

FINAL NOTICE OF PUBLIC INFORMATION

PUBLIC NOTICE

1. **Name of the Agency:** Arizona Health Care Cost Containment System (AHCCCS)
2. **The topic of the public information notice:** AHCCCS Fee-For-Service (FFS) rates for designated fee schedules to be effective for dates of service beginning October 1, 2025.
3. **The public information relating to the topic:**

This Notice of Public Information describes changes to the Arizona Health Care Cost Containment System (AHCCCS) Fee-For-Service (FFS) rates to be effective October 1, 2025. The AHCCCS Administration is finalizing additional coverage for the FFS rates specified in this Notice to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area. The estimated increase in FFS payments as a result of the additional coverage is expected to be approximately \$202,047 for the time period of October 1, 2025 through September 30, 2026. AHCCCS has expanded coverage of cochlear implants and speech therapy for adults in addition to the already covered services for the pediatric population.

- A. AHCCCS has added coverage for adult cochlear implants and speech therapy effective 10/1/2025. The following codes are covered for cochlear implants:

Code	Description	Rates Non- Facility	Rates Facility
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	\$152.37	\$122.03
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	\$91.70	\$67.99
69930	Cochlear device implantation, with or without mastoidectomy	\$1,241.27	\$1,241.27
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	\$509.41	\$509.41
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	\$637.72	\$637.72
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	\$690.72	\$690.72
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	\$576.70	\$576.70

69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	\$662.12	\$662.12
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	\$705.36	\$705.36
69726	Removal, entire osseointegrated implant, skull; with percutaneous attachment to external speech processor	\$489.88	\$489.88
69727	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	\$546.71	\$546.71
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	\$609.48	\$609.48
L8628	Cochlear implant, external controller component, replacement	\$1,459.70	\$1,459.70
L8616	Microphone for use with cochlear implant device, replacement	\$117.59	\$117.59
L8627	Cochlear implant, external speech processor, component, replacement	\$8,201.55	\$8,201.55
L8617	Transmitting coil for use with cochlear implant device, replacement	\$102.70	\$102.70
L8615	Headset/headpiece for use with cochlear implant device, replacement	\$504.85	\$504.85
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	\$9,655.56	\$9,655.56
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	\$29.34	\$29.34
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	\$0.36	\$0.36
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	\$200.41	\$200.41

L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	\$0.70	\$0.70
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	\$72.42	\$72.42
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	\$211.39	\$211.39
L8624	Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each	\$180.52	\$180.52
L8614	Cochlear device, includes all internal and external components	\$22,491.77	\$22,491.77
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	\$1,927.69	\$1,927.69
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	\$1,057.09	\$1,057.09
L8690	Auditory osseointegrated device, includes all internal and external components	\$5,325.01	\$5,325.01
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	BR	BR
L8693	Auditory osseointegrated device abutment, any length, replacement only	\$1,697.32	\$1,697.32

In addition, the following revenue codes are covered for adult cochlear implants:	
Code	Description
F0BZ09Z	Cochlear Implant Rehabilitation Treatment using Cochlear Implant Equipment Cochlear Implant Treatment
F0BZ0PZ	Cochlear Implant Rehabilitation Treatment using Computer Cochlear Implant Treatment
F0BZ0KZ	Cochlear Implant Rehabilitation Treatment using Audiovisual Equipment Cochlear Implant Treatment
F0BZ0YZ	Cochlear Implant Rehabilitation Treatment using Other Equipment Cochlear Implant Treatment /
F0BZ01Z	Cochlear Implant Rehabilitation Treatment using Audiometer Cochlear Implant Treatment /
F0BZ02Z	Cochlear Implant Rehabilitation Treatment using Sound Field / Booth Cochlear Implant Treatment /

