHEDULE) INJECTION	\$0.00	10/1/2013
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR I	\$0.00	10/1/2012
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INT	\$0.00	10/1/2012
90653	INFLUENZA VIRUS VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE	\$0.00	10/1/2017
90655	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	\$0.00	10/1/2012
90656	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
90657	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	\$0.00	10/1/2012
90660	INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE, FOR INTRANASAL USE	\$0.00	10/1/2012
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY	\$0.00	10/1/2012
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	\$0.00	10/1/2012
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	\$0.00	10/1/2013
90673	INFLUENZA VIRUS VACCINE, TRIVALENT, DERIVED FROM RECOMBINANT DNA (RIV3), HEMAGGL	\$0.00	10/1/2014
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIV4) DERIVED FROM CELL CULTURES, SUBUN	\$0.00	1/1/2017
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	\$256.41	10/1/2017
90676	RABIES VACCINE, FOR INTRADERMAL USE	\$133.97	10/1/2017
90680	ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE	\$0.00	10/1/2012
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE	\$92.51	10/1/2014
90682	VACCINE FOR INFLUENZA FOR INJECTION INTO MUSCLE	\$0.00	10/1/2017
90685	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	\$0.00	10/1/2016
90686	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	\$0.00	10/1/2013
90687	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.25 ML DOSAGE	\$0.00	10/1/2015
90688	VACCINE FOR INFLUENZA FOR ADMINISTRATION INTO MUSCLE, 0.5 ML DOSAGE	\$0.00	10/1/2014
90690	TYPHOID VACCINE, LIVE, ORAL	\$0.00	10/1/2012
90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE	\$0.00	10/1/2012
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE & POLIOVIRUS VACCINE INAC	\$0.00	10/1/2012
90698	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA	\$0.00	10/1/2012
90700	DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINI	\$0.00	10/1/2012
90702	DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS YO	\$0.00	10/1/2012
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE	\$0.00	10/1/2012
90710	MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS US	\$0.00	10/1/2012
90713	POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	\$0.00	10/1/2012
90714	TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTER	\$0.00	10/1/2012
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINIS	\$0.00	10/1/2012
90717	YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE	\$0.00	10/1/2012
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIEN	\$0.00	10/1/2012
90733	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP[S]), FOR SUBCUTANEOUS USE	\$101.17	10/1/2013
90734	VACCINE FOR MENINGOCOCCUS FOR ADMINISTRATION INTO MUSCLE	\$96.29	10/1/2016
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDUL	CCR	2/1/2012
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	CCR	2/1/2012
90744	HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUS	CCR	2/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
90746	HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	CCR	2/1/2012
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE)	CCR	2/1/2012
90749	UNLISTED VACCINE/TOXOID	\$0.00	10/1/2012
90756	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIV4), DERIVED FROM CELL CULTURES, SUBU	\$0.00	2/1/2018
90832	PSYCHOTHERAPY, 30 MINUTES	\$38.31	10/1/2014
90834	PSYCHOTHERAPY, 45 MINUTES	\$52.15	10/1/2014
90837	PSYCHOTHERAPY, 60 MINUTES	\$52.15	10/1/2014
91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	\$143.52	10/1/2015
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH	\$181.62	10/1/2017
91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMA	\$0.00	10/1/2016
92015	ASSESSMENT FOR PRESCRIPTION EYE WEAR USING A RANGE OF LENS POWERS	\$14.65	10/1/2014
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR	\$688.41	10/1/2015
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	\$0.00	10/1/2012
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	\$0.00	10/1/2012
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$98.54	10/1/2014
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$58.02	10/1/2014
93261	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	\$0.00	1/1/2015
93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACAR	\$0.00	1/1/2015
93590	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVIC	\$8,732.45	10/1/2017
93591	PERCUTANEOUS TRANSCATHETER CLOSURE OF PARAVALVULAR LEAK; INITIAL OCCLUSION DEVI	\$8,732.45	10/1/2017
93644	ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR (INCLUDE	\$0.00	1/1/2015
93895	QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID ATHEROMA EVALUATION, BIL	\$0.00	1/1/2015
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONE	\$0.00	10/1/2013
95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING	\$0.00	10/1/2013
99497	ADVANCED CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION FOR ADVANCE DIRE	\$0.00	1/1/2015
99498	ADVANCED CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION FOR ADVANCE DIRE	\$0.00	1/1/2015
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	\$0.00	10/1/2017
A4217	STERILE WATER/SALINE, 500 ML	\$0.00	10/1/2017
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	\$0.00	10/1/2012
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	\$0.00	10/1/2012
A4244	ALCOHOL OR PEROXIDE, PER PINT	\$0.00	10/1/2017
A4245	ALCOHOL WIPES, PER BOX	\$0.00	10/1/2017
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	\$0.00	10/1/2017
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	\$0.00	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	\$0.00	10/1/2012
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	\$0.00	10/1/2012
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	\$0.00	10/1/2012
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	\$0.00	10/1/2012
A4300	IMPLANTABLE ACCESS CATHETER, (E.G., VENOUS, ARTERIAL, EPIDURAL SUBARACHNOID, OR	\$0.00	10/1/2012
A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL,	\$0.00	10/1/2012
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	\$0.00	10/1/2012
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR	\$0.00	10/1/2012
A4459	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIE	\$0.00	1/1/2015
A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VO	\$0.00	1/1/2015
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	\$0.00	10/1/2012
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI	\$0.00	10/1/2012
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	\$0.00	10/1/2012
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	\$0.00	10/1/2012
A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FO	\$0.00	1/1/2015
A9500	TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/1/2012
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/1/2012
A9502	TECHNETIUM TC-99M TETROFOSMIN, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/1/2012
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$0.00	10/1/2012
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	\$0.00	10/1/2012
A9505	THALLIUM TL-201 THALLOUS CHLORIDE, DIAGNOSTIC, PER MILLICURIE	\$0.00	10/1/2012
A9507	INDIUM IN-111 CAPROMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURI	\$0.00	10/1/2012
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$0.00	10/1/2012
A9509	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	\$0.00	10/1/2012
A9510	TECHNETIUM TC-99M DISOFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00	10/1/2012
A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	\$0.00	10/1/2012
A9515	CHOLINE C-11, DIAGNOSTIC, PER STUDY UP TO 20 MILLICURIES	\$5,415.00	1/1/2017
A9516	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER 100 MICROCURIES, UP TO 999 MICROCURI	\$0.00	10/1/2012
A9520	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO 0.5 MILLICURIES	\$0.00	10/1/2016
A9521	TECHNETIUM TC-99M EXAMETAZIME, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00	10/1/2012
A9524	IODINE I-131 IODINATED SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	\$0.00	10/1/2012
A9526	NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	\$0.00	10/1/2012
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	\$28.43	10/1/2017
A9528	IODINE I-131 SODIUM IODIDE CAPSULE(S), DIAGNOSTIC, PER MILLICURIE	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
A9529	IODINE I-131 SODIUM IODIDE SOLUTION, DIAGNOSTIC, PER MILLICURIE	\$0.00	10/1/2012
A9531	IODINE I-131 SODIUM IODIDE, DIAGNOSTIC, PER MICROCURIE (UP TO 100 MICROCURIES)	\$0.00	10/1/2012
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	\$0.00	10/1/2012
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	\$0.00	10/1/2012
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00	10/1/2012
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	\$0.00	10/1/2012
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00	10/1/2012
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	\$0.00	10/1/2012
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURI	\$0.00	10/1/2012
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICUR	\$0.00	10/1/2012
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	\$0.00	10/1/2012
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$0.00	10/1/2012
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$0.00	10/1/2012
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLIC	\$0.00	10/1/2012
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	\$0.00	10/1/2012
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	\$0.00	10/1/2012
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIE	\$0.00	10/1/2012
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE	\$0.00	10/1/2012
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	\$0.00	10/1/2012
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	\$0.00	10/1/2012
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00	10/1/2012
