# PRELIMINARY 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.

# 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 proposing 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.

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

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| **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  |

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| 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 |

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

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| **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  |

1. Individual FFS rates reflecting the changes to reimbursement described above can be obtained from the AHCCCS website at: <https://azahcccs.gov/PlansProviders/RatesAndBilling/FFS/>
2. 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.
3. 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.