F14Z09Z	Cochlear Implant Assessment using Cochlear Implant Equipment Hearing Aid Assessment /
F14Z0ZZ	Cochlear Implant Assessment Hearing Aid Assessment /
F14Z01Z	Cochlear Implant Assessment using Audiometer Hearing Aid Assessment /
F14Z0PZ	Cochlear Implant Assessment using Computer Hearing Aid Assessment /
F14Z07Z	Cochlear Implant Assessment using Electrophysiologic Equipment Hearing Aid Assessment /
F14Z0KZ	Cochlear Implant Assessment using Audiovisual Equipment Hearing Aid Assessment /
F14Z0YZ	Cochlear Implant Assessment using Other Equipment Hearing Aid Assessment /
F14Z03Z	Cochlear Implant Assessment using Tympanometer Hearing Aid Assessment /
F14Z02Z	Cochlear Implant Assessment using Sound Field / Booth Hearing Aid Assessment /
F14Z0LZ	Cochlear Implant Assessment using Assistive Listening Equipment Hearing Aid Assessment /
F14Z04Z	Cochlear Implant Assessment using Electroacoustic Immitance / Acoustic Reflex Equipment Hearing Aid Assessment /
F14Z05Z	Cochlear Implant Assessment using Hearing Aid Selection / Fitting / Test Equipment Hearing Aid Assessment /
F13Z09Z	Hearing Screening Assessment using Cochlear Implant Equipment Hearing Assessment /
F13ZP9Z	Aural Rehabilitation Status Assessment using Cochlear Implant Equipment Hearing Assessment
F00Z19Z	Speech Threshold Assessment using Cochlear Implant Equipment Speech Assessment
F00Z59Z	Synthetic Sentence Identification Assessment using Cochlear Implant Equipment Speech Assessment
F00Z29Z	Speech/Word Recognition Assessment using Cochlear Implant Equipment Speech Assessment
09HD05Z	Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Open Approach Insertion / Inner Ear, Right
09HD06Z	Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Open Approach Insertion / Inner Ear, Right
09HD35Z	Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Approach Insertion / Inner Ear, Right

09HD45Z	Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Endoscopic Approach Insertion / Inner Ear, Right
09HD36Z	Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Approach Insertion / Inner Ear, Right
09HD46Z	Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Endoscopic Approach Insertion / Inner Ear, Right
09HD0SZ	Insertion of Hearing Device into Right Inner Ear, Open Approach Insertion / Inner Ear, Right
09HD04Z	Insertion of Bone Conduction Hearing Device into Right Inner Ear, Open Approach Insertion / Inner Ear, Right
09HD34Z	Insertion of Bone Conduction Hearing Device into Right Inner Ear, Percutaneous Approach Insertion / Inner Ear, Right
09HD3SZ	Insertion of Hearing Device into Right Inner Ear, Percutaneous Approach Insertion / Inner Ear, Right
09HD44Z	Insertion of Bone Conduction Hearing Device into Right Inner Ear, Percutaneous Endoscopic Approach Insertion / Inner Ear, Right
09HD4SZ	Insertion of Hearing Device into Right Inner Ear, Percutaneous Endoscopic Approach Insertion / Inner Ear, Right
09HE05Z	Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Open Approach Insertion / Inner Ear, Left
09HE06Z	Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Open Approach Insertion / Inner Ear, Left
09HE36Z	Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Approach Insertion / Inner Ear, Left
09HE46Z	Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Endoscopic Approach Insertion / Inner Ear, Left
09HE35Z	Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Approach Insertion / Inner Ear, Left
09HE45Z	Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Endoscopic Approach Insertion / Inner Ear, Left
09HE0SZ	Insertion of Hearing Device into Left Inner Ear, Open Approach Insertion / Inner Ear, Left
09HE04Z	Insertion of Bone Conduction Hearing Device into Left Inner Ear, Open Approach Insertion / Inner Ear, Left