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	\$0.00	10/1/2012
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURI	\$0.00	10/1/2012
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	\$0.00	10/1/2012
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$0.00	10/1/2012
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00	10/1/2012
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00	10/1/2012
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLI	\$0.00	10/1/2012
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	\$0.00	10/1/2012
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC,	\$0.00	10/1/2012
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/1/2012
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	\$0.00	10/1/2012
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	\$0.00	10/1/2012
A9575	INJECTION, GADOTERATE MEGLUMINE, 0.1 ML	\$0.00	1/1/2014

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	\$0.00	10/1/2012
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	\$0.00	10/1/2012
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	\$0.00	10/1/2012
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPE	\$0.00	10/1/2012
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$0.00	10/1/2012
A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	\$0.00	10/1/2012
A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00	10/1/2012
A9583	INJECTION, GADOFOSVESET TRISODIUM, 1 ML	\$0.00	10/1/2012
A9584	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	\$0.00	10/1/2014
A9585	INJECTION, GADOBUTROL, 0.1 ML	\$0.00	10/1/2012
A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURRIES	\$2,618.20	10/1/2015
A9587	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	\$63.40	1/1/2017
A9588	FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	\$370.07	1/1/2017
A9597	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR TUMOR IDENTIFI	\$0.00	1/1/2017
A9598	POSITRON EMISSION TOMOGRAPHY RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR NON-TUMOR IDEN	\$0.00	1/1/2017
A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	\$114.62	1/1/2015
A9698	NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	\$0.00	10/1/2012
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	\$0.00	10/1/2017
C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	\$0.00	10/1/2012
C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	\$0.00	10/1/2012
C1715	BRACHYTHERAPY NEEDLE	\$0.00	10/1/2012
C1716	BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198, PER SOURCE	\$128.54	10/1/2017
C1717	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH DOSE RATE IRIIDIUM-192, PER SOURCE	\$267.50	10/1/2017
C1719	BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIIDIUM-192, PER SOURCE	\$32.14	10/1/2017
C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)	\$0.00	10/1/2012
C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	\$0.00	10/1/2012
C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL	\$0.00	10/1/2012
C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE,	\$0.00	10/1/2012
C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	\$0.00	10/1/2012
C1727	CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)	\$0.00	10/1/2012
C1728	CATHETER, BRACHYTHERAPY SEED ADMINISTRATION	\$0.00	10/1/2012
C1729	CATHETER, DRAINAGE	\$0.00	10/1/2012
C1730	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER	\$0.00	10/1/2012
C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING	\$0.00	10/1/2012
C1733	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	\$0.00	10/1/2012
C1749	ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONOSCOPE DEVICE (IMPLANTABLE)	\$0.00	10/1/2013
C1750	CATHETER, HEMODIALYSIS/PERITONEAL, LONG-TERM	\$0.00	10/1/2012
C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE (OTHER THAN	\$0.00	10/1/2012
C1752	CATHETER, HEMODIALYSIS/PERITONEAL, SHORT-TERM	\$0.00	10/1/2012
C1753	CATHETER, INTRAVASCULAR ULTRASOUND	\$0.00	10/1/2012
C1754	CATHETER, INTRADISCAL	\$0.00	10/1/2012
C1755	CATHETER, INTRASPINAL	\$0.00	10/1/2012
C1756	CATHETER, PACING, TRANSESOPHAGEAL	\$0.00	10/1/2012
C1757	CATHETER, THROMBECTOMY/EMBOLECTOMY	\$0.00	10/1/2012
C1758	CATHETER, URETERAL	\$0.00	10/1/2012
C1759	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY	\$0.00	10/1/2012
C1760	CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)	\$0.00	10/1/2012
C1762	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	\$0.00	10/1/2012
C1763	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	\$0.00	10/1/2012
C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	\$0.00	10/1/2012
C1765	ADHESION BARRIER	\$0.00	10/1/2012
C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER	\$0.00	10/1/2012
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	\$0.00	10/1/2012
C1768	GRAFT, VASCULAR	\$0.00	10/1/2012
C1769	GUIDE WIRE	\$0.00	10/1/2012
C1770	IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)	\$0.00	10/1/2012
C1771	REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	\$0.00	10/1/2012
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	\$0.00	10/1/2012
C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES)	\$0.00	10/1/2012
C1776	JOINT DEVICE (IMPLANTABLE)	\$0.00	10/1/2012
C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	\$0.00	10/1/2012
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	\$0.00	10/1/2012
C1779	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS	\$0.00	10/1/2012
C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)	\$0.00	10/1/2012
C1781	MESH (IMPLANTABLE)	\$0.00	10/1/2012
C1782	MORCELLATOR	\$0.00	10/1/2012
C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
C1784	OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA	\$0.00	10/1/2012
C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	\$0.00	10/1/2012
C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	\$0.00	10/1/2012
C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	\$0.00	10/1/2012
C1788	PORT, INDWELLING (IMPLANTABLE)	\$0.00	10/1/2012
C1789	PROSTHESIS, BREAST (IMPLANTABLE)	\$0.00	10/1/2012
C1813	PROSTHESIS, PENILE, INFLATABLE	\$0.00	10/1/2012
C1814	RETINAL TAMPONADE DEVICE, SILICONE OIL	\$0.00	10/1/2012
C1815	PROSTHESIS, URINARY SPHINCTER (IMPLANTABLE)	\$0.00	10/1/2012
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	\$0.00	10/1/2012
C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	\$0.00	10/1/2012
C1818	INTEGRATED KERATOPROSTHESIS	\$0.00	10/1/2012
C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE)	\$0.00	10/1/2012
C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON HIGH-FREQUENCY WITH RECHARGEABLE B	\$0.00	10/1/2012
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	\$0.00	10/1/2012
C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATT	CCR	1/1/2016
C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM	\$0.00	10/1/2012
C1875	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM	\$0.00	10/1/2012
C1876	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM	\$0.00	10/1/2012
C1877	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM	\$0.00	10/1/2012
C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC (IMPLANTABLE)	\$0.00	10/1/2012
C1880	VENA CAVA FILTER	\$0.00	10/1/2012
C1881	DIALYSIS ACCESS SYSTEM (IMPLANTABLE)	\$0.00	10/1/2012
C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	\$0.00	10/1/2012
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	\$0.00	10/1/2012
C1884	EMBOLIZATION PROTECTIVE SYSTEM	\$0.00	10/1/2012
C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	\$0.00	10/1/2012
C1886	CATHETER, EXTRAVASCULAR TISSUE ABLATION, ANY MODALITY (INSERTABLE)	\$0.00	10/1/2013
C1887	CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)	\$0.00	10/1/2012
C1888	CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)	\$0.00	10/1/2012
C1889	IMPLANTABLE/INSERTABLE DEVICE, FOR DEVICE INTENSIVE PROCEDURE, NOT OTHERWISE CLA	\$0.00	1/1/2017
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	\$0.00	10/1/2012
C1892	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE,	\$0.00	10/1/2012
C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE,	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
C1894	INTRODUCER/SHEATH, OTHER THAN GUIDING, OTHER THAN INTRACARDIAC ELECTROPHYSIOLOGI	\$0.00	10/1/2012
C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)	\$0.00	10/1/2012
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	\$0.00	10/1/2012
C1898	LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS	\$0.00	10/1/2012
C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE)	\$0.00	10/1/2012
C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	\$0.00	10/1/2012
C2613	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM	CCR	10/1/2016
C2614	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	\$0.00	10/1/2012
C2615	SEALANT, PULMONARY, LIQUID	\$0.00	10/1/2012
C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	\$15,682.34	10/1/2017
C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	\$0.00	10/1/2012
C2618	PROBE/NEEDLE, CRYOABLATION	\$0.00	10/1/2012
C2619	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	\$0.00	10/1/2012
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	\$0.00	10/1/2012
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	\$0.00	10/1/2012
C2622	PROSTHESIS, PENILE, NON-INFLATABLE	\$0.00	10/1/2012
C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM	\$0.00	10/1/2012
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	\$0.00	10/1/2012
C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	\$0.00	10/1/2012
C2628	CATHETER, OCCLUSION	\$0.00	10/1/2012
C2629	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	\$0.00	10/1/2012
C2630	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	\$0.00	10/1/2012
C2631	REPAIR DEVICE, URINARY, INCONTINENCE, WITHOUT SLING GRAFT	\$0.00	10/1/2012
C2634	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, IODINE-125, GREATER THAN 1.01	\$114.49	10/1/2017
C2635	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH ACTIVITY, PALADIUM-103, GREATER THAN 2.	\$24.42	10/1/2017
C2636	BRACHYTHERAPY LINEAR SOURCE, NON-STRANDED, PALADIUM-103, PER 1 MM	\$17.72	10/1/2017
C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE	\$36.07	10/1/2017
C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE	\$33.92	10/1/2017
C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103. PER SOURCE	\$69.56	10/1/2017
C2641	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103 PER SOURCE	\$62.18	10/1/2017
C2642	BRACHYTHERAPY SOURCE, STRANDED, CESIUM0131, PER SOURCE	\$83.23	10/1/2017
C2643	BRACHYTHERAPY SOURCE, NON-STRANDED CESIUM-131, PER SOURCE	\$56.23	10/1/2017
C2644	BRACHYTHERAPY SOURCE, CESIUM-131 CHLORIDE SOLUTION, PER MILLICURIE	\$11.79	10/1/2016
C2645	BRACHYTHERAPY PLANAR SOURCE, PALLADIUM-103, PER SQUARE MILLIMETER	\$4.46	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
C2698	BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPECIFIED, PERSOURCE	\$36.07	10/1/2017
C2699	BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE SPECIFIED,PER SOURCE	\$17.72	10/1/2017
C5271	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	\$197.73	10/1/2017
C5272	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	\$0.00	1/1/2014
C5273	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	\$730.90	10/1/2017
C5274	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND	\$0.00	1/1/2014
C5275	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	\$197.73	10/1/2017
C5276	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	\$0.00	1/1/2014
C5277	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	\$197.73	10/1/2017
C5278	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE,SCALP, EYELIDS, MOUTH, NEC	\$0.00	1/1/2014
C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN	\$124.29	10/1/2017
C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN	\$95.87	10/1/2017
C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$192.31	10/1/2017
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL	\$124.29	10/1/2017
C8904	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL	\$95.87	10/1/2017
C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	\$192.31	10/1/2017
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL	\$192.31	10/1/2017
C8907	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL	\$191.06	10/1/2017
C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	\$192.31	10/1/2017
C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	\$124.29	10/1/2017
C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	\$95.87	10/1/2017
C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$192.31	10/1/2017
C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY	\$192.31	10/1/2017
C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY	\$95.87	10/1/2017
C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$192.31	10/1/2017
C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS	\$124.29	10/1/2017
C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	\$95.87	10/1/2017
C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$192.31	10/1/2017
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, SPINAL CANAL AND CONTENTS	\$192.31	10/1/2017
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS	\$95.87	10/1/2017
C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINA	\$192.31	10/1/2017
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY	\$124.29	10/1/2017
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY	\$95.87	10/1/2017
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER	\$192.31	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
C9014	INJECTION, CERLIPONASE ALFA, 1 MG	\$90.63	2/1/2018
C9015	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), HAEGARDA, 10 UNITS	\$9.46	2/1/2018
C9016	INJECTION, TRIPTORELIN EXTENDED RELEASE, 3.75 MG	\$2,685.34	2/1/2018
C9024	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	\$177.37	2/1/2018
C9028	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	\$2,092.32	2/1/2018
C9029	INJECTION, GUSELKUMAB, 1 MG	\$97.52	2/1/2018
C9113	INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	\$0.00	10/1/2012
C9132	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. O	\$1.76	10/1/2017
C9248	INJECTION, CLEVIDIPINE BUTYRATE, 1 MG	\$2.09	10/1/2017
C9254	INJECTION, LACOSAMIDE, 1 MG	\$0.00	10/1/2013
C9257	INJECTION, BEVACIZUMAB, 0.25 MG	\$1.75	10/1/2017
C9275	INJECTION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG, PER STUDY DOSE	\$0.00	10/1/2013
C9285	LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH	\$0.00	10/1/2014
C9290	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	\$0.00	10/1/2015
C9293	INJECTION, GLUCARPIDASE, 10 UNITS	\$270.01	10/1/2017
C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE), PER CENTIMETER LEN	\$0.00	10/1/2012
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CENT	\$0.00	10/1/2012
C9359	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE	\$0.00	10/1/2012
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	CCR	10/1/2013
C9447	INJECTION, PHENYLEPHRINE AND KETOROLAC, 4 ML VIAL	\$463.47	10/1/2017
C9460	INJECTION, CANGRELOR, 1 MG	\$14.60	10/1/2017
C9482	INJECTION, SOTATOL HYDROCHLORIDE, 1 MG	\$9.49	10/1/2017
C9488	INJECTION, CONIVAPTAN HYDROCHLORIDE, 1 MG	\$28.43	10/1/2017
C9497	LOXAPINE, INHALATION POWDER, 10 MG	\$142.54	10/1/2017
C9725	PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAP	\$288.63	10/1/2017
C9726	RXT BREAST APP. PLACE/REMOVE	\$0.00	10/1/2014
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (EG,	\$452.97	10/1/2017
C9733	NON-OPHTHALMIC FLUORESCENT VASCULAR ANGIOGRAPHY	\$0.00	10/1/2012
C9738	ADJUNCTIVE BLUE LIGHT CYSTOSCOPY WITH FLUORESCENT IMAGING AGENT (LIST SEPARATELY	\$0.00	2/1/2018
C9739	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;	\$2,125.71	10/1/2017
C9740	CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT;	\$5,664.04	10/1/2017
C9744	ULTRASOUND, ABDOMINAL, WITH CONTRAST	\$124.29	10/1/2017
C9748	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY WATER VAPOR (STE	\$658.77	2/1/2018
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$215.92	10/1/2014

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$215.92	10/1/2014
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$215.92	10/1/2014
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANE	\$215.92	10/1/2014
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$215.92	10/1/2014
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	\$215.92	10/1/2014
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$215.92	10/1/2014
D2932	PREFABRICATED RESIN CROWN	\$215.92	10/1/2014
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	\$215.92	10/1/2014
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	\$215.92	10/1/2014
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	\$215.92	10/1/2014
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	\$0.00	10/1/2012
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	\$0.00	10/1/2012
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	\$0.00	10/1/2012
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	\$0.00	10/1/2012
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE	\$0.00	10/1/2012
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$106.23	10/1/2017
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	\$288.63	10/1/2017
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	\$288.63	10/1/2017
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$0.00	10/1/2015
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	\$17.99	10/1/2017
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL	\$204.68	10/1/2017
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	\$0.00	10/1/2015
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	\$0.00	10/1/2012
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	\$260.10	10/1/2017
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF	\$0.00	10/1/2012
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	\$0.00	10/1/2012
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,	\$0.00	10/1/2012
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY,	\$1,305.80	10/1/2014
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEROTACTIC RADIOSURGERY,	\$931.58	10/1/2014
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	\$47.77	10/1/2017
G0516	INSERTION OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR S	\$0.00	2/1/2018
G0517	REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (SERVICES FOR SUB	\$0.00	2/1/2018
G0518	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANTS, 4 OR MORE (S	\$0.00	2/1/2018
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	\$6.93	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERE	\$44.52	10/1/2017
J0130	INJECTION ABCIXIMAB, 10 MG	\$1,094.58	10/1/2017
J0131	INJECTION, ACETAMINOPHEN, 10 MG	\$0.00	10/1/2014
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	\$0.00	10/1/2017
J0133	INJECTION, ACYCLOVIR, 5 MG	\$0.00	10/1/2012
J0135	INJECTION, ADALIMUMAB, 20 MG	\$1,118.08	10/1/2017
J0153	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COM	\$0.00	1/1/2015
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	\$0.00	10/1/2012
J0178	INJECTION, AFLIBERCEPT, 1 MG	\$931.13	10/1/2017
J0180	INJECTION, AGALSIDASE BETA, 1 MG	\$157.76	10/1/2017
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	\$2.85	10/1/2014
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	\$0.00	10/1/2016
J0202	INJECTION, ALEMTUZUMAB, 1 MG	\$1,665.37	10/1/2017
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	\$37.93	10/1/2014
J0207	INJECTION, AMIFOSTINE, 500 MG	\$493.06	10/1/2017
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	\$0.00	10/1/2014
J0215	INJECTION, ALEFACEPT, 0.5 MG	\$39.56	10/1/2013
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	\$196.37	10/1/2017
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	\$151.75	10/1/2017
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	\$4.58	10/1/2017
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	\$4.14	10/1/2017