09HE34Z	Insertion of Bone Conduction Hearing Device into Left Inner Ear, Percutaneous Approach Insertion / Inner Ear, Left
09HE3SZ	Insertion of Hearing Device into Left Inner Ear, Percutaneous Approach Insertion / Inner Ear, Left
09HE44Z	Insertion of Bone Conduction Hearing Device into Left Inner Ear, Percutaneous Endoscopic Approach Insertion / Inner Ear, Left
09HE4SZ	Insertion of Hearing Device into Left Inner Ear, Percutaneous Endoscopic Approach Insertion / Inner Ear, Left
09PD0SZ	Removal of Hearing Device from Right Inner Ear, Open Approach Removal / Inner Ear, Right
09PD7SZ	Removal of Hearing Device from Right Inner Ear, Via Natural or Artificial Opening Removal / Inner Ear, Right
09PD8SZ	Removal of Hearing Device from Right Inner Ear, Via Natural or Artificial Opening Endoscopic Removal / Inner Ear, Right
09PE0SZ	Removal of Hearing Device from Left Inner Ear, Open Approach Removal / Inner Ear, Left
09PE7SZ	Removal of Hearing Device from Left Inner Ear, Via Natural or Artificial Opening Removal / Inner Ear, Left
09PE8SZ	Removal of Hearing Device from Left Inner Ear, Via Natural or Artificial Opening Endoscopic Removal / Inner Ear, Left

- a. Coverage for adults has been expanded for the following Speech Therapy Codes.

CODE	DESCRIPTION	Non- Facility Rates	Facility Rates
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	\$ 79.85	\$ 79.85
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	\$ 25.10	\$ 25.10
92511	Nasopharyngoscopy with endoscope (separate procedure)	\$ 117.85	\$ 39.05
92512	Nasal function studies (eg, rhinomanometry)	\$ 65.90	\$ 27.89
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	\$ 77.75	\$ 43.24
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	\$ 78.10	\$ 43.58
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	\$ 125.17	\$ 65.20
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	\$ 92.75	\$ 41.49

92521	Evaluation of speech fluency (eg, stuttering, cluttering)	\$ 139.12	\$ 139.12
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	\$ 115.76	\$ 115.76
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	\$ 237.79	\$ 237.79
92524	Behavioral and qualitative analysis of voice and resonance	\$ 113.67	\$ 113.67
92526	Treatment of swallowing dysfunction and/or oral function for feeding	\$ 88.21	\$ 88.21
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	\$ 75.66	\$ 76.66
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	\$ 93.44	\$ 88.21
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	\$ 80.54	\$ 69.73
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	\$ 401.42	\$ 401.42
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	\$ 127.41	\$ 127.41
92609	Therapeutic services for the use of speech-generating device, including programming and modification	\$ 386.41	\$ 386.41
92610	Evaluation of oral and pharyngeal swallowing function	\$ 88.56	\$ 73.22
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording	\$ 94.49	\$ 94.49
92612	Flexible endoscopic evaluation of swallowing by cine or video recording;	\$ 204.32	\$ 68.34
92613	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only	\$ 37.66	\$ 37.66
92614	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;	\$ 154.11	\$ 67.29
92615	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only	\$ 33.47	\$ 33.47
92616	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;	\$ 237.10	\$ 102.16
92617	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only	\$ 41.49	\$ 41.14
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	\$ 32.77	\$ 32.77

92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour	\$ 88.91	\$ 76.36
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	\$ 20.92	\$ 17.78
92630	Auditory rehabilitation; prelingual hearing loss	\$ 42.81	\$ 42.81
92633	Auditory rehabilitation; postlingual hearing loss	\$ 42.81	\$ 42.81
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	\$ 40.79	\$ 40.79
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	\$ 81.24	\$ 81.24
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	\$ 111.57	\$ 111.57
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	\$ 83.33	\$ 83.33
92700	Unlisted otorhinolaryngological service or procedure	BR	BR
95857	Cholinesterase inhibitor challenge test for myasthenia gravis	\$ 64.85	\$ 28.94
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	BR	BR
V5362	Speech screening	BR	BR
V5363	Language screening	BR	BR
V5364	Dysphagia screening	BR	BR
S9128	Speech therapy, in the home, per diem	\$ 138.86	\$ 138.86

- b. Individual FFS rates reflecting the changes to reimbursement described above can be obtained from the AHCCCS website at:
<https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>
- c. Many public libraries offer access to the internet. In addition, the information can be obtained at the Offices of the AHCCCS Administration, 150 N. 18th Avenue, Phoenix, AZ 85007.
- d. Comments regarding the proposed AHCCCS FFS rates may be submitted electronically at FFSRates@azahcccs.gov. All comments must be received no later than 5:00 p.m. on September 29, 2025.