J0278	INJECTION, AMIKACIN SULFATE, 100 MG	\$0.00	10/1/2012
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	\$0.00	10/1/2012
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	\$0.00	10/1/2012
J0285	INJECTION, AMPHOTERICIN B, 50 MG	\$0.00	10/1/2012
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	\$12.52	10/1/2017
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	\$0.00	10/1/2014
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	\$18.55	10/1/2017
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	\$0.00	10/1/2012
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	\$0.00	10/1/2012
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	\$184.55	10/1/2014
J0330	INJECTION, SUCCINYLMCHOLINE CHLORIDE, UP TO 20 MG	\$0.00	10/1/2012
J0348	INJECTION, ANIDULAFUNGIN, 1 MG	\$0.00	10/1/2014
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	\$0.00	10/1/2013

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	\$0.00	10/1/2012
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	\$0.00	10/1/2013
J0365	INJECTION, APROTONIN, 10,000 KIU	\$3.25	10/1/2014
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	\$0.00	10/1/2012
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	\$0.00	10/1/2012
J0395	INJECTION, ARBUTAMINE HCL, 1 MG	\$77.95	10/1/2014
J0400	INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	\$0.00	10/1/2012
J0401	INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1 MG	\$4.35	10/1/2017
J0456	INJECTION, AZITHROMYCIN, 500 MG	\$0.00	10/1/2012
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	\$0.00	10/1/2012
J0470	INJECTION, DIMERCAPROL, PER 100 MG	\$0.00	10/1/2012
J0475	INJECTION, BACLOFEN, 10 MG	\$160.26	10/1/2017
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	\$73.00	10/1/2017
J0480	INJECTION, BASILIXIMAB, 20 MG	\$3,189.47	10/1/2017
J0485	INJECTION, BELATACEPT, 1 MG	\$3.64	10/1/2017
J0490	INJECTION, BELIMUMAB, 10 MG	\$40.45	10/1/2017
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	\$0.00	10/1/2012
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	\$0.00	10/1/2012
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	\$0.00	10/1/2012
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	\$0.00	10/1/2012
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	\$10.21	10/1/2017
J0565	INJECTION, BEZLOTOXUMAB, 10 MG	\$38.22	2/1/2018
J0570	BUPRENORPHINE IMPLANT, 74.5 MG	\$1,197.56	10/1/2017
J0583	INJECTION, BIVALIRUDIN, 1 MG	\$1.41	10/1/2017
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	\$5.64	10/1/2017
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	\$7.57	10/1/2017
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	\$11.16	10/1/2017
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	\$4.68	10/1/2017
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	\$0.00	10/1/2012
J0594	INJECTION, BUSULFAN, 1 MG	\$34.68	10/1/2017
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	\$0.00	10/1/2012
J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	\$26.54	10/1/2017
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	\$46.27	10/1/2017
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	\$52.75	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J0600	INJECTION, EDTATE CALCIUM DISODIUM, UP TO 1000 MG	\$5,314.70	10/1/2015
J0606	INJECTION, ETECALCETIDE, 0.1 MG	\$3.30	2/1/2018
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	\$0.00	10/1/2012
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	\$0.00	10/1/2012
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	\$2,154.50	10/1/2017
J0636	INJECTION, CALCITRIOL, 0.1 MCG	\$0.00	10/1/2012
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	\$10.03	10/1/2017
J0638	INJECTION, CANAKINUMAB, 1 MG	\$87.88	10/1/2017
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	\$0.00	10/1/2012
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	\$0.67	10/1/2017
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	\$0.00	10/1/2012
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	\$0.00	10/1/2012
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	\$0.00	10/1/2012
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	\$0.00	10/1/2012
J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	\$9.00	10/1/2017
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	\$0.00	10/1/2012
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	\$0.00	10/1/2012
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	\$0.00	10/1/2012
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	\$0.00	10/1/2012
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	\$0.00	10/1/2012
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	\$2.35	10/1/2017
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	\$0.00	10/1/2012
J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	\$73.27	10/1/2017
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	\$0.00	10/1/2012
J0716	INJECTION, CENTRUROIDES IMMUNE F(AB) <sub>2</sub> , UP TO 120 MILLIGRAMS	\$4,034.36	10/1/2017
J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADM	\$6.97	10/1/2017
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	\$0.00	10/1/2017
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	\$0.00	10/1/2017
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	\$0.00	10/1/2012
J0740	INJECTION, CIDOFOVIR, 375 MG	\$496.01	10/1/2017
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	\$0.00	10/1/2012
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	\$0.00	10/1/2012
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	\$0.00	10/1/2012
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	\$38.66	10/1/2017
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	\$0.00	10/1/2012
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	\$7.71	10/1/2017
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	\$3,360.24	10/1/2017
J0833	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	\$0.00	10/1/2017
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	\$0.00	10/1/2012
J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	\$2,726.42	10/1/2017
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	\$1,071.35	10/1/2017
J0875	INJECTION, DALBAVANCIN, 5MG	\$13.99	10/1/2017
J0878	INJECTION, DAPTOMYCIN, 1 MG	\$0.65	10/1/2017
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	\$3.66	10/1/2017
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	\$3.66	10/1/2017
J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	\$1.54	10/1/2017
J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	\$0.00	1/1/2017
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	\$12.94	10/1/2017
J0894	INJECTION, DECITABINE, 1 MG	\$17.06	10/1/2017
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	\$0.00	10/1/2012
J0897	INJECTION, DENOSUMAB, 1 MG	\$15.80	10/1/2017
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	\$0.00	10/1/2012
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	\$0.00	10/1/2012
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	\$0.00	10/1/2012
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	\$0.00	10/1/2012
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	\$0.00	10/1/2012
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	\$0.00	10/1/2013
J1071	INJECTION, TESTOSTERONE CYPIONATE, 1MG	\$0.00	1/1/2015
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	\$0.00	10/1/2012
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	\$0.00	10/1/2012
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	\$0.00	10/1/2012
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	\$0.00	10/1/2012
J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	\$0.15	10/1/2017
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	\$0.00	10/1/2012
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	\$3,104.16	10/1/2017
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	\$0.00	10/1/2012
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	\$0.00	10/1/2012
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	\$196.01	10/1/2017
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	\$0.00	10/1/2012
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	\$74.01	10/1/2017
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	\$507.03	10/1/2017
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	\$0.00	10/1/2012
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	\$0.00	10/1/2012
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	\$0.00	10/1/2012
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	\$0.00	10/1/2012
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	\$0.00	10/1/2012
J1265	INJECTION, DOPAMINE HCL, 40 MG	\$0.00	10/1/2012
J1267	INJECTION, DORIPENEM, 10 MG	\$0.00	10/1/2012
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	\$0.00	10/1/2012
J1290	INJECTION, ECALLANTIDE, 1 MG	\$400.54	10/1/2017
J1300	INJECTION, ECUZUMAB, 10 MG	\$215.30	10/1/2017
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	\$0.00	10/1/2012
J1322	INJECTION, ELOSULFASE ALFA, 1MG	\$213.15	10/1/2017
J1324	INJECTION, ENFUVIRTIDE, 1 MG	\$17.70	10/1/2015
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	\$0.00	10/1/2012
J1327	INJECTION, EPTIFIBATIDE, 5 MG	\$22.43	10/1/2017
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	\$0.00	10/1/2012
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	\$0.00	10/1/2012
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	\$56.47	10/1/2017
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	\$0.00	10/1/2012
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	\$264.47	10/1/2017
J1428	INJECTION, ETEPLIRSEN, 10 MG	\$161.12	2/1/2018
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	\$401.25	10/1/2017
J1435	INJECTION, ESTRONE, PER 1 MG	\$1.39	10/1/2014
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	\$0.00	10/1/2012
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$415.70	10/1/2017
J1439	INJECTION, FERRIC CARBOXYMALTOSE, 1MG	\$1.01	10/1/2016
J1442	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM	\$0.96	10/1/2017
J1443	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1 MG OF IRON	\$0.00	10/1/2017
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM	\$0.64	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J1450	INJECTION FLUCONAZOLE, 200 MG	\$0.00	10/1/2012
J1451	INJECTION, FOMEPIZOLE, 15 MG	\$7.39	10/1/2017
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	\$0.00	10/1/2014
J1453	INJECTION, FOSAPREPITANT, 1 MG	\$1.84	10/1/2017
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	\$71.41	10/1/2017
J1457	INJECTION, GALLIUM NITRATE, 1 MG	\$0.00	10/1/2012
J1458	INJECTION, GALSULFASE, 1 MG	\$350.95	10/1/2017
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	\$36.93	10/1/2017
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	\$33.95	10/1/2017
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	\$12.52	2/1/2018
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG	\$36.39	10/1/2017
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUI	\$39.54	10/1/2017
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	\$9.34	10/1/2017
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	\$339.51	10/1/2017
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID),	\$32.23	10/1/2017
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	\$11.48	10/1/2014
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE	\$31.01	10/1/2017
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	\$34.29	10/1/2017
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID),	\$38.41	10/1/2017
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	\$0.00	10/1/2015
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	\$55.72	10/1/2017
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHI	\$28.67	10/1/2017
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	\$55.72	10/1/2017
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	\$12.31	10/1/2017
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	\$0.00	10/1/2012
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHE	\$0.00	10/1/2012
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	\$0.00	10/1/2016
J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	\$23.74	10/1/2017
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	\$190.78	10/1/2017
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	\$5.47	10/1/2014
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	\$0.00	10/1/2012
J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	\$4.64	2/1/2018
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	\$0.00	10/1/2012
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J1640	INJECTION, HEMIN, 1 MG	\$21.72	10/1/2017
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	\$0.00	10/1/2012
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	\$0.00	10/1/2012
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	\$0.00	10/1/2012
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	\$0.00	10/1/2012
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	\$0.00	10/1/2012
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	\$0.00	10/1/2012
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	\$346.89	10/1/2017
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	\$0.00	10/1/2012
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	\$0.00	10/1/2012
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	\$0.00	10/1/2012
J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	\$2.57	2/1/2018
J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	\$0.00	2/1/2018
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	\$655.53	10/1/2017
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	\$74.38	10/1/2017
J1741	INJECTION, IBUPROFEN, 100 MG	\$0.00	10/1/2013
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	\$182.88	10/1/2017
J1743	INJECTION, IDURSULFASE, 1 MG	\$495.91	10/1/2017
J1744	INJECTION, ICATIBANT, 1 MG	\$309.33	10/1/2017
J1745	INJECTION, INFlixIMAB, EXCLUDES BIOSIMILAR, 10 MG	\$81.31	10/1/2017
J1750	INJECTION, IRON DEXTRAN, 50 MG	\$11.84	10/1/2017
J1756	INJECTION, IRON SUCROSE, 1 MG	\$0.00	10/1/2013
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	\$39.71	10/1/2017
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	\$0.00	10/1/2012
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	\$0.00	10/1/2012
J1815	INJECTION, INSULIN, PER 5 UNITS	\$0.00	10/1/2012
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	\$0.00	10/1/2012
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	\$458.10	10/1/2017
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$357.49	10/1/2017
J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	\$0.60	10/1/2017
J1835	INJECTION, ITRACONAZOLE, 50 MG	\$0.26	10/1/2014
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	\$0.00	10/1/2012
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	\$0.00	10/1/2012
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	\$0.00	10/1/2012
J1930	INJECTION, LANREOTIDE, 1 MG	\$51.31	10/1/2017
J1931	INJECTION, LARONIDASE, 0.1 MG	\$29.08	10/1/2017
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	\$0.00	10/1/2012
J1942	INJECTION, ARIPIPRAZOLE LAUROXIL, 1 MG	\$2.27	10/1/2017
J1945	INJECTION, LEPIRUDIN, 50 MG	\$12.07	10/1/2017
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	\$973.32	10/1/2017
J1953	INJECTION, LEVETIRACETAM, 10 MG	\$0.00	10/1/2012
J1956	INJECTION, LEVOFLOXACIN, 250 MG	\$0.00	10/1/2012
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	\$0.00	10/1/2012
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	\$0.00	10/1/2012
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	\$0.00	10/1/2012
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	\$0.00	10/1/2012
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	\$0.00	10/1/2012
J2020	INJECTION, LINEZOLID, 200MG	\$0.00	10/1/2017
J2060	INJECTION, LORAZEPAM, 2 MG	\$0.00	10/1/2012
J2150	INJECTION, MANNITOL, 25% IN 50 ML	\$0.00	10/1/2012
J2170	INJECTION, MECASERMIN, 1 MG	\$0.00	10/1/2013
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	\$0.00	10/1/2012
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	\$0.00	10/1/2012
J2182	INJECTION, MEPOLIZUMAB, 1 MG	\$25.32	10/1/2017
J2185	INJECTION, MEROPENEM, 100 MG	\$0.00	10/1/2012
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	\$0.00	10/1/2012
J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	\$0.00	10/1/2015
J2248	INJECTION, MICA FUNGIN SODIUM, 1 MG	\$0.00	10/1/2016
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	\$0.00	10/1/2012
J2260	INJECTION, MILRINONE LACTATE, 5 MG	\$2.36	10/1/2017
J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	\$1.43	10/1/2017
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	\$0.00	10/1/2012
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE,	\$0.00	1/1/2015
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM	\$6.96	10/1/2017
J2280	INJECTION, MOXIFLOXACIN, 100 MG	\$0.00	10/1/2012
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	\$0.00	10/1/2012
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	\$3.09	10/1/2017
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	\$126.69	10/1/2017
J2323	INJECTION, NATALIZUMAB, 1 MG	\$17.86	10/1/2017
J2325	INJECTION, NESIRITIDE, 0.1 MG	\$69.52	10/1/2017
J2326	INJECTION, NUSINERSEN, 0.1 MG	\$1,048.60	2/1/2018
J2350	INJECTION, OCRELIZUMAB, 1 MG	\$54.55	2/1/2018
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	\$166.77	10/1/2017
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS	\$0.00	10/1/2012
J2355	INJECTION, OPRELVEKIN, 5 MG	\$443.86	10/1/2017
J2357	INJECTION, OMALIZUMAB, 5 MG	\$31.93	10/1/2017
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	\$2.77	10/1/2015
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	\$0.00	10/1/2012
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	\$0.00	10/1/2012
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	\$0.00	10/1/2012
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	\$0.00	10/1/2012
J2407	INJECTION, ORITAVANCIN, 10 MG	\$23.33	10/1/2017
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	\$0.00	10/1/2012
J2425	INJECTION, PALIFERMIN, 50 MICROGRAMS	\$16.80	10/1/2017
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	\$9.03	10/1/2017
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	\$0.00	10/1/2012
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	\$0.00	10/1/2012
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	\$0.00	10/1/2013
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	\$21.50	10/1/2017
J2501	INJECTION, PARICALCITOL, 1 MCG	\$0.00	10/1/2012
J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	\$247.72	10/1/2017
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	\$1,001.97	10/1/2017
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	\$327.97	10/1/2017
J2505	INJECTION, PEGFILGRASTIM, 6 MG	\$3,981.77	10/1/2017
J2507	INJECTION, PEGLOTICASE, 1 MG	\$1,730.45	10/1/2017
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	\$25.43	10/1/2017
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	\$0.00	10/1/2013
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	\$44.97	10/1/2017
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	\$0.00	10/1/2012
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J2547	INJECTION, PERAMIVIR, 1 MG	\$1.54	10/1/2017
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	\$0.00	10/1/2012
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	\$0.00	10/1/2012
J2562	INJECTION, PLERIXAFOR, 1 MG	\$296.50	10/1/2017
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	\$0.00	10/1/2012
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	\$12.49	10/1/2017
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	\$0.00	10/1/2012
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	\$1,520.38	10/1/2015
J2675	INJECTION, PROGESTERONE, PER 50 MG	\$0.00	10/1/2012
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	\$0.00	10/1/2012
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	\$0.00	10/1/2012
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	\$0.00	10/1/2014
J2704	INJECTION, PROPOFOL, 10 MG	\$0.00	1/1/2015
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	\$0.00	10/1/2012
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	\$0.00	10/1/2012
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	\$14.44	10/1/2017
J2725	INJECTION, PROTIRELIN, PER 250 MCG	\$26.84	10/1/2014
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	\$82.69	10/1/2017
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	\$318.17	10/1/2017
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	\$0.00	10/1/2012
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	\$414.93	10/1/2017
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	\$356.45	10/1/2017
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	\$0.00	10/1/2012
J2783	INJECTION, RASBURICASE, 0.5 MG	\$246.19	10/1/2017
J2785	INJECTION, REGADENOSON, 0.1 MG	\$0.00	10/1/2014
J2786	INJECTION, RESLIZUMAB, 1 MG	\$8.41	10/1/2017
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	\$0.00	10/1/2014
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	\$0.00	10/1/2014
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVE	\$0.00	10/1/2016
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	\$21.57	10/1/2017
J2793	INJECTION, RILONACEPT, 1 MG	\$22.89	10/1/2013
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	\$7.76	10/1/2017
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	\$0.00	10/1/2012
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	\$61.78	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	\$0.00	10/1/2012
J2805	INJECTION, SINCALIDE, 5 MICROGRAMS	\$0.00	10/1/2012
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	\$0.00	10/1/2012
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	\$35.24	10/1/2017
J2840	INJECTION, SEBELIPASE ALFA, 1 MG	\$503.50	1/1/2017
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	\$33.04	10/1/2015
J2860	INJECTION, SILTUXIMAB, 10 MG	\$85.52	10/1/2017
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	\$0.00	10/1/2012
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	\$0.00	10/1/2012
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	\$0.00	10/1/2012
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	\$0.00	10/1/2012
J2940	INJECTION, SOMATREM, 1 MG	\$38.18	10/1/2014
J2941	INJECTION, SOMATROPIN, 1 MG	\$77.51	10/1/2015
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	\$0.00	10/1/2012
J2993	INJECTION, RETEPLASE, 18.1 MG	\$2,186.81	10/1/2014
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	\$0.00	10/1/2013
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	\$77.28	10/1/2017
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	\$0.00	10/1/2012
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	\$0.00	10/1/2012
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$0.00	10/1/2013
J3060	INJECTION, TALIGLUCERASE ALFA, 10 UNITS	\$38.38	10/1/2017
J3070	INJECTION, PENTAZOCINE, 30 MG	\$129.87	10/1/2017
J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	\$1.21	10/1/2017
J3095	INJECTION, TELEVANCIN, 10 MG	\$4.75	10/1/2017
J3101	INJECTION, TENECTEPLASE, 1 MG	\$97.30	10/1/2017
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	\$0.00	10/1/2012
J3121	INJECTION, TESTOSTERONE ENANTHATE, 1MG	\$0.00	1/1/2015
J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	\$0.00	10/1/2017
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	\$0.00	10/1/2012
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	\$1,488.58	10/1/2017
J3243	INJECTION, TIGECYCLINE, 1 MG	\$3.02	10/1/2017
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	\$9.32	10/1/2017
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	\$0.00	10/1/2012
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J3262	INJECTION, TOCILIZUMAB, 1 MG	\$4.01	10/1/2017
J3265	INJECTION, TORSEMIDE, 10 MG/ML	\$0.00	10/1/2012
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	\$0.00	10/1/2012
J3285	INJECTION, TREPROSTINIL, 1 MG	\$58.18	10/1/2013
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	\$3.55	10/1/2017
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	\$0.00	10/1/2012
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	\$0.00	10/1/2012
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	\$0.00	10/1/2012
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	\$0.00	10/1/2017
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	\$0.00	10/1/2013
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	\$347.17	10/1/2017
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	\$27.15	10/1/2014
J3350	INJECTION, UREA, UP TO 40 GM	\$0.00	10/1/2016
J3357	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG	\$165.49	10/1/2017
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	\$12.24	2/1/2018
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	\$0.00	10/1/2012
J3364	INJECTION, UROKINASE, 5000 IU VIAL	\$0.00	10/1/2012
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	\$249.65	10/1/2017
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	\$0.00	10/1/2012
J3380	INJECTION, VEDOLIZUMAB, 1 MG	\$17.22	10/1/2017
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	\$325.57	10/1/2017
J3396	INJECTION, VERTEPORFIN, 0.1 MG	\$10.22	10/1/2017
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	\$0.00	10/1/2013
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	\$0.00	10/1/2012
J3411	INJECTION, THIAMINE HCL, 100 MG	\$0.00	10/1/2012
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	\$0.00	10/1/2012
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	\$0.00	10/1/2012
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	\$0.00	10/1/2012
J3465	INJECTION, VORICONAZOLE, 10 MG	\$3.46	10/1/2017
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	\$0.00	10/1/2012
J3471	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 US	\$0.00	10/1/2012
J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	\$0.00	10/1/2012
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	\$0.00	10/1/2012
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	\$0.00	10/1/2012
J3485	INJECTION, ZIDOVUDINE, 10 MG	\$0.00	10/1/2016
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	\$0.00	10/1/2012
J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	\$0.00	10/1/2017
J3490	UNCLASSIFIED DRUGS	\$0.00	10/1/2012
J3530	NASAL VACCINE INHALATION	\$0.00	10/1/2012
J3590	UNCLASSIFIED BIOLOGICS	\$0.00	10/1/2012
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	\$0.00	10/1/2012
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	\$0.00	10/1/2012
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	\$0.00	10/1/2012
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	\$0.00	10/1/2012
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	\$0.00	10/1/2012
J7070	INFUSION, D5W, 1000 CC	\$0.00	10/1/2012
J7100	INFUSION, DEXTRAN 40, 500 ML	\$0.00	10/1/2012
J7110	INFUSION, DEXTRAN 75, 500 ML	\$0.00	10/1/2012
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	\$0.00	10/1/2012
J7131	HYPERTONIC SALINE SOLUTION, 1 ML	\$0.00	10/1/2012
J7175	INJECTION, FACTOR X (HUMAN), 1 I.U.	\$6.19	10/1/2017
J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	\$1.09	10/1/2017
J7179	INJECTION, VON WILLEBRAND FACTOR, (RECOMBINANT), (VONDENDI), 1 I.U. VWF.RCO	\$2.16	10/1/2017
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	\$7.78	10/1/2017
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	\$14.00	10/1/2017
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER I	\$1.23	10/1/2017
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	\$0.96	10/1/2017
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	\$1.16	10/1/2017
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER	\$0.94	10/1/2017
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	\$1.04	10/1/2017
J7188	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.	\$3.76	10/1/2017
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	\$1.83	10/1/2017
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	\$0.96	10/1/2017
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	\$0.19	1/1/2014
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFI	\$1.14	10/1/2017
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	\$1.10	10/1/2017
J7194	FACTOR IX, COMPLEX, PER I.U.	\$1.27	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE	\$1.43	10/1/2017
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	\$98.18	10/1/2013
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	\$3.06	10/1/2017
J7198	ANTI-INHIBITOR, PER I.U.	\$1.83	10/1/2017
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	\$1.19	10/1/2017
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.	\$2.78	10/1/2017
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.	\$3.94	10/1/2017
J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	\$1.88	10/1/2017
J7207	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED, 1 I.U.	\$1.62	10/1/2017
J7209	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (NUWIQ), 1 I.U.	\$1.55	10/1/2017
J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	\$1.34	2/1/2018
J7211	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	\$1.18	2/1/2018
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE	\$349.42	10/1/2017
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	\$79.51	10/1/2013
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	\$11.12	10/1/2017
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	\$19,104.87	10/1/2017
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	\$190.74	10/1/2017
J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	\$466.40	1/1/2016
J7315	MITOMYCIN, OPHTHALMIC, 0.2 MG	\$0.00	10/1/2016
J7316	INJECTION, OCRIPLASMIN, 0.125 MG	\$994.41	1/1/2014
J7321	HYALURONAN OR DERIVATIVE, HYALGAN, SUPARTZ OR VISCO-3, FOR INTRA-ARTICULAR INJEC	\$82.80	10/1/2017
J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	\$15.92	10/1/2017
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$146.15	10/1/2017
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$145.87	10/1/2017
J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION,	\$11.91	10/1/2017
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$516.43	10/1/2017
J7327	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$850.39	10/1/2017
J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	\$2.07	10/1/2017
J7336	CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER	\$0.00	10/1/2017
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML	\$2.13	10/1/2017
J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	\$28.45	10/1/2017
J7345	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	\$1.36	2/1/2018
J7500	AZATHIOPRINE, ORAL, 50 MG	\$0.00	10/1/2012
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	\$237.93	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J7502	CYCLOSPORINE, ORAL, 100 MG	\$0.00	10/1/2012
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL, 0.25 MG	\$1.17	10/1/2017
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	\$1,404.86	10/1/2017
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	\$219.66	10/1/2017
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG	\$0.00	10/1/2012
J7508	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG	\$0.00	10/1/2017
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	\$0.00	10/1/2012
J7510	PREDNISOLONE ORAL, PER 5 MG	\$0.00	10/1/2012
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	\$653.38	10/1/2017
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	\$0.00	10/1/2017
J7513	DACLIZUMAB, PARENTERAL, 25 MG	\$9.50	10/1/2017
J7515	CYCLOSPORINE, ORAL, 25 MG	\$0.00	10/1/2012
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	\$0.00	10/1/2012
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	\$0.00	10/1/2012
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	\$0.00	10/1/2012
J7520	SIROLIMUS, ORAL, 1 MG	\$0.00	10/1/2012
J7525	TACROLIMUS, PARENTERAL, 5 MG	\$162.31	10/1/2017
J7527	EVEROLIMUS, ORAL, 0.25 MG	\$0.00	10/1/2014
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	\$0.00	10/1/2012
J7665	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	\$0.00	10/1/2013
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	\$0.00	10/1/2012
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	\$0.00	10/1/2012
J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	\$0.00	10/1/2017
J8501	APREPITANT, ORAL, 5 MG	\$11.19	10/1/2017
J8510	BUSULFAN; ORAL, 2 MG	\$22.49	10/1/2017
J8520	CAPECITABINE, ORAL, 150 MG	\$0.00	10/1/2017
J8521	CAPECITABINE, ORAL, 500 MG	\$0.00	10/1/2017
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG	\$0.00	10/1/2012
J8540	DEXAMETHASONE, ORAL, 0.25 MG	\$0.00	10/1/2012
J8560	ETOPOSIDE; ORAL, 50 MG	\$70.54	10/1/2017
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	\$0.00	10/1/2014
J8600	MELPHALAN; ORAL, 2 MG	\$0.00	10/1/2012
J8610	METHOTREXATE; ORAL, 2.5 MG	\$0.00	10/1/2012
J8650	NABILONE, ORAL, 1 MG	\$36.29	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG	\$422.66	10/1/2017
J8670	ROLAPITANT, ORAL, 1 MG	\$2.04	10/1/2017
J8700	TEMOZOLOMIDE, ORAL, 5 MG	\$1.77	10/1/2017
J8705	TOPOTECAN, ORAL, 0.25 MG	\$98.60	10/1/2017
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	\$0.00	10/1/2012
J9015	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	\$2,914.26	10/1/2017
J9017	INJECTION, ARSENIC TRIOXIDE, 1 MG	\$61.68	10/1/2017
J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	\$382.60	10/1/2017
J9020	INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS	\$0.00	10/1/2016
J9022	INJECTION, ATEZOLIZUMAB, 10 MG	\$71.86	2/1/2018
J9023	INJECTION, AVELUMAB, 10 MG	\$75.47	2/1/2018
J9025	INJECTION, AZACITIDINE, 1 MG	\$2.00	10/1/2017
J9027	INJECTION, CLOFARABINE, 1 MG	\$144.75	10/1/2017
J9031	BCG (INTRAVESICAL) PER INSTILLATION	\$121.96	10/1/2017
J9032	INJECTION, BELINOSTAT, 10 MG	\$32.67	10/1/2017
J9033	INJECTION, BENDAMUSTINE HCL (TREANDA), 1 MG	\$26.57	10/1/2017
J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA), 1 MG	\$22.29	10/1/2017
J9035	INJECTION, BEVACIZUMAB, 10 MG	\$69.92	10/1/2017
J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	\$93.89	10/1/2017
J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	\$0.00	10/1/2012
J9041	INJECTION, BORTEZOMIB, 0.1 MG	\$43.94	10/1/2017
J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	\$127.44	10/1/2017
J9043	INJECTION, CABAZITAXEL, 1 MG	\$148.83	10/1/2017
J9045	INJECTION, CARBOPLATIN, 50 MG	\$0.00	10/1/2012
J9047	INJECTION, CARFILZOMIB, 1 MG	\$30.59	10/1/2017
J9050	INJECTION, CARMUSTINE, 100 MG	\$3,654.61	10/1/2017
J9055	INJECTION, CETUXIMAB, 10 MG	\$53.57	10/1/2017
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	\$0.00	10/1/2012
J9065	INJECTION, CLADRIBINE, PER 1 MG	\$19.03	10/1/2017
J9070	CYCLOPHOSPHAMIDE, 100 MG	\$40.19	10/1/2017
J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG	\$564.29	10/1/2017
J9100	INJECTION, CYTARABINE, 100 MG	\$0.00	10/1/2012
J9120	INJECTION, DACTINOMYCIN, 0.5 MG	\$1,212.56	10/1/2017
J9130	DACARBAZINE, 100 MG	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J9145	INJECTION, DARATUMUMAB, 10 MG	\$45.70	10/1/2017
J9150	INJECTION, DAUNORUBICIN, 10 MG	\$37.28	10/1/2017
J9151	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	\$231.61	10/1/2017
J9155	INJECTION, DEGARELIX, 1 MG	\$3.45	10/1/2017
J9160	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	\$1,563.87	10/1/2013
J9165	INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	\$11.64	10/1/2014
J9171	INJECTION, DOCETAXEL, 1 MG	\$1.80	10/1/2017
J9175	INJECTION, ELLIOTT'S B SOLUTION, 1 ML	\$0.00	10/1/2012
J9176	INJECTION, ELOTUZUMAB, 1 MG	\$5.90	10/1/2017
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	\$0.00	10/1/2014
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	\$102.89	10/1/2017
J9181	INJECTION, ETOPOSIDE, 10 MG	\$0.00	10/1/2012
J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	\$0.00	10/1/2016
J9190	INJECTION, FLUOROURACIL, 500 MG	\$0.00	10/1/2012
J9200	INJECTION, FLOXURIDINE, 500 MG	\$57.56	10/1/2017
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	\$0.00	10/1/2014
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	\$332.42	10/1/2017
J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	\$183.50	2/1/2018
J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	\$37.51	10/1/2017
J9206	INJECTION, IRINOTECAN, 20 MG	\$0.00	10/1/2013
J9207	INJECTION, IXABEPILONE, 1 MG	\$71.59	10/1/2017
J9208	INJECTION, IFOSFAMIDE, 1 GRAM	\$26.67	10/1/2017
J9209	INJECTION, MESNA, 200 MG	\$0.00	10/1/2012
J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	\$39.46	10/1/2017
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	\$0.00	10/1/2014
J9213	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	\$30.62	10/1/2017
J9214	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	\$27.09	10/1/2017
J9215	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	\$0.00	10/1/2015
J9216	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	\$5,992.72	10/1/2017
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	\$205.21	10/1/2017
J9218	LEUPROLIDE ACETATE, PER 1 MG	\$24.66	10/1/2017
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	\$160.06	10/1/2017
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG	\$2,972.37	10/1/2017
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	\$26,350.08	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J9228	INJECTION, IPILIMUMAB, 1 MG	\$137.43	10/1/2017
J9230	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	\$252.60	10/1/2017
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	\$1,713.92	10/1/2017
J9250	METHOTREXATE SODIUM, 5 MG	\$0.00	10/1/2012
J9260	METHOTREXATE SODIUM, 50 MG	\$0.00	10/1/2012
J9261	INJECTION, NELARABINE, 50 MG	\$144.43	10/1/2017
J9262	INJECTION, OMACETAXINE MEPESUCCINATE 0.01 MG	\$2.58	10/1/2017
J9263	INJECTION, OXALIPLATIN, 0.5 MG	\$0.26	10/1/2017
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	\$9.93	10/1/2017
J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	\$13,216.59	10/1/2017
J9267	INJECTION, PACLITAXEL, 1 MG	\$0.00	1/1/2015
J9268	INJECTION, PENTOSTATIN, 10 MG	\$1,788.96	10/1/2017
J9270	INJECTION, PLICAMYCIN, 2.5 MG	\$0.00	10/1/2012
J9271	INJECTION, PEMBROLIZUMAB, 1 MG	\$44.94	10/1/2017
J9280	INJECTION, MITOMYCIN, 5 MG	\$109.90	10/1/2017
J9285	INJECTION, OLARATUMAB, 10 MG	\$47.45	2/1/2018
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	\$31.21	10/1/2017
J9295	INJECTION, NECITUMUMAB, 1 MG	\$4.99	10/1/2017
J9299	INJECTION, NIVOLUMAB, 1 MG	\$25.11	10/1/2017
J9301	INJECTION, OBINUTUZUMAB, 10 MG	\$54.49	10/1/2017
J9302	INJECTION, OFATUMUMAB, 10 MG	\$50.72	10/1/2017
J9303	INJECTION, PANITUMUMAB, 10 MG	\$102.32	10/1/2017
J9305	INJECTION, PEMETREXED, 10 MG	\$60.84	10/1/2017
J9306	INJECTION, PERTUZUMAB, 1 MG	\$10.34	10/1/2017
J9307	INJECTION, PRALATREXATE, 1 MG	\$226.75	10/1/2017
J9308	INJECTION, RAMUCIRUMAB, 5 MG	\$53.46	10/1/2017
J9310	INJECTION, RITUXIMAB, 100 MG	\$777.39	10/1/2017
J9315	INJECTION, ROMIDEPSIN, 1 MG	\$301.70	10/1/2017
J9320	INJECTION, STREPTOZOCIN, 1 GRAM	\$304.20	10/1/2017
J9325	INJECTION, TALIMOGENE LAHERPAREPVEC, PER 1 MILLION PLAQUE FORMING UNITS	\$43.74	10/1/2017
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	\$8.50	10/1/2017
J9330	INJECTION, TEMSIROLIMUS, 1 MG	\$63.94	10/1/2017
J9340	INJECTION, THIOTEPA, 15 MG	\$828.53	10/1/2017
J9351	INJECTION, TOPOTECAN, 0.1 MG	\$1.20	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
J9352	INJECTION, TRABECTEDIN, 0.1 MG	\$269.27	10/1/2017
J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	\$28.04	10/1/2017
J9355	INJECTION, TRASTUZUMAB, 10 MG	\$89.77	10/1/2017
J9357	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	\$1,100.20	10/1/2017
J9360	INJECTION, VINBLASTINE SULFATE, 1 MG	\$0.00	10/1/2012
J9370	VINCRISTINE SULFATE, 1 MG	\$0.00	10/1/2012
J9371	INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG	\$2,470.34	10/1/2017
J9390	INJECTION, VINOURELBINE TARTRATE, 10 MG	\$0.00	10/1/2013
J9395	INJECTION, FULVESTRANT, 25 MG	\$91.43	10/1/2017
J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	\$7.71	10/1/2017
J9600	INJECTION, PORFIMER SODIUM, 75 MG	\$20,158.59	10/1/2017
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	\$0.00	10/1/2012
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	\$0.00	10/1/2012
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE,	\$0.00	10/1/2012
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY	\$0.00	10/1/2012
L8605	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, ANAL CA	\$0.00	10/1/2017
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE,	\$0.00	10/1/2012
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING	\$0.00	10/1/2017
L8609	ARTIFICIAL CORNEA	\$0.00	10/1/2012
L8610	OCULAR IMPLANT	\$0.00	10/1/2012
L8612	AQUEOUS SHUNT	\$0.00	10/1/2012
L8613	OSSICULA IMPLANT	\$0.00	10/1/2012
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	\$0.00	10/1/2012
L8630	METACARPOPHALANGEAL JOINT IMPLANT	\$0.00	10/1/2012
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G.,	\$0.00	10/1/2012
L8641	METATARSAL JOINT IMPLANT	\$0.00	10/1/2012
L8642	HALLUX IMPLANT	\$0.00	10/1/2012
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH	\$0.00	10/1/2012
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G.,	\$0.00	10/1/2012
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	\$0.00	10/1/2012
L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	\$0.00	10/1/2017
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE (WITH ANY NUMBER OF CONTACT POINTS), EACH	\$79.06	10/1/2014
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	\$0.00	10/1/2012
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	\$0.00	10/1/2012
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	\$0.00	10/1/2013
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	\$11.21	10/1/2017
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	\$51.98	10/1/2017
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	\$21.37	10/1/2015
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	\$50.77	10/1/2015
Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD	\$0.85	10/1/2017
Q0139	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD	\$0.85	10/1/2017
Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00	1/1/2014
Q0162	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMP	\$0.00	10/1/2012
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00	10/1/2012
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00	10/1/2012
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00	10/1/2012
Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	\$0.00	10/1/2012
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00	10/1/2012
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00	10/1/2012
Q0174	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00	10/1/2013
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	\$0.00	10/1/2012
Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	\$0.00	10/1/2012
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	\$0.00	10/1/2012
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS	\$0.00	10/1/2014
Q0507	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST D	\$0.00	1/1/2014
Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST D	\$0.00	1/1/2014
Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE ANY IMPLANTED VENTRICULAR ASSIST DEVIC	\$0.00	1/1/2014
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	\$1.62	10/1/2014
Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN,	\$0.00	10/1/2012
Q2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	\$0.00	10/1/2012
Q2017	INJECTION, TENIPOSIDE, 50 MG	\$2,463.15	10/1/2017
Q2034	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)	\$0.00	1/1/2014
Q2040	TISAGENLEUCCEL, UP TO 250 MILLION CAR-POSITIVE VIABLE T CELLS, INCLUDING LEUKA	\$0.00	1/1/2012
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM	\$37,923.06	10/1/2017
Q2049	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPOSOMAL, IMPORTED, 1	\$483.01	10/1/2015
Q2050	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWI	\$387.74	10/1/2017
Q3027	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	\$43.90	10/1/2017

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
Q3031	COLLAGEN SKIN TEST	\$0.00	10/1/2013
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	\$0.00	10/1/2012
Q4101	APLIGRAF, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT) OR INTEGRA OMNIGRAFT DERMAL REGENERAT	\$0.00	10/1/2014
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4112	CYMETRA, INJECTABLE, 1CC	\$0.00	10/1/2014
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	\$0.00	10/1/2014
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	\$0.00	10/1/2014
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4116	ALLODERM, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2015
Q4118	MATRISTEM MICROMATRIX, 1 MG	\$0.00	10/1/2014
Q4119	MATRISTEM WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4120	MATRISTEM BURN MATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2015
Q4121	THERASKIN, PER SQUARE CENTIMETER	\$0.00	10/1/2017
Q4122	DERMACELL, PER SQUARE CENTIMETER	\$0.00	10/1/2016
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4126	MEMODERM, DERMASPERM, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER	\$0.00	10/1/2015
Q4127	TALYMED, PER SQUARE CENTIMETER	\$0.00	10/1/2016
Q4128	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER	\$0.00	10/1/2014
Q4129	UNITE BIOMATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2015
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	\$0.00	10/1/2012
Q4131	EPIFIX OR EPICORD, PER SQUARE CENTIMETER	\$0.00	10/1/2015
Q4132	GRAFIX CORE AND GRAFIXPL CORE, PER SQUARE CENTIMETER	\$0.00	10/1/2015
Q4133	GRAFIX PRIME AND GRAFIXPL PRIME, PER SQUARE CENTIMETER	\$0.00	10/1/2015

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
Q4134	HMATRIX, PER SQUARE CENTIMER	\$0.00	10/1/2015
Q4135	MEDISKIN, PER SQUARE CENTIMETER	\$0.00	10/1/2015
Q4136	EZ-DERM, PER SQUARE CENTIMETER	\$0.00	10/1/2015
Q4137	AMNIOEXCEL OR BIODEXCEL, PER SQ CM	\$0.00	1/1/2014
Q4138	BIODFENCE DRYFLEX, PER SQ CM	\$0.00	1/1/2014
Q4139	AMNIOMATRIX OR BIODMATRIX, INJECTABLE, 1CC	\$0.00	1/1/2014
Q4140	BIODFENCE, PER SQ CM	\$0.00	1/1/2014
Q4141	ALLOSKIN AC, PER SQ CM	\$0.00	1/1/2014
Q4142	XCM BIOLOGIC TISSUE MATRIX, PER SQUARE CENTIMETER	\$0.00	1/1/2014
Q4143	REPRIZA, PER SQUARE CENTIMETER	\$0.00	1/1/2014
Q4145	EPIFIX, INJECTABLE, 1 MG	\$0.00	1/1/2014
Q4146	TENSIXTM ACELLULAR DERMAL MATRIX, PER SQ CM	\$0.00	1/1/2014
Q4147	ARCHITECT, ARCHITECT PX, OR ARCHITECT FX, EXTRACELLULAR MATRIX, PER SQUARE CENTI	\$0.00	1/1/2014
Q4148	NEOX CORD 1K, NEOX CORD RT, OR CLARIX CORD 1K, PER SQUARE CENTIMETER	\$0.00	1/1/2014
Q4149	EXCELLAGEN, 0.1 CC	\$0.00	1/1/2014
Q4150	ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER	\$0.00	1/1/2015
Q4151	AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER	\$0.00	1/1/2015
Q4152	DERMAPURE, PER SQUARE CENTIMETER	\$0.00	1/1/2015
Q4153	DERMAVEST AND PLURIVEST, PER SQUARE CENTIMETER	\$0.00	1/1/2015
Q4154	BIOVANCE, PER SQUARE CENTIMETER	\$0.00	1/1/2015
Q4155	NEOXFLO OR CLARIXFLO, 1 MG	\$0.00	1/1/2015
Q4156	NEOX 100 OR CLARIX 100, PER SQUARE CENTIMETER	\$0.00	1/1/2015
Q4157	REVITALON, PER SQUARE CENTIMETER	\$0.00	1/1/2015
Q4158	KERECIS OMEGA3, PER SQUARE CENTIMETER	\$0.00	1/1/2015
Q4159	AFFINITY, PER SQUARE CENTIMETER	\$0.00	1/1/2015
Q4160	NUSHIELD, PER SQUARE CENTIMETER	\$0.00	1/1/2015
Q4161	BIO-CONNKT WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2017
Q4162	WOUNDEX FLOW, BIOSKIN FLOW, 0.5 CC	\$0.00	10/1/2017
Q4163	WOUNDEX, BIOSKIN, PER SQUARE CENTIMETER	\$0.00	10/1/2017
Q4164	HELICOLL, PER SQUARE CENTIMETER	\$0.00	10/1/2017
Q4165	KERAMATRIX, PER SQUARE CENTIMETER	\$0.00	10/1/2017
Q5101	INJECTION, FILGRASTIM (G-CSF) BIOSIMILAR, 1 MICROGRAM	\$0.72	10/1/2017
Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	\$20.53	10/1/2017
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	\$0.00	10/1/2012

Arizona Health Care Cost Containment System  
FFS Ambulatory Surgery Center Rates  
Effective 02/01/2018

Procedure Code	Procedure Code Description	FFS Rate	Eff Date
Q9953	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT PER ML	\$0.00	10/1/2012
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$0.00	10/1/2012
Q9955	INJECTION PERFLEXANE LIPID MICROSPHERES, PER ML (ULTRASOUND CONTRAST AGENT)	\$0.00	10/1/2012
Q9956	INJECTION, OCTAFLOUROPROPANE MICROSPHERES, PER ML	\$0.00	10/1/2012
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	\$0.00	10/1/2012
Q9958	HIGH OSMOLAR CONTRAST MATERIAL UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/1/2012
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONC.	\$0.00	10/1/2012
Q9960	HIGH OSMOLAR CONTRAST METERIAL, 200-249 MG/ML IODINE CONCECENTRATION PER ML	\$0.00	10/1/2012
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/1/2012
Q9962	HIGH OSMOLAR CONTRAST METERIAL, 300-349 MG/ML IODINE CONCENTRATIONM PER ML	\$0.00	10/1/2012
Q9963	HIGH OSMOLAR CONTRAST METERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/1/2012
Q9964	HIGH OLMOLAR CONTRAST METERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION PER ML	\$0.00	10/1/2012
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/1/2012
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/1/2012
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.00	10/1/2012
Q9968	INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE	\$2.82	10/1/2017
Q9982	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	\$3,323.10	10/1/2017
Q9983	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES	\$2,819.60	10/1/2017
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	\$0.00	10/1/2017
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D	\$0.00	10/1/2017
V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12	\$0.00	10/1/2017
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	\$0.00	10/1/2012
V2631	IRIS SUPPORTED INTRAOCULAR LENS	\$0.00	10/1/2012
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	\$0.00	10/1/2012
V2700	BALANCE LENS, PER LENS	\$0.00	10/1/2017
V2755	U-V LENS, PER LENS	\$0.00	10/1/2017
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	CCR	10/1/2011
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	\$0.00	10/1/